



A Partnership of the City of Raleigh, Wake County, Wake Continuum of Care and Triangle United Way

Status Report - June 2004

This report is an executive summary of the progress of Wake County's planning to end homelessness in the next decade. The development of the Ten-Year Action Plan is the result of input from experts, stakeholders, community members and persons who are homeless. A planning partnership of the City, County, Wake Continuum of Care and Triangle United Way are leading the effort with Plan Consultants, ADL Consulting, toward adoption of a Plan by the end of the year.

"When I came to [the shelter] I was hoping there would be job placement, not just food and shelter. So much can happen for a person who has not given up on themselves, especially when given opportunities to find a job."

"This place helped me get into a treatment center and helped me get clean. I found out I have a personality disorder and am bipolar. The only medicine I take now is what the doctor gave me."

"We all want to be self-sufficient in homes that are clean and drug-free. With the economy the way it is, I can't afford \$500 a month rent."

Quotes from focus groups of persons who are homeless in Raleigh

Who is Homeless in Wake County?

- 1,235 homeless persons were counted in Wake County in December 2003
- Single homeless men account for 49% of Wake County's homeless population.
- About 25% of Wake County's homeless are youth.
- Each night in Wake County there are nearly 200 single women in an emergency shelter or transitional housing.
- Family homelessness is growing by an estimated 11% each year in Wake County.
- 83% of homeless families experienced domestic violence.
- 50% of people who are homeless have co-occurring mental illnesses and substance abuse disorders.

What Are We Doing?

January 2004: The City of Raleigh, Wake County, Wake Continuum of Care, and Triangle United Way formed a partnership to develop the action plan, with a Planning Group of partnership representatives and a Steering Committee representative of the business, faith, citizen and service community.

February – May 2004: Four public forums were held to gather community input on a range of issues concerning homelessness. Each forum drew over 150 people, including public and private providers and policymakers, educators, the faith community, and persons who are homeless.

March 2004: Six focus groups were held with people who are homeless, in order to seek their ideas and concerns.

April 2004: A press conference was convened with Mayor Charles Meeker; Board of Commissioners Chair Kenn Gardner; State Representatives Miller and Price, and Philip Mangano, Executive Director, U.S. Interagency Council on Homelessness, to formally announce *Ending Homelessness: The Ten Year Action Plan*.

April 2004: The partnership collaborated on an inter-collegiate homeless conference in Raleigh as a culminating event for area college classes focused on homelessness and the Plan effort.

April – June 2004: Relevant local, state and national reports and data sources were collected, reviewed and analyzed, including best practices from other communities, summarized in *Preliminary Report on Local, State, and National Efforts to Prevent and End Homelessness*. This report is available at www.raleigh-nc.org (select Ending Homelessness).

April – June 2004: Hundreds of ideas and suggestions from the community forums, focus groups and interested individuals were collected, reviewed and organized, summarized in *Forums and Focus Groups: Preliminary Summary of Individual Suggestions and Recommendations*. This report is available at www.raleigh-nc.org (select Ending Homelessness).

June 23, 2004: Four Community Leader Forums were held to ensure guidance and input from key stakeholders and experts.

July 30, 2004: A draft outline of *Ending Homelessness: The Ten Year Action Plan* will be produced.

September 30, 2004: The complete draft of *Ending Homelessness: The Ten Year Action Plan*, including specific recommendations and identification of roles and responsibilities will be produced.

October 7, 2004: A Community Forum will take place to present and receive public comment on the draft Action Plan.

October 29, 2004: The final Action Plan will be completed.

November 4, 2004: The partnership plans to present *Ending Homelessness: The Ten Year Action Plan* for adoption by the Raleigh City Council and Wake County Commission.

What Are We Learning?

The public forums and focus groups produced a tremendous number of ideas and priorities for action. The suggestions ranged from specific steps to broad policy recommendations, including a number of innovative ideas. Some primarily involve redirection of resources and staff, or are readily achievable policy changes. Others require major new funding, dramatic changes in policy directions, and new ways of doing business for agencies and the community at large.

The general priorities most often mentioned largely reflect the needs and priority recommendations found in the comprehensive review of national, state and local reports, including other 10-year plans that was part of our planning process.

To read the complete summary of the local individual suggestions and recommendations, read *Forums and Focus Groups: Preliminary Summary of Individual Suggestions and Recommendations*. For more information about the review of best practices and other data sources, read *Preliminary Report on Local, State, and National Efforts to Prevent and End Homelessness*. Both reports are available at www.raleigh-nc.org (select Ending Homelessness).

What Our Citizens are Saying

The areas most commonly highlighted by those attending the **public forums and focus groups** as key components to ending and preventing homelessness can be summarized as follows:

- **Focus on community buy-in/public awareness**, including public education to overcome stereotypes and fears and teaching people the reasons for homelessness; a media campaign; strategies to encourage public involvement and volunteers; advocacy for more funding.
- **Provide services that are integrated, comprehensive, and readily accessible**, including increased communication and collaboration between agencies, government, and churches; centralized referrals for housing and services; multiple services available in one location (“one-stop shopping”); continuity of care over time; more and better use of informal supports, including neighbors and faith-based efforts.
- **Change mainstream programs to increase flexibility, responsiveness, and service availability**, including policy and structural strategies that reduce barriers to service; financing and tax policies that provide more resources for services and housing for those who are at-risk and currently homeless; provision of long-term support that increases or decreases based on individual need; more resources for staff training.
- **Address barriers to employment and a living wage**, including a wide variety of employment training opportunities, both institutional and workplace-based; involvement of private employers in increasing work and training options; better public transportation; more affordable child care; and laws and policies guaranteeing a living wage.
- **Create more affordable permanent housing, and for a broader population**, including a much greater number of affordable housing units; increased subsidies; more supportive housing with ready access to services and trusted helpers; incentives for builders/developers; zoning changes and set-asides; fewer restrictions and criteria in public housing; special efforts to house certain subgroups; innovative housing models for both rehab and new construction.
- **Attend to the unique needs of special populations**, including people with mental illness and/or substance abuse problems, those in poor health, victims of domestic violence, families, youth, immigrants and refugees, persons released from jail or prison, and veterans. The many specific recommendations regarding these groups highlight the need for focused strategies for individuals and families with special needs, rather than a “one size fits all” approach.

