



2017-2022

Asheville-Buncombe HOMELESS INITIATIVE ADVISORY COMMITTEE

**FIVE YEAR STRATEGIC PLAN ON
HOMELESSNESS IN BUNCOMBE COUNTY**

The Homeless Initiative Advisory Committee
CITY OF ASHEVILLE, ASHEVILLE NC

ACKNOWLEDGEMENTS

The Homeless Initiative Advisory Committee (HIAC), a joint committee of Asheville City Council and the Buncombe County Commission, provided oversight for the implementation of the 10-Year Plan to End Homelessness and advises and initiates new community-wide plans by sharing, applying, and tracking groundbreaking strategies that make a permanent and measurable difference in homelessness in Asheville and Buncombe County. The HIAC is composed of not more than 16 members, of which 8 are appointed by Asheville City Council and 8 are appointed by the Buncombe County Commission, and represent various focus areas (consumer, Buncombe County, supportive/permanent housing providers, mental health/substance abuse, religious, legal, educational/university and government) or other organizations that provide services to the homeless. The HIAC duties include (1) conducting research and investigation into issues about homelessness, including causes and effects within Asheville and the surrounding area; (2) formulate and make recommendations to local governmental entities and social service agencies to reduce the incidence of homelessness; (3) act as a clearinghouse for information on local homelessness issues; and (4) other duties as requested by City Council, Board of County Commissioners, or as the Homeless Initiative Advisory Committee deems appropriate.

HIAC Committee Members:

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April Burgess-Johnson, *Chair*
HL Carlisle, *in memoriam*

Dan Garrett, *Vice-Chair*
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The HIAC would like to gratefully acknowledge the participation of the following for the valued research and development of the Five Year Strategic Plan on Homelessness:

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Beloved House

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Executive Summary

Placeholder to be completed after final adoption of plan.

Introduction

Looking Homeward: the 10-Year Plan to End Homelessness in Asheville and Buncombe County was adopted as a guiding document in 2005 and was the culmination of a six-month planning effort by homeless service providers, government administrators, housing developers, community leaders, and the homeless. The primary focus of the Ten Year Plan was on housing the chronic homeless population of the community and great strides were made toward dramatically reducing that population as a direct result of key strategies outlined in that visionary document.

The number of chronically homeless identified in the original 10-year plan was 293 and the 2016 Point-in-Time count showed that 72 chronically homeless individuals remained unhoused in Buncombe County. The 10-year plan was not limited to ending chronic homelessness alone but also addressed all aspects of homelessness and the policy recommendations that resulted were intended to guide the development of a systems response to homelessness that would result in the reduction of all types of homelessness in the community; the number of persons that become homeless, the duration and frequency of homeless episodes and a measurable reduction of the number of persons experiencing chronic homelessness.

The Ten Year Plan, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act amendments to the McKinney-Vento Act and the incorporation of Housing First as a community priority in 2009, supported the development of a lead entity to oversee implementation, development and management of the Homeless Management Information System (HMIS), adoption of local Continuum of Care (CoC) policies and best practices such as Housing First, Coordinated Assessment and initiation and the support of collaborative partnerships and creative solutions. These strategies stemmed from the guiding vision of the Ten Year Plan and have proven successful at reducing incidents and lengths of homelessness and largely reducing the numbers of chronically homeless individuals and families in the community. Since 2006, nearly 1,550 homeless persons in Buncombe County have been housed as a result of these efforts.

The Asheville-Buncombe Homeless Initiative has now completed a Five Year Strategic Plan to address the ongoing issues of homelessness in Buncombe County. The plan sets annual goals that target the needs of specific sub-populations and ensures emerging trends and best practices are integrated within community strategies over the next five years. The Homeless Initiative Advisory Committee (HIAC), the governing body of the Continuum of Care in Buncombe County, solidified 7 Priorities for the Five Year Strategic Plan on Homelessness. The HIAC affirmed its vision, mission, and operating principals and developed these seven priorities from the cumulative work of the HIAC, individual sub-committee and work group recommendations, a report compiled from a community survey of the homeless conducted in partnership by University of North Carolina at Asheville Health and Wellness Department, the 2005-2016 Point-in-Time data, the Housing Inventory Count, Homeless Management Information System data, HUD guidance and a review of the City of Asheville priorities.

The Five Year Strategic Plan will continue to emphasize public-private partnership opportunities to increase the affordable housing supply in the community, system-wide collaboration and measurable actions designed to decrease the many barriers homeless individuals and families face in accessing safe, stable and affordable housing.

Vision

To prevent and end homelessness in Buncombe County.

Mission

To develop strategies, gain alignment, work collaboratively and implement innovative models with all supporting agencies and the community in the effort to prevent and end homelessness in Buncombe County.

Operating Principles of the Homeless Initiative Advisory Committee

Advise

Advise the Asheville City Council and the Buncombe County Commission on prioritizing and addressing the issues of homelessness and those services supporting homeless individuals and families within our community.

Support a Unified Approach

Develop, support and collaborate with supporting agencies and service providers on a unified approach to prevent and end homelessness in Buncombe County.

Share Resources

Utilize, allocate and leverage the collective shared resources amongst agencies and area service providers to drive cohesiveness of action and efficiency in serving the homeless community and those at risk of homelessness within Buncombe County.

Be Data Driven

Capture and utilize consistent measures of data to analyze and report key measurements and outcomes for decision-making, problem solving, recommendations and reporting the progress on our prevention and solution efforts in providing education, housing, safety, healthcare and other related services.

Educate

Educate the community and key stakeholders from a common voice as it relates to the Homeless Initiative Advisory Committee's goals, strategies and efforts towards preventing and ending homelessness in Buncombe County.

Lead through Change

Engender an open, transparent and collaborative process. Lead by example utilizing great listening skills to gain understanding and then communicate with a common voice through unanticipated changes in the marketplace impacting the HIAC vision. Adapt to changes in policy, regulation and the housing market as the needs of the homeless population change in the community and adapt as dynamics in funding impact stated goals, outcomes and initiatives.

A Common Voice

Improve the collaboration and education with community leaders, residents of Buncombe County and the homeless population about the positive work the HIAC and all that supportive agencies and services providers are doing to build and maintain a safe and productive community for all its members. Facilitate collective action when assistance is required from key stakeholders and elected officials to support and strengthen the priorities of the HIAC delineated in this Five Year Strategic Plan.

Priorities, Strategies and Action Items

Priority #1 – Housing

Expand the affordable housing inventory and those support services necessary to address homelessness in Buncombe County.

Strategies and Action Items:

- Develop a detailed plan and engage all resources needed to reach the measurement definition adopted by NC-501 of “functional zero” homelessness for the Veteran population within Buncombe County by December 2017.
- Utilize the Housing First model, agreed upon measurement tools and collaborative support of all the represented agencies to develop a detailed plan and engage all resources to effectively end Chronic Homelessness as defined in Buncombe County by December 2017.
- Support public/private partnerships to enable the development or designation of at least 100 new units of permanent affordable housing per year (or until the need is met) targeted specifically for homeless individuals and families.
- Advocate for twenty-five (25) units of the 100 designated for homeless households be dedicated to those with the most unique needs and housing barriers living at or below 30% of the Area Median Income (AMI).
- Collaborate across all support services to prioritize the right level of services for each homeless household and develop the uniform measures needed to ensure success in the placement of homeless individuals and families into permanent housing.
- Develop recommendations and solutions for reducing or removing barriers for housing applicants with challenges in their past history such as criminal convictions, poor credit and previous evictions.
- Advocate for designated low-income units in all newly constructed housing developments to enable placement of homeless households in the community.

Priority #2 – Case Management

Improve the effectiveness of case management to best identify and support individual needs, the collaboration of efficient out-reach, in-reach, and the engagement of coordinating support services necessary for the health and wellness of the homeless community of Buncombe County.

Strategies and Action Items:

- Secure dedicated funding to reach a client-to-case manager ration of no higher than 25:1
- Develop and provide access to system-wide data of all the supportive services available in the county for the purpose of providing assistance to the homeless population.
- Develop a communication medium for coordinating, mentoring and social networking amongst supporting services case managers.
- Recommend that the Asheville City Schools and/or Buncombe County Schools Homeless Liaison be engaged as an appointed member to the HIAC.

Priority #3 – Safety, Emergency & Transitional Assistance Services

Work in a collaborative manner across all supporting services to keep the homeless community both physically and psychologically safe.

Strategies and Action Items:

- Collaborate across all supporting agencies and services to provide coordinated support to address the individual needs of the homeless community while they are in the process of transitioning into permanent housing from emergency or transitional shelter to meet their day-to-day needs.
- Agree upon consistent methods and measurements of data inclusive of the whole system to identify gaps in shelter or service needs for the next 5 years across Buncombe County.
- Develop practical solutions for addressing the safety and emergency evacuation of the homeless population.
- Prepare a proposal for an annual report to Asheville City Council and the Buncombe County Commission on our findings and proposed actions for each fiscal year.

Priority #4 – Healthcare

Promote and support the education and accessibility of health care services to the homeless community of Buncombe County.

Strategies and Action Items:

- Promote and support the Health Resources and Services Administration (HRSA) and its strategic plan in serving and providing access to healthcare to the homeless populations of Buncombe County.
- Promote, support and advocate the need to ensure that Medicaid supports behavioral health system funding.
- Facilitate and support the dissemination of educational materials across all supporting agencies as it relates to utilizing healthcare coverage, understanding benefits and connecting members of the homeless community to health care services.
- Advocate and promote the need for an increase in the number of healthcare access points to expand the availability of services in the community.
- Collaborate with local hospital systems to coordinate care for homeless patients before discharge by use of HMIS, agency in-reach and participation in frequent user system engagement groups (FUSE).

Priority #5 – Education/Employment

Improve readiness for employment and increase the opportunities of earning a continual living wage by developing partnerships with relative supportive services, educational institutions and employers in Buncombe County.

Strategies and Action Items:

- Develop a team of resource providers that includes representatives from educational institutions, supportive service case managers, key employers and the Department of Labor to develop a plan to support an education and training system for our homeless population and those at risk of

homelessness. Consideration should be given to assessment of current skills, providing necessary tools and training for life skills, basic skills for gaining employment, and trade career skills.

- Create a sub-committee with key members of the HIAC, the Department of Labor, the NC Department of Commerce and Asheville-Buncombe Technical Community College to identify commonly available employment positions and what key skills are most needed from area employers to fill service gaps in the market place.
- Develop a strategy for removing barriers to employment for the homeless and furthering efforts to provide opportunities for education and training to increase fair and equitable employment opportunities in Buncombe County.

Priority #6 – Transportation

Advocate for meaningful public transit access to and from applicable locations for housing, employment, and necessary services for the homeless population across the county.

Strategies and Action Items:

- Advocate and educate on the importance of developing additional transit strategies and alternate models for financing discounted fares to help the homeless get to and from health services, employment, affordable housing and to better access to training and educational institutions.
- Evaluate the current accessibility and efficiency of transportation plans for the City of Asheville and Buncombe County to ensure effective service to the homeless community and affordable housing developments that house the formerly homeless.
- Develop a strategy for collaboration with the City of Asheville and Buncombe County public transit providers on the transit needs of the homeless.

Priority #7 – Prevention/Diversion

Improve the quality and coordination of outreach efforts on preventing homelessness and diverting those most at risk of homelessness from entering the system.

Strategies and Action Items:

- Identify groups at risk, such as youths in foster care entering adulthood and releases/re-entry from institutions, those defined by McKinney-Vento Act as homeless and others as appropriate.
- Identify current diversion resources that support prevention, education and services and engage an action team of the supporting resources to collaborate and develop creative ideas as to the most effective ways to reach at-risk populations.
- Create an education tool or resource to be used by all committee members, agencies and service providers to inform the community at large as to the resources and services available for the homeless and those at risk of homelessness in Buncombe County.
- Develop pilot prevention and diversion initiatives that can be effective within the existing system.

Specific Sub-Population Strategies and Performance Measures (2017)

Veterans

Ending Veteran homelessness means reaching the point where there are no Veterans sleeping on our streets and every Veteran has access to permanent housing in Asheville and Buncombe County. Should Veterans become homeless or be at-risk of becoming homeless in our community, the capacity to quickly connect them to the help they need to achieve housing stability will be accomplished by using a Housing First approach, which removes barriers to help Veterans obtain permanent housing as quickly as possible, without unnecessary prerequisites.

Standards and Strategies

- Prioritizing the most vulnerable Veterans, especially those experiencing chronic homelessness, for permanent supportive housing opportunities, including those created through the HUD-VASH program;
- Coordinating outreach efforts to identify by name and engage every Veteran experiencing homelessness who chooses Housing First or elects Bridge Housing through the Grant and Per Diem project while focusing outreach efforts on achieving positive exits or housing outcomes;
- Targeting rapid re-housing interventions, including those made possible through the Department of Veterans Affairs' Supportive Services for Veteran Families (SSVF) program, toward Veterans and their families who need shorter-term rental subsidies and services in order to be reintegrated back into our community;
- Leverage housing and services that can help Veterans who are deemed ineligible for some of the VA's programs to access stable housing and support services with other community resources;
- Increasing early identification and access to preventive services so at-risk Veterans and their families remain stably housed; and
- Closely monitoring progress toward the goal of reaching 'functional zero', including the success of programs in achieving permanent housing outcomes with quarterly reports and compile and monitor monthly data from all available resources.

Performance Measure

Asheville-Buncombe will achieve 'functional zero' when "(e)very newly identified homeless Veteran in the community is connected with an appropriate housing intervention within 30 days and is permanently housed within 90 days after signing a Declaration of Housing Preference form, unless the Veteran elects to enter a long-term service intensive transitional housing program."

Chronic Homelessness

By December 31, 2017, Asheville and Buncombe County will have effectively ended homelessness for people with the most complex needs in our community, including people with disabilities and the most extensive experiences of homelessness using the following strategies and benchmarks:

Standards and Strategies

- Identify all Chronic Homeless Persons and those within 90 days of becoming chronic in the community.

- a. Compile a by-name list using HMIS and the Coordinated Assessment process and additional resources to maximize broad outreach and in reach to institutional settings (jail, hospitals, health care for the homeless grantees, etc.).
 - b. Build a chronic homeless verification process into Coordinated Assessment.
 - c. Cross reference the chronic by-name list with the Veteran by-name list to ensure all eligible Veterans who are chronically homeless in the community have access to HUD-VASH.
- Provide immediate shelter to any Chronic Homeless Person experiencing unsheltered homelessness who wants shelter.
 - a. Have a system-wide response to refer to immediate temporary shelter with direct referral by all participating agencies in the community to Coordinated Assessment.
 - b. Develop alternate resources (wet beds/low-barrier shelter options) for those that cannot access emergency shelter.
- Provide Service-Intensive Transitional Housing (SITH) in limited instances to Chronic Homeless Persons.
 - a. Housing First, must remain the primary focus for the chronically homeless unless the person voluntarily elects SITH to serve their immediate needs.
- Ensure system-wide capacity to assist Chronic Homeless Persons and those within 90 days of becoming chronically homeless to move swiftly into permanent housing.
 - a. Implement a surge strategy by March of 2017 with all key stakeholders in the Continuum of Care.
 - b. Target all supportive housing (case-management) resources that are not Veteran focused on identifying and supporting the chronically homeless or those at risk of chronic homelessness.
 - c. Clearly define standards and review best practices for case management/client ratio to successfully support those persons with the most severe service needs.
- Support adequate resources, initiate plans and ensure system capacity to quickly house any person identified as chronically homeless or at risk of becoming chronically homeless in the future.
 - a. Continue to expand permanent housing options through dedicated housing development, project-based vouchers and landlord recruitment efforts.

Performance Measure:

Asheville-Buncombe has ended chronic homelessness with the exception of 1) any person who has been identified and offered a housing intervention but refused and 2) any person who voluntarily chooses a service-intensive transitional housing program as a housing intervention.

Glossary of Terms

Affordable Housing: Housing for which the occupant(s) is paying no more than 30 percent of his or her total income for housing costs, including utilities. Households that pay more than 30 percent of their income for housing are considered 'cost burdened' and may have difficulty affording other basic needs like food, medical and clothing. Those households that pay in excess of 50 percent of their income are considered 'severely cost burdened.'

Area Median Income (AMI): The median divides the income distribution into two equal parts: one-half falling below the median and one-half falling above the median for a designated area. HUD uses the median income for families in metropolitan and non-metropolitan areas to calculate income limits for eligibility in a variety of housing programs. HUD estimates the median family income for an area in the current year and adjusts that amount for different family sizes so that the family income may be expressed as a percentage of the area median income.

At Risk of Homelessness: For individuals and families who do not meet the definition of 'homeless' under any other category established in HUD's Homeless Definition final rule, the McKinney-Vento Act was amended to allow homeless prevention assistance to be provided to persons who are 'at risk of homelessness defined as an individual or family who will imminently lose their housing [as evidenced by a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days, having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days, or credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause]; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing.

Chronically Homeless: As defined by the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), is who: 1) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and 2) Has been homeless and living as described continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in a place not meant for human habitation, a safe haven or emergency shelter. Stays in institutional care facilities for fewer than 90 days do not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility; a) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in of this definition, before entering the facility; b) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Coordinated Assessment: Often referred to as Coordinated Intake or Entry depending on the structure within a CoC. NC-501 uses a Coordinated Assessment system for intake and referral for appropriate housing intervention in the community. Per the HEARTH Act, HUD is requiring that all CoC establish and operate a coordinated system for intake and referral that is a client-centered process that streamlines access to the most appropriate housing intervention for each individual or family experiencing homelessness. Every homeless household that presents at an agency for a housing intervention in the CoC is administered an assessment using a standardized assessment tool (VI-SPDAT). Clients are then matched to an appropriate housing intervention and prioritized based on level of need. Coordinated Assessment allows for the capture of data that informs local policy and resource decisions for the system.

Continuum of Care (CoC): The entity authorized to carry out homeless planning for the community (NC-501 is Buncombe County's designation). Under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, the CoC must include representatives from nonprofit homeless assistance providers, victim service providers, faith-

based organizations, government, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve Veterans, the homeless and formerly homeless individuals. Responsibilities include but are not limited to operating an HMIS system, coordination, policy, initiatives and Continuum of Care planning.

Emergency Shelter: Any facility that's primary purpose is to provide temporary shelter for the general homeless population or those that serve a specific client base such as Domestic Violence victims or youth under 18 years of age.

Family: Refers to a household that is comprised of at least one adult and one child. It does not refer to households composed only of adults.