It is apparent that Raleigh/Wake County has numerous resources to help people in need. There are large well-established agencies and local grassroots programs, formal city and county initiatives and tiny but active church outreach groups. However, there is not enough to go around, especially in the vital areas of housing and employment. A coordinated vision backed by commitment to action is clearly called for. This is the charge of the Ten-Year Action Plan process.

What the Research is Saying

Efforts to prevent and end homelessness in Raleigh/Wake County must be informed by similar efforts around the country, innovative programs and services, **research on evidence-based practices**, and a thoughtful analysis of system priorities and gaps in the city and county.

Here are some of the highlights from the research. Refer to the full report for links.

- **Outreach**—Effective outreach meets homeless people where they are, engages them in trusting relationships, and connects or reconnects them to needed mental health, substance abuse, health, housing, and social services. Some cities recognize the need to coordinate outreach efforts to make the system of services seamless to the individual or family. In the New York City Pathways to Housing program, outreach includes an offer of housing, independent of the need for any mental health or substance abuse treatment.
- **Housing**—Lack of affordable housing is one of the primary barriers to preventing and ending homelessness. Research shows that housing subsidies, with or without supportive services, can help prevent homelessness for at-risk families. However, housing alone is not sufficient. Many individuals and families need some type of services and supports to help them remain housed. Permanent supportive housing links housing to a range of flexible and voluntary services and supports designed to meet residents’ needs and preferences. “Housing first,” a type of supportive housing, helps individuals obtain housing without having to commit first to substance abuse or mental health treatment. Many communities are moving to a housing first approach to help stem the tide of chronic homelessness.
- **Income/Employment**—Individuals who are homeless need places to live and income to support them in their new homes. Though most homeless people are eligible for public benefits, few receive them, in part because of the complexity of the application process. Programs designed to help homeless people find and retain jobs must offer a comprehensive set of services that include housing, health care, mental health and substance abuse treatment, transportation, child care, etc. Some programs designed for people with disabilities, such as supported employment, show promise for people who are homeless. One of the latest trends, supported by a federal demonstration program, is to connect housing and employment opportunities for homeless people.
- **Services**—Supportive services can help homeless individuals and families achieve residential stability, psychiatric stability, and sobriety. Several of these services—such as Assertive Community Treatment (ACT) teams and integrated treatment for co-occurring serious mental illnesses and substance use disorders—are considered to be evidence-based practices. Services and systems that serve homeless people must be comprehensive and integrated, so that an individual can walk into any agency, be assessed, and be referred to or provided with needed services (the “no wrong door” approach). However, the homeless services system alone cannot prevent and end homelessness. Many cities propose to integrate their service systems, and they include mainstream providers in these efforts.
- **Subgroups**—The homeless population is heterogeneous, and any efforts designed to prevent and end homelessness must take into account the needs of various subgroups within the larger population. These include children, youth, parents, racial and ethnic minorities, and women who are victims of domestic violence, among other groups. Chronically homeless people are a relatively small percentage of the total homeless population, but they consume a significant amount of resources, so housing and services designed to

meet their needs must be an integral part of any city's plan to end homelessness. Less intensive services may be appropriate for homeless families displaced by a job loss or health crisis. Two of the plans reviewed make specific proposals to attend to the educational needs of young children.

- **Prevention**—Preventing homelessness is more cost-effective and humane than allowing people to become homeless in the first place. Prevention efforts must be designed to *reduce risk factors* that make individuals and families more susceptible to becoming homeless and *enhance protective factors* that mitigate against homelessness for people at risk. Specific strategies can range from emergency rental assistance, to comprehensive discharge planning policies, to rapid re-housing for individuals who become homeless. Prevention efforts geared to at-risk communities may be successful; several 10-year plans recommend neighborhood-based prevention and early intervention strategies.
- **Community Buy-in/Public Awareness**—Key stakeholders must be aware of and lend support to a community's efforts to prevent and end homelessness. These include elected officials, provider organizations, the business community, faith-based providers, the general public, and homeless and formerly homeless citizens. Cognizant of the need to engage these constituencies, several cities propose social marketing campaigns and other communications efforts, as well as regular report cards that keep the community apprised of progress toward selected goals.
- **Homeless Management Information Systems**—All communities that receive McKinney-Vento Act funds from the U.S. Department of Housing and Urban Development (HUD) are complying with HUD requirements to have a homeless management information system (HMIS) in place for the 2004 fiscal year (beginning October 1, 2004). The obligation to create an unduplicated count of homeless people is mandated by Congress. To help communities develop an HMIS, HUD has prepared a number of documents that outline planning and implementation strategies, review software packages, and highlight city and state HMIS efforts. Critical concerns such as client confidentiality and staff training are highlighted. These reports are available from HUD at www.hud.gov/offices/cpd/homeless/hmis/.

If you have questions or comments on Ending Homelessness – The Ten Year Action Plan, please feel free to contact City, County, Triangle United Way, and Continuum of Care partnership representatives:

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For more information see www.raleigh-nc.org select “Ending Homelessness”