Functional Zero: NC-501 has defined 'functional zero' as " (e)very newly identified homeless Veteran in Asheville-Buncombe is connected with an appropriate housing intervention within 30 days and is permanently housed within 90 days after signing a Declaration of Housing Preference form, unless the Veteran elects to enter a long term service intensive transitional housing program."

Grant and Per Diem: Since 1994, the VA's Homeless Providers Grant and Per Diem Program has offered annually (as funding permits) by the Department of Veterans Affairs Health Care for Homeless Veterans (HCHV) Programs to fund community agencies providing services to homeless Veterans. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. Only programs with supportive housing (up to 24 months) or service centers (offering services such as case management, education, crisis intervention, counseling, services targeted towards specialized populations including homeless women Veterans, etc.) are eligible for these funds. The program has two levels of funding: the Grant Component and the Per Diem Component. Operational costs, including salaries, may be funded by the Per Diem Component. For supportive housing, the maximum amount payable under the per diem is \$43.32 per day per Veteran housed. In NC-501, 182 Grant and Per Diem beds for homeless Veterans were counted in October of 2016.

HEARTH Act: The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was signed on May 20, 2009. The HEARTH Act amends and re-authorizes the McKinney Vento Homeless Assistance Act with substantial changes, including: a consolidation of HUD's competitive grant programs, the creation of a Rural Housing Stability Assistance Program, a change in HUD's definition of homeless and chronic homelessness (revised in January 2016), a simplified match requirement for funds, and increase in prevention resources, and added emphasis on performance for recipients and communities who receive funding.

Homeless Management Information System (HMIS): A software application designed to record and safely store client-level information on the characteristics and service needs of homeless persons. NC-501 maintains its own HMIS and is a part of a state-wide implementation of the HMIS system that conforms to HUD's Data and Technical Standards.

Homeless (Individual or Family): HUD's final rule, published in December 2011, provided four broad categories of homelessness which includes those that are literally homeless and those at imminent risk of homelessness: People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided if they were in shelter or a place not meant for human habitation before entering the institution. The significant change from the previous definition was that people are considered homeless if they are exiting an institution where they resided for up to 90 days (it was previously 30 days), and were homeless immediately prior to entering that institution;

People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who

were being displaced within 7 days to be considered homeless. The regulation also describes specific documentation requirements for this category.

Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth (up to age 24) who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.

People who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening situations related to violence; have no other residence; and lack the resources or support networks to obtain other permanent housing.

Housing Inventory Count (HIC): A complete listing of a community's HUD and non-HUD funded beds dedicated to homeless families and individuals.

Housing First: A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not mandate service participation as a requirement or precondition to housing placement (such as sobriety or minimum income threshold).

Literally Homeless: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Permanent Housing: Describes housing models that include but are not limited to rapid re-housing or permanent supportive housing. Individuals and families living in permanent housing are no longer considered to meet the HUD definition of homeless compared to individuals or families in transitional housing which are defined and counted as 'homeless.'

Permanent Supportive Housing (PSH): Describes a program designed to provide housing (project based and tenant based) coupled with voluntary supportive services that are appropriate to the level of need and preferences of residents on a long-term basis to formerly homeless people. Subsidies and services may be long or short term duration. PSH is usually appropriate and/or mandated by HUD for persons with severe service needs and a disability.

Point-in-Time: An unduplicated one night estimate of both sheltered and unsheltered homeless persons in a defined geographic area. The one-night count, conducted according to HUD standards by the CoC's nationwide, occurs during the last week of January each year.

Rapid Re-Housing (RRH): The provision of housing relocation, stabilization and services available in Emergency Solutions Grant programs, HOME Tenant Based Rental Assistance or Supportive Services for Veteran Families for short- and/or medium term rental assistance to help a homeless individual or family move as quickly as possible into permanent housing and achieve housing stability and self-sufficiency in that housing. The individual or family has a lease in their own name and may remain or move to other housing when the rental assistance ends.

Service-Intensive Transitional Housing (SITH): VA transitional housing that is not being used as Bridge Housing. Whereas Bridge Housing emphasizes short lengths of stay in transitional housing and provides rapid connections to permanent housing, SITH provides up to 24 months of transitional housing in which Veterans are still actively working with the assistance of appropriate services and supports to achieve permanent housing.

Supportive Services for Veteran Families (SSVF): The Veteran Administration offers community-based grants through the Supportive Services for Veteran Families (SSVF) Program, which provides supportive services to very low-income Veteran families in or transitioning to permanent housing. Funds are granted to private non-profit organizations and consumer cooperatives who assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability. Grantees provide eligible Veteran families with outreach, case management, and assistance in obtaining VA and other benefits to support housing stability.

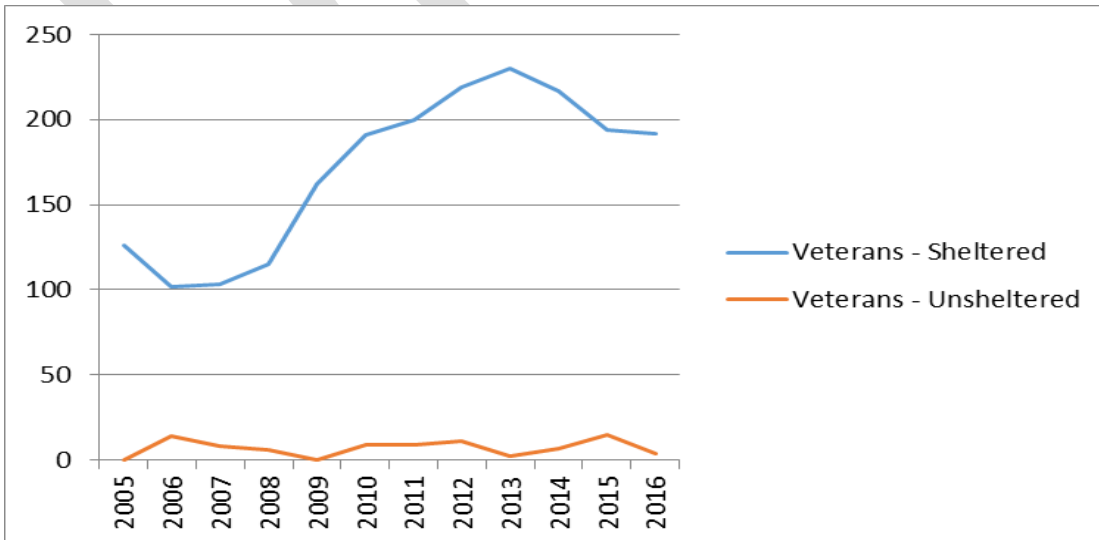
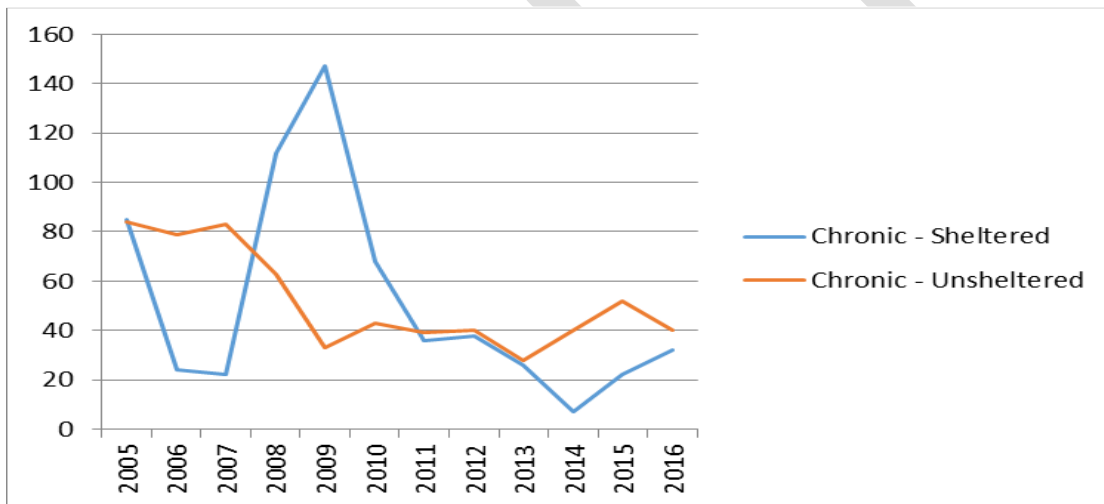
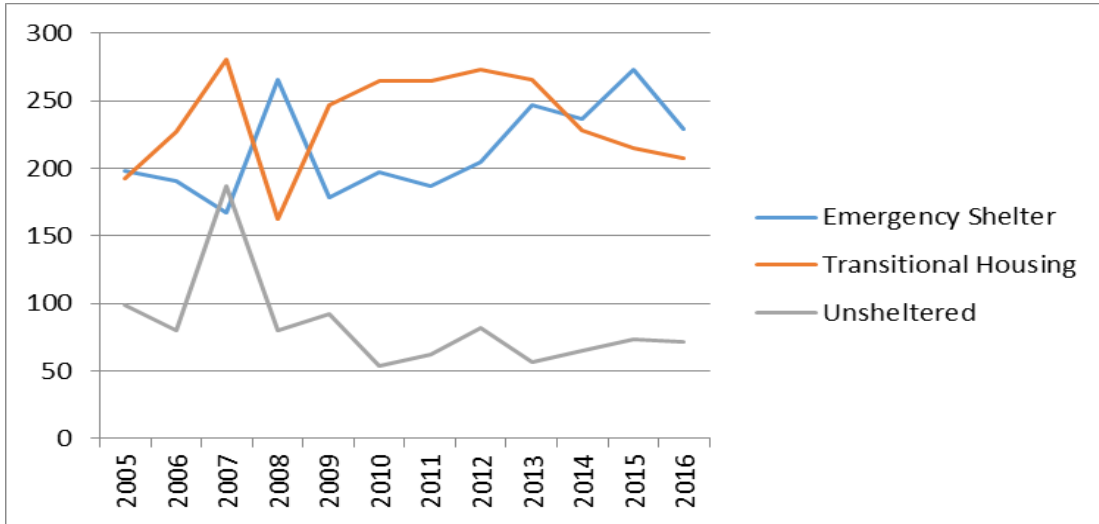
Transitional Housing: Refers to housing projects that are designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living within 24 months, or longer if approved by HUD. Individuals and families living in Transitional Housing are included under the HUD Homeless definition.

Veteran: The Veteran Health Administration classifies a homeless Veteran by the following: (1) An individual or family who lacks a fixed, regular, and adequate nighttime residence; (2) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (3) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); (4) An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where the individual temporarily resided; (5) An individual or family who: (a) Will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, state, or local government programs for low-income individuals or by charitable organizations, as evidenced by: 1. A court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days; 2. The individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or 3. Credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause if the Veteran (b) has no subsequent residence identified and/or (c) lacks the resources or support networks needed to obtain other permanent housing.

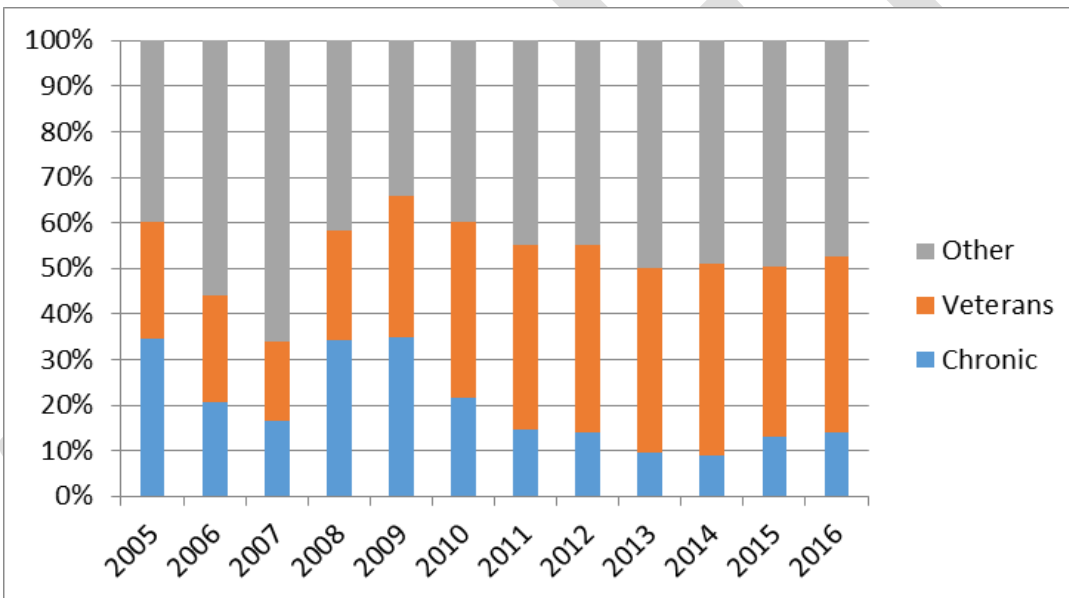
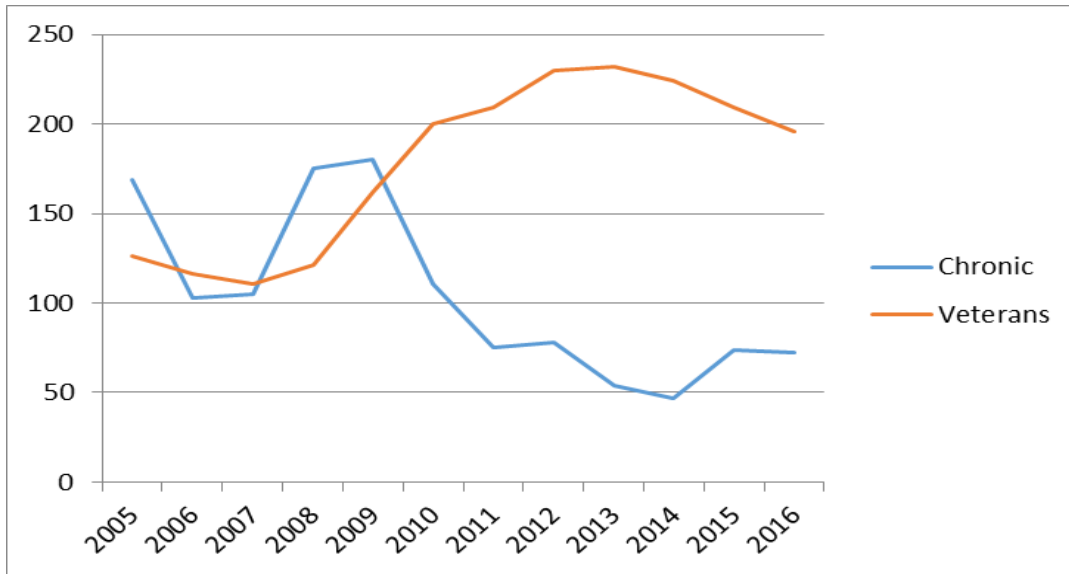
(6) Notwithstanding any other provision of this paragraph, VA shall consider to be homeless any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool): The Vulnerability Index is a tool for identifying and prioritizing the homeless population for housing according to the fragility of their health. The SPDAT is an evidence-informed approach to assessing an individual's or family's acuity. The VI-SPDAT assessment, across multiple components, prioritizes who to house based on their vulnerability while concurrently identifying the areas in an individual or family's life where support is most needed to promote housing stability. Co-occurring social and medical conditions are often the primary factors that contribute to homelessness. The VI-SPDAT was created through the merger of the Vulnerability Index and the SPDAT Pre-screen assessment.

Buncombe County Homelessness Trends 2005-2016



Buncombe County Homelessness Trends 2005-2016



Homelessness Over the Last 11 Years in Buncombe County: by Living Situation			
	Sheltered (ES & TH)	Unsheltered	Total Count
2005	418	84	502
2006	399	199	598
2007	448	187	635
2008	429	80	509
2009	426	92	518
2010	462	54	516
2011	436	62	498
2012	441	82	523
2013	513	57	570
2014	468	65	533
2015	488	74	562
2016	437	72	509

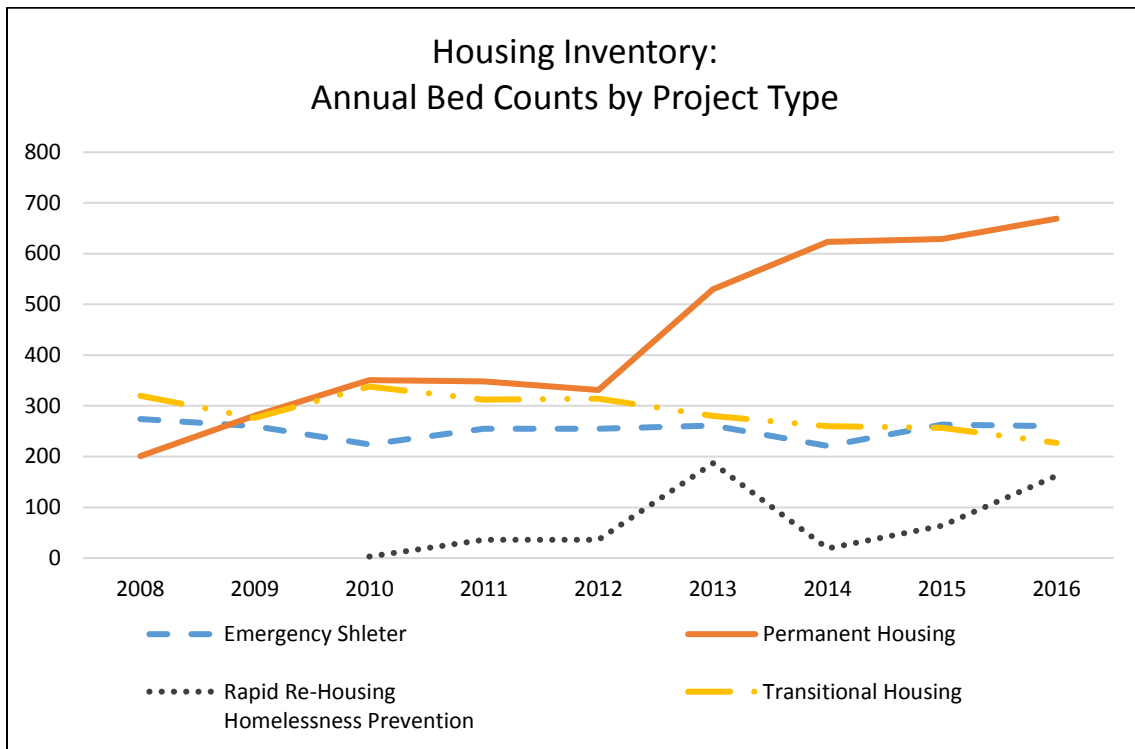
Homelessness Over the Last 11 Years in Buncombe County: by Household Type			
	Households with Adults & Children	Households without Children	Households of Only Children
2005	17	449	
2006	31	497	
2007	34	542	
2008	34	407	
2009	35	432	
2010	40	415	
2011	24	437	0
2012	18	451	9
2013	33	471	4
2014	20	469	5
2015	19	502	8
2016	16	467	5

*This household type was introduced in the 2011 PIT Count. Prior to 2011, these households were included in the "Households without Dependent Children" household type (now called "Households without Children").

Homelessness Over the Last 11 Years in Buncombe County: Target Populations			
	Families and children*	Chronically homeless	Veterans
2005	53	169	126
2006	101	134	108
2007	93	105	111
2008	102	175	121
2009	86	115	162
2010	101	111	200
2011	61	81	209
2012	56	98	230
2013	96	54	232
2014	57	47	226
2015	60	74	209
2016	42	72	196

*Includes people in Households with Adults and Children and people in Households of Only Children

Buncombe County Housing Inventory



	2008	2009	2010	2011	2012	2013	2014	2015	2016
Emergency Shelter	274	260	224	255	255	261	221	263	260
Permanent Housing	201	281	351	348	331	530	623	629	669
Rapid Re-housing / Homelessness Prevention	0	0	3	36	36	187	19	64	162
Transitional Housing	320	276	338	312	314	280	260	257	227

**Findings from the
Asheville City and Buncombe County
2016 Homelessness Survey**

Report to the
Homeless Initiative Advisory Committee (HIAC)

May 2016

This report was prepared at the University of North Carolina Asheville (UNCA). Students and faculty involved in this project were:

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Executive Summary

In January 2016, the Homeless Initiative Advisory Committee collaborated with the University of North Carolina Asheville (UNCA) to conduct a survey of people who are homeless to inform the 2016 5-Year Plan to End Homelessness in Asheville and Buncombe County. The survey, which invited people who were homeless to rate the priority level of various services and benefits, was distributed and collected from mid-February to mid-March at 10 agencies in the area and included 249 respondents. The UNCA team entered the data and prepared this report.

Among the respondents:

- 58% were male
- 54.7% were between 25-51 years and 29% were between 52-62 years
- 67.4% were White/Caucasian, 21.1% were Black/African American, 9.5% were American Indian/Alaskan, and 2.1% were Hispanic Latino.
- 29.9% were employed part- or full-time, 40.2% were unemployed, and 32.4% received SSI/SSDI/SSA or VA benefits
- 61.8% identified as disabled
- 28.6% were veterans of the U.S. Armed Service

Living situations, locations, and periods of homelessness and varied:

- 42% were literally homeless
- 23.4% were living in permanent subsidized housing
- 21.7% were living in Grant Per Diem (GPD) housing
- 19.7% were living doubled up with family or friends
- 17.5% were living in transitional housing
- 16.1% were living in emergency housing
- 52.7% reported their most recent period of homelessness was longer than a year
- 48.5% percent reported they had 4 or more episodes of homelessness in the past 3 years, and the combined total time was over a year (chronic homelessness)
- 31.7% had lived in Buncombe County less than a year, 33.5% for 1-10 years, and 34.8% for more than 10 years
- 22.1% were residing with at least one child
- 26.9% were residing with at least one other adult

Priorities

Among those who provided a rating, the percent who gave a “high” rating was highest, at 78.8%, for food for people who are homeless, with the vast majority of areas rated as “high” priority by over half of the respondents. Other priority areas with a large majority of “high” ratings (more than 70% of respondents) to the items were: emergency/immediate shelter (75.8%), personal hygiene such as showers, haircuts, toiletries, etc. (75.5%), finding and securing employment (72.5%), prescription assistance (72.1%), mental health services/psychiatric services (70.4%), laundry access/assistance (70.3%), public restroom access and availability (70.2%). There were many more highly rated priorities related to these and other areas on the survey.

Also of note is that 34.9% of all respondents indicated that they would like emergency/immediate shelters with flexible entry/exit times for employment purposes, 29.7% would like pet-friendly shelters, and 14.1% would like secular shelters. Further, regarding transportation, 65.9% of all respondents indicated that they would like bus passes/tickets, 34.5% would like extended bus service hours/weekends, and 31.7% would like extended routes.

Regarding perceptions of community and civic engagement on homelessness, 66.3% of respondents rated area agencies' ability to coordinate services and resources for the homeless as "well" or "very well", leaving about a third who responded that the services and resources were not well coordinated. Nearly 60% of the respondents indicated City and County leaders did not work well with agencies and service providers to assist the homeless. About a third (35.9%) responded that affordable, low or no cost housing for the homeless was available and accessible.

These perceptions and other themes emerged from comments that respondents provided as well. Comments raised many concerns, including: respect for people who are homeless; housing as a human right; need for more shelter options; cost of living, wages, and job issues; need health and medical insurance treatment; needs for families; and resource availability. The respondents also commented on the roles of government, agencies, and changing demographics and business and other interests in the area as they relate to homelessness. Many respondents expressed their appreciation for the services, programs, and agencies in Asheville. One respondent, in the spirit of inclusive voices in the process of planning locally, brought together many comments, in writing, *"How can we financially provide more sheltering opportunities, create equal housing options, and help to achieve cost of living to individuals?"*

Background

In January 2005, Asheville City and Buncombe County released *Looking Homeward: the 10-Year Plan to End Homelessness in Asheville and Buncombe County*.¹ In 2015, as the Homeless Initiative Advisory Committee (HIAC) began developing the next 5-year plan, members of the committee and the Homeless Coalition identified approaches for collecting and considering input from those most affected, specifically the homeless community in the area. In January 2016, the HIAC collaborated with the Health and Wellness Department at the University of North Carolina Asheville (UNCA) to design, conduct, and compile information through a survey of people who are homeless. This report summarizes the methods and findings from this survey.

Methods

In January 2016, a sub-group of the HIAC led by Christiana Glenn Tugman and Sabrah n'haRaven, and Coalition member Amy Cantrell identified survey issues, items, and wording for the survey, and Christiana Glenn Tugman created a form with support from Ameena Batada at UNCA.² The survey form included questions about respondents' demographic characteristics, living situations, priorities related to housing, treatment and medical services, basic needs, legal services, employment/education, and perceptions of community engagement. The form also included an area for additional comments from the respondents. HIAC members reviewed and provided suggested revisions to the form and agreed to distribute and collect the forms during the data collection period. From February 23 to March 19, 2016, 10 agencies distributed forms to their clients and collected and submitted them for data entry. Students from UNCA assisted with data collection at two locations and they created a data entry template, entered the data, and assisted with analysis and summary.

Findings

Overall, 249 individuals responded to the survey. The following sections describe the characteristics of the survey respondents and their living situations and summarize their priorities related to services for people who are homeless. Additional sub-analyses are not included in this report but may be available.

Respondent Characteristics

Agencies

Overall, 249 respondents completed the survey forms at 10 different agencies. The agencies where respondents completed the survey forms included:

- A Hope
- Buncombe County Schools
- BeLoved
- Community High
- Helpmate

¹ *Looking Homeward: the 10-Year Plan to End Homelessness in Asheville and Buncombe County* (2005).

<http://www.ashevollenc.gov/Portals/0/city-documents/CommunityDevelopment/Homeless/10yearplan.pdf>

² The HIAC and Homeless Coalition already had been engaged in preparation for the 5 Year Strategic Plan; that background is not discussed in this report.

- Homeward Bound
- Salvation Army
- Steadfast House
- Veteran's Restoration Quarters (VRQ)
- Western Carolina Rescue Ministries

Gender/Sex

Of the 244 respondents to this question, the majority identified as male (58.2%), followed by female (40.2%), and transgender (1.6%). An option was provided for respondents who did not wish to identify but no one chose that option.

Table 1. Gender of Respondents

Gender/Sex (n= 243)			
Female (%)	Male (%)	Trans (%)	None of the Choices (%)
40.3	58.0	1.7	0

Age

Of the 236 respondents to the birth date and/or the age category question, a little over half were between 25 and 51 years of age (54.7%). Less than 10% of the respondents are in each of the younger (under 25 years) and older (over 63 years) age categories.

Table 2. Age Categories of Respondents

Age Categories (n= 236)			
Less than 25 Years (%)	25-51 Years (%)	52-62 Years (%)	63 or More Years (%)
7.2	54.7	29.2	8.9

Race/Ethnicity

Respondents were asked to check off all race/ethnicity categories that apply to them. Of the 242 respondents to this question, the majority (67.4%) identified as White/Caucasian, followed by Black/African American (21.1%), American Indian/Alaskan (9.5%), and Hispanic Latino (2.1%). Less than 2% of respondents identified as Non-Hispanic Latino (1.7%), Asian (1.7%), or Native Hawaiian/ Pacific Islander (1.2%). Respondents who indicated that they do not identify with the race/ethnicity categories made up 2.5% of the total.

Table 3. Race/Ethnicity Categories of Respondents

Race/Ethnicity Categories (n= 242)							
White/ Caucasian (%)	Black/ African American (%)	American Indian/ Alaskan (%)	Don't Identify (%)	Hispanic Latino (%)	Non- Hispanic Latino (%)	Asian (%)	Native Hawaiian/ Pacific Islander (%)
67.4	21.1	9.5	2.5	2.1	1.7	1.7	1.2

Highest Level of Education

Of the 244 respondents, about a fifth (20.9%) had less than or some high school education, about two-thirds (68.1%) had graduated high school (at minimum), and 11% had graduated college (at minimum).

Table 4. Highest Level of Education of Respondents

Highest Level of Education (n=244)					
Less than or some high school (%)	GED (%)	Graduated high school (%)	Some college (%)	Graduated college (%)	Master's degree or higher (%)
20.9	15.6	16.4	36.1	9.8	1.2

Income Status

Of the 244 respondents, 40.2% reported that they were unemployed and 29.8% reported that they were employed (15.9% full-time and 13.9% part-time). Nearly a third (32.4% received SSI/SSDI/SSA or VA benefits).

Table 5. Income Status of Respondents

Income Status (n=244)			
SSI/SSDI/SSA or VA Benefits (%)	Unemployed (%)	Part-Time Employed (%)	Full-Time Employed (%)
32.4	40.2	13.9	16.0

Disability Status

Of the 241 respondents, 61.8% reported that they have a disability (a chronic physical/mental health diagnosis).

Veteran Status

Of the 241 respondents, 28.6% reported that they were a veteran of the U.S. Armed Service. Veterans were more likely than non-veterans to...

- be male (91.3% of veterans vs 43.8% of non-veterans)
- have a disability (67.7% vs 60.4%).
- have lived in Buncombe County for less than a year (40.9% vs 29.0%)
- receive benefits (SSI/SSDI/SSA or VA) (51.5% vs 25.2%)

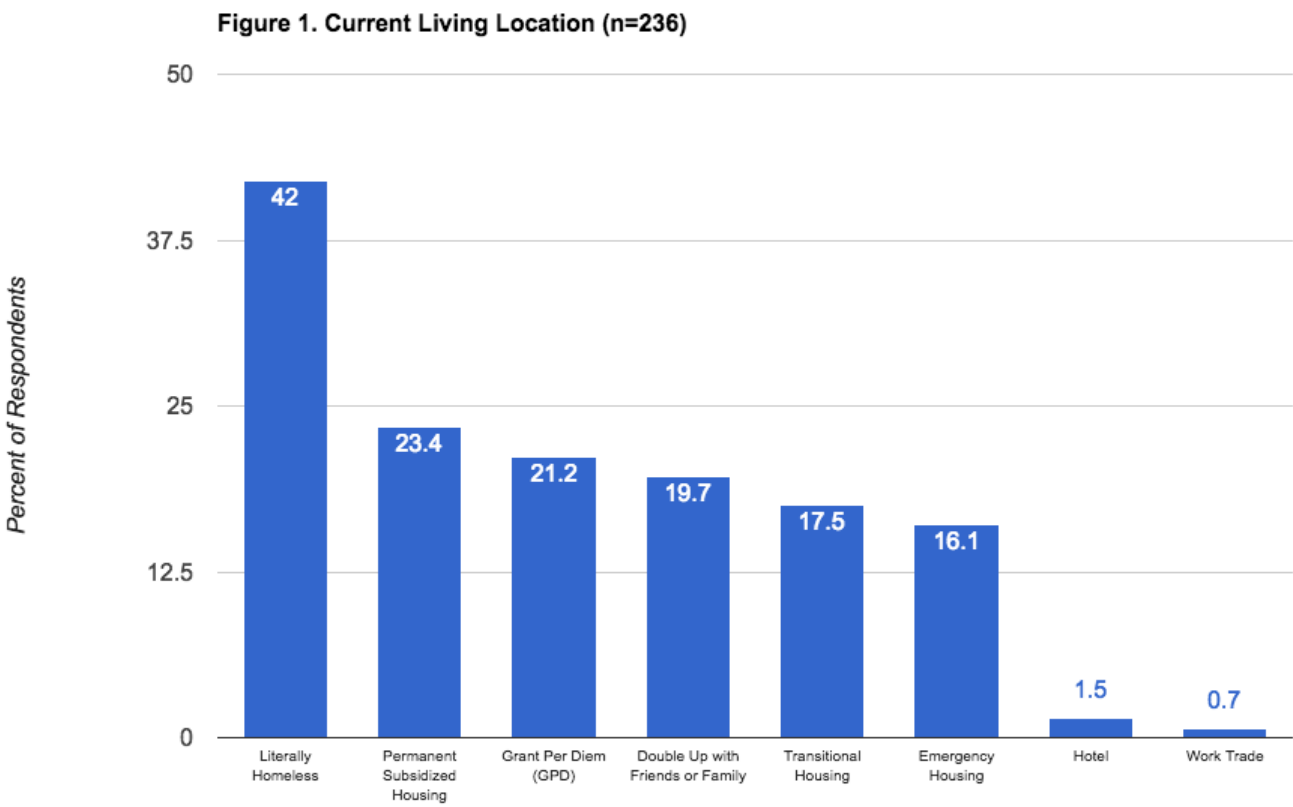
and less likely to be unemployed (20.6% vs 48.5%).

Living Situation

Respondents provided information about their living situation, including homelessness status/situation, periods of and chronic homelessness, length of time living in Buncombe County, and numbers of adults/children with whom they live.

Living Situation

About 4 in 10 (42%) of the respondents reported that they are literally homeless, followed by permanent



housing (23.4%). Figure 1 presents the percentage of respondents who report living in different locations.

Literally Homeless

Of the 249 respondents, 105 (42.2%) reported that they are literally homeless and 74 of them reported about whether they are living in a shelter, camping, living on the street, or in a car (see Table 6). Six respondents who indicated that they were literally homeless also indicated that they were living in another location (2 doubled up with friends or family, 2 in transitional housing, and 1 each in Grant and Per Diem and emergency housing). Overall, 18.5% of the respondents met the criteria for “unsheltered” - reporting that they are literally homeless and living in a car, on the street, or camping.

Table 6. Living Location of Those Who Report They Are Literally Homeless (n=74)

Location	Percent of Respondents who are Literally Homeless
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Shelter	37.8
Camping	27.0
Street	24.3
Car	10.8

Period of Homelessness

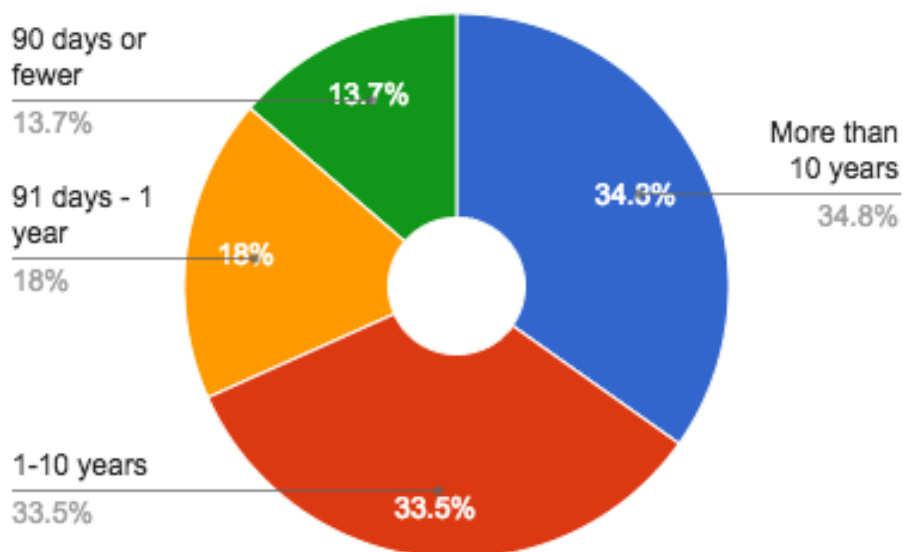
Two hundred and thirty-nine respondents reported on their most recent period of homelessness.

- 52.7% reported that their most recent period of homelessness was longer than a year.
- 48.5% reported that they have had four or more episodes of homelessness in the past three years where combined total time was over one year (meeting the definition for chronic homelessness)

Length of Time Living in Buncombe County

Of the 233 respondents to this question, about a third (34.8%) have lived in Buncombe County for more than 10 years, another third (33.5%) have lived here between one and 10 years, and a third (31.8%) have lived here

Figure 2. Time Living in Buncombe County



less than a year.

Children/Adults Residing Together

Overall, 55 respondents (22.1%) reported that at least one child resides with them and 67 respondents (26.9%) reported that at least one other adult resides with them. About one-quarter of respondents residing with

Figure 3a. Percent Living with Children by Number of Children (n=55)

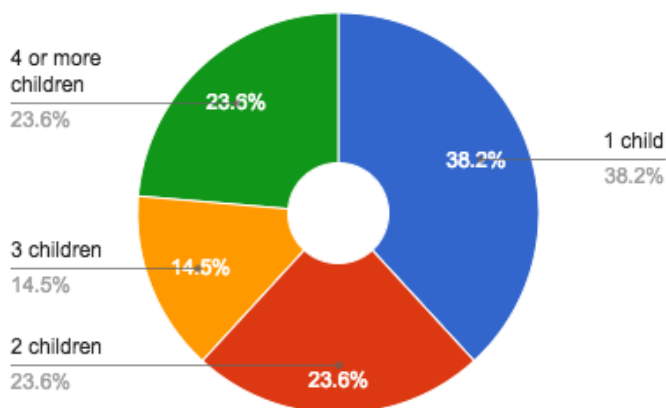
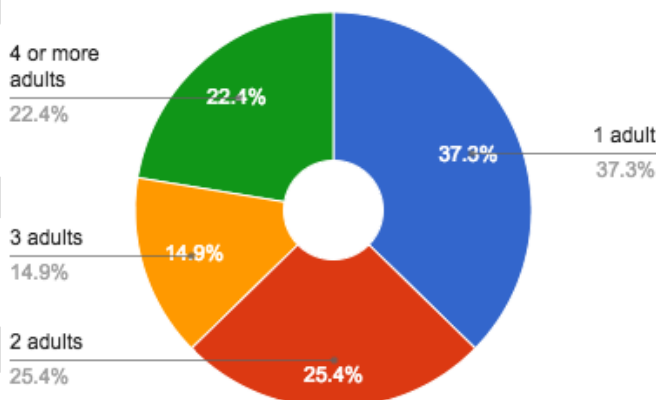


Figure 3b. Percent Living with Other Adults by Number of Adults (n=67)



children - 3% of all respondents - reside with 4 or more children.

Priorities

This section presents respondents' ratings of priorities across different areas of relevance to the plan development.

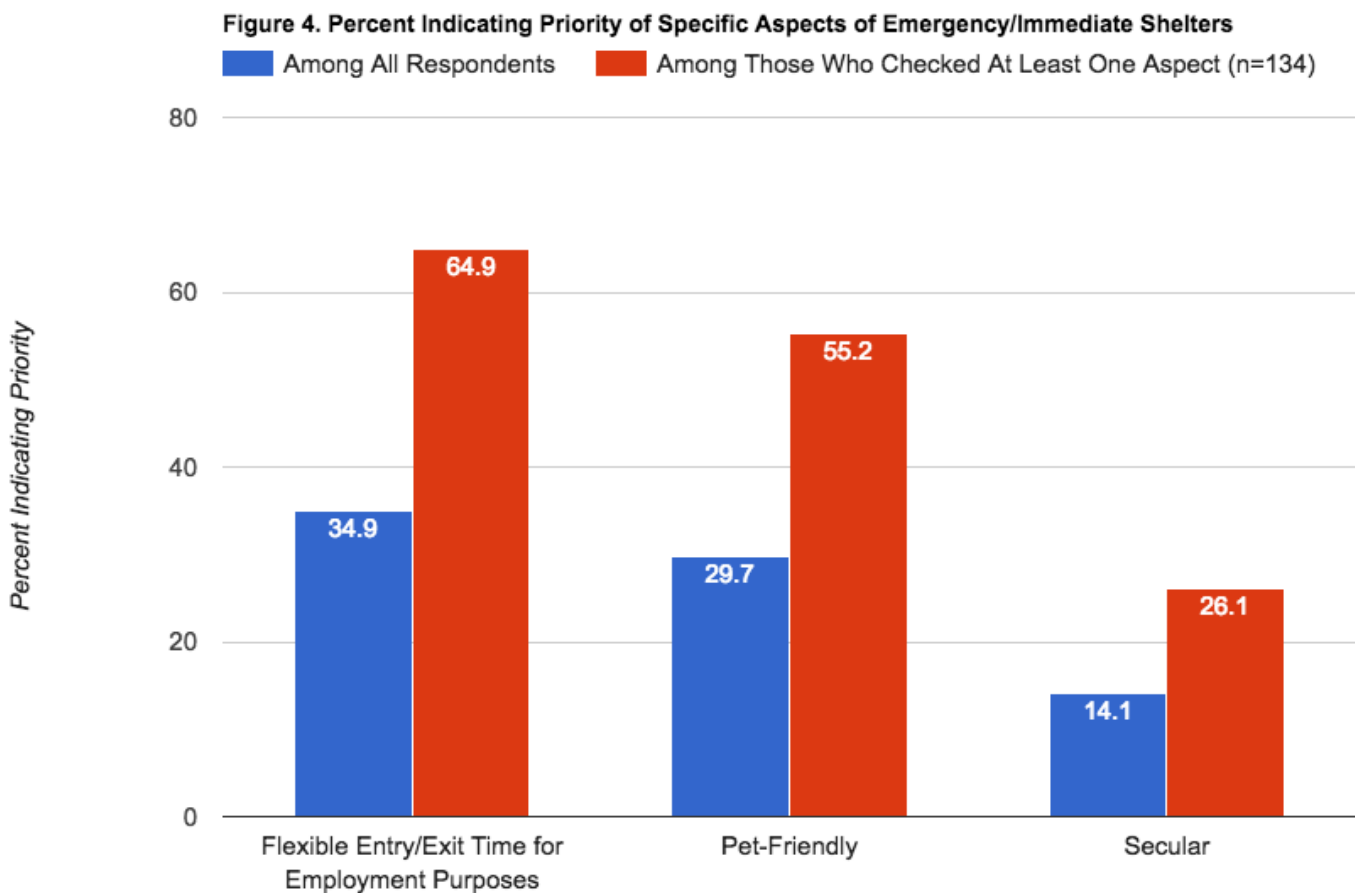
Housing Priorities

Emergency/Immediate Shelter

Of the 199 respondents who assigned a level of priority to emergency/immediate shelter (i.e., did not skip or respond "Not Applicable"), three-quarters (75.8%) indicated that emergency/immediate shelter is a high

priority, 13.1% indicated that it is a medium priority, and 11.1% indicated that it is a low priority. Figure 4 includes the percent of respondents who indicated that they would prioritize certain aspects (flexible entry/exit time, pet-friendly, secular), among the entire group of respondents and among only those who indicated at least one aspect.

Table 7 includes the percent of respondents who indicated low, medium, or high priority for each housing priority, among those who did not skip or indicate “NA”. Emergency shelter for families with a teenage child



and low or no cost housing had the highest proportion of respondents (67.1% and 66.8% respectively).

Table 7. Housing Priorities (Ordered from highest to lowest rating of “high” priority)

	High # (%)	Medium # (%)	Low # (%)
Emergency Shelter for Families w/ a teenage child (n=176)	118 67.1	37 21.0	21 11.9
Low or No Cost Housing (n=199)	133 66.8	40 20.1	26 13.1

Permanent Supportive Housing (n=197)	131 66.5	39 19.8	27 13.7
Security Deposit Assistance (n=192)	119 62.0	49 25.5	24 12.5
Youth Shelter (18-24 yrs. old) (n=163)	98 60.1	43 26.4	22 13.5
Utility Deposit/Utility Assistance (n=197)	118 59.9	55 27.9	24 12.2
Housing options for those with criminal/credit barriers (n=187)	102 54.6	53 28.3	32 17.1
Safe Camping Space (n=183)	100 54.6	48 26.2	35 19.1
Transitional Living Facility/ Half-Way House (n=179)	93 52.0	49 27.3	37 20.7
LGBTQ Shelter and Transitional Housing (n=152)	78 51.3	40 26.3	34 22.4
Assisted Living Facility (n=166)	82 49.4	50 30.1	34 20.5
Registered Sex Offender Housing (n=123)	47 38.2	26 21.1	50 40.7

Notes: "n" includes only those who responded with a level of priority. Those not included are people who did not respond to the question or who indicated "Not Applicable". "#" is the total number who responded and "%" is the percent of those responding with low, medium, or high rating. Row totals may not add to exactly 100% because of rounding.

Treatment and Service Priorities

The survey included many treatment and services priority areas. Table 8 includes the percent of respondents who indicated low, medium, and high priority for each service.

Table 8. Treatment and Service Priorities

	High # (%)	Medium # (%)	Low # (%)
Prescription Assistance (n=197)	142 72.1	32 16.2	23 11.7
Medical Care (n=212)	150 70.8	41 19.3	21 9.9
Mental Health Services/Psychiatric Services (n=206)	145 70.4	35 17.0	26 12.6
Dental Care (n=202)	136 67.3	45 22.3	21 10.4
Substance Abuse Detox and Treatment (n=195)	131 67.2	41 21.0	23 11.8
Case Management and Housing Support (n=203)	132 65.0	47 23.2	24 11.8
OB/ Gyn Services and Women's Health (n=174)	112 64.4	40 23.0	22 12.6
Elder Health Care Resources (n=176)	112 63.6	40 22.7	24 13.6
Domestic Violence Counseling/Legal Services (n=183)	116 63.4	44 24.0	23 12.6

Eye Care and Glasses (n=204)	128 62.8	46 22.5	30 14.7
Re-Entry Services for Formerly Incarcerated (n=176)	103 58.5	41 23.3	32 18.2
HIV/Hep C Testing and Treatment (n=185)	108 58.4	46 24.9	31 16.8
Sexual Violence Counseling (n=175)	101 57.7	46 26.3	28 16.0
Help Identifying Qualified Payee (n=164)	85 51.8	49 29.9	30 18.3

Notes: “n” includes only those who responded with a level of priority. Those not included are people who did not respond to the question or who indicated “Not Applicable”. “#” is the total number who responded and “%” is the percent of those responding with low, medium, or high rating. Row totals may not add to exactly 100% because of rounding.

Daily Needs Priorities

Daily needs were rated high across all areas. Table 9 includes the percent of respondents who indicated low, medium, and high priority for each service.

Table 9. Daily Needs Priorities

	High # (%)	Medium # (%)	Low # (%)
Food (n=217)	171 78.8	29 13.4	17 7.8
Personal Hygiene (showers, haircuts, toiletries, etc.) (n=212)	160 75.5	37 17.5	15 7.1
Laundry Access/ Assistance (n=209)	147 70.3	41 19.6	21 10.1
Public Restroom Access and Availability (n=208)	146 70.2	37 17.8	25 12.0

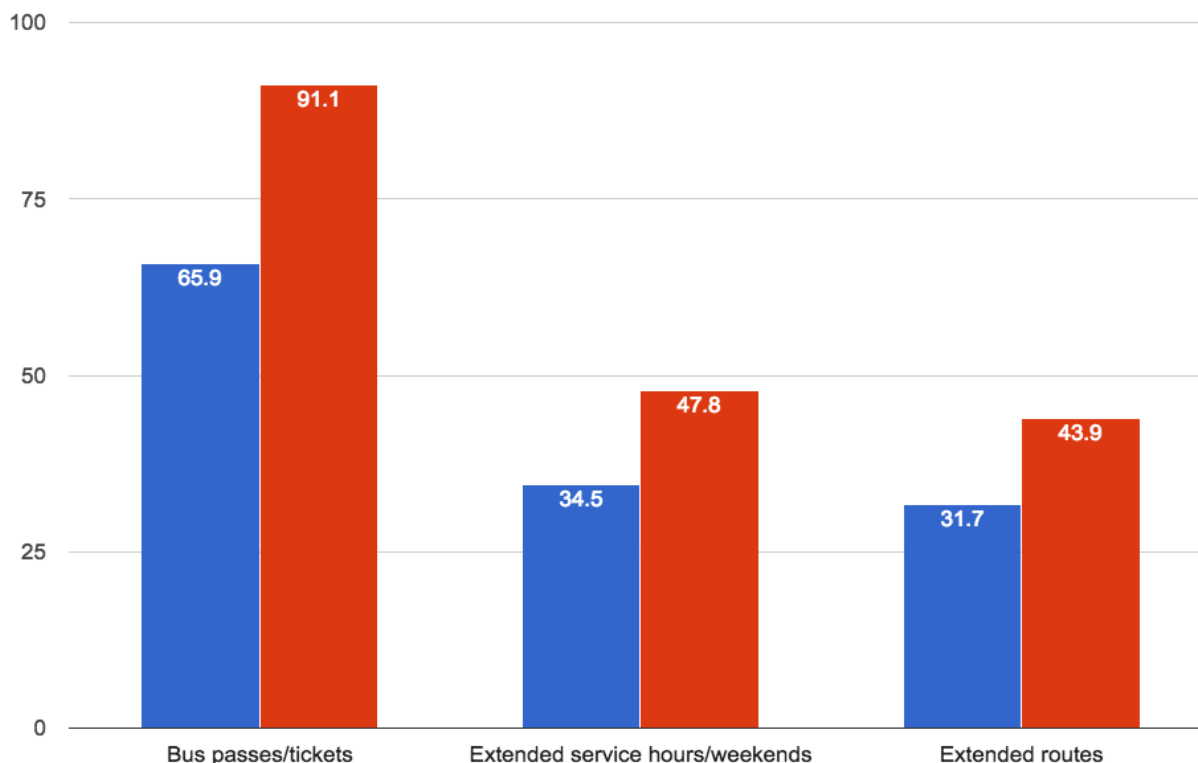
Transportation (n=219) <i>See specific aspects below.</i>	140 68.3	45 22.0	20 9.8
Clothing (n=215)	142 66.1	53 24.7	20 9.3
Communication (phone, mail, computer access) (n=209)	128 61.2	52 24.9	29 13.9

Notes: “n” includes only those who responded with a level of priority. Those not included are people who did not respond to the question or who indicated “Not Applicable”. “#” is the total number who responded and “%” is the percent of those responding with low, medium, or high rating. Row totals may not add to exactly 100% because of rounding.

Regarding transportation, respondents had the option to indicate if they would like bus passes/tickets, extended service hours/weekends, and/or extended routes. Figure 5 presents the percent, of all respondents and those who checked at least one aspect, who indicated each of these transportation aspects.

Figure 5. Percent Indicating Priority of Specific Aspects of Transportation

■ Among All Respondents ■ Among Those Who Checked At Least One Aspect (n=180)



Income/Benefits Service Priorities

Table 10 includes the percent of respondents who indicated low, medium, and high priority for each service.

Table 10. Income/Benefits Service Priorities

	High # (%)	Medium # (%)	Low # (%)
Child Care (vouchers, referrals, and assistance) (n=171)	119 69.6	32 18.7	20 11.7
TANF/WIC and SNAP (food stamps) (n=192)	130 67.7	51 26.6	11 5.7
Supplemental Security Income/ Social Security Disability (n=192)	120 62.5	54 28.1	18 9.4
Financial Assistance to Prevent Eviction (n=192)	121 63.0	49 25.5	22 11.5
VA Discharge Upgrade Assistance (n=162)	97 59.9	43 26.5	22 13.6
Credit Repair, Budgeting, of Financial Counseling (n=189)	103 54.5	56 29.6	30 15.9

Notes: "n" includes only those who responded with a level of priority. Those not included are people who did not respond to the question or who indicated "Not Applicable". "#" is the total number who responded and "%" is the percent of those responding with low, medium, or high rating. Row totals may not add to exactly 100% because of rounding.

Legal Assistance Priorities

Table 11 includes the percent of respondents who indicated low, medium, and high priority for each service.

Table 11. Legal Assistance Priorities

	High # (%)	Medium # (%)	Low # (%)
Help Getting Identification and Legal Documents (n=191)	126 66.0	37 19.3	28 14.7

Expungement Information and Assistance (n=172)	102 59.3	38 22.1	32 18.6
Restoration of Driver's License/ Driving Privileges (n=181)	107 59.1	51 28.2	23 12.7
Legal Assistance for Child Support Issues (n=175)	102 58.3	52 29.7	21 12.0
Legal Assistance for Outstanding Warrants/Fines (n=170)	90 52.9	50 29.4	30 17.7

Employment/Education Priorities

Table 12 includes the percent of respondents who indicated low, medium, and high priority for each service.

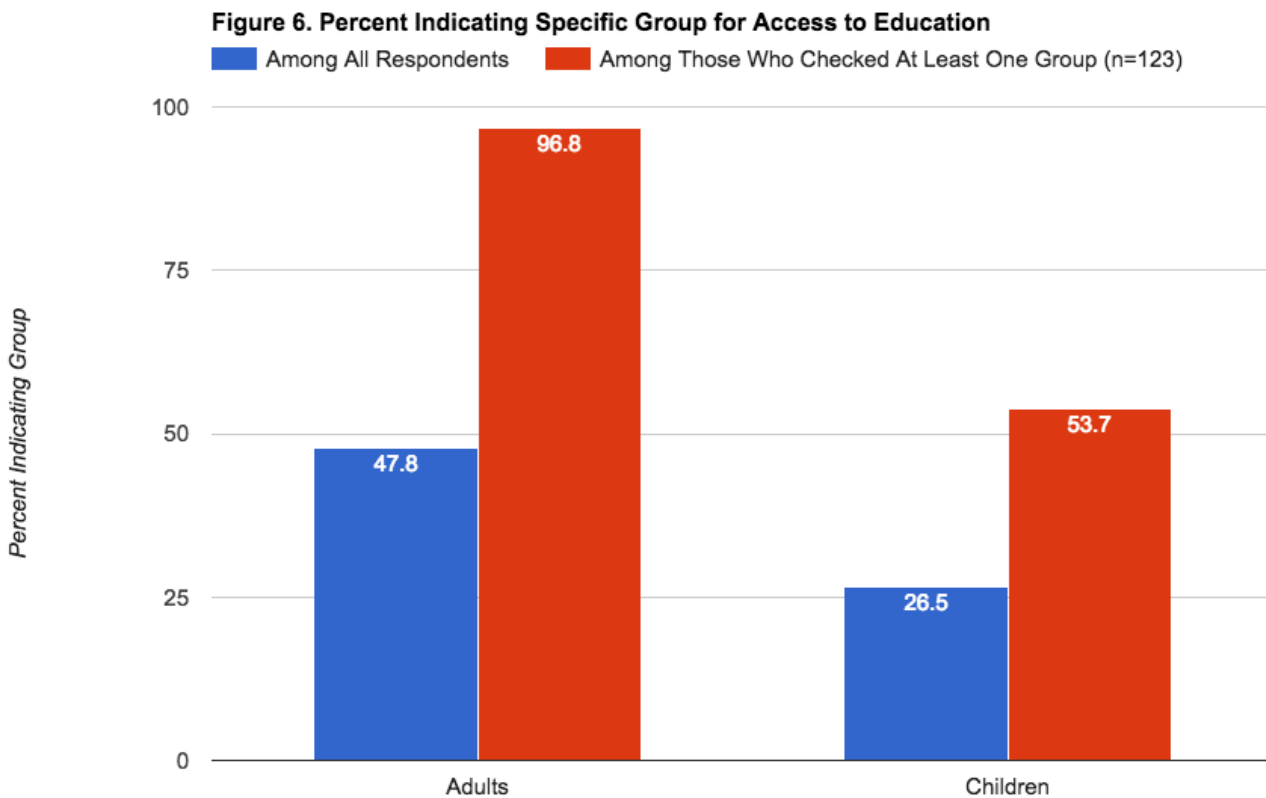
Table 12. Employment/Education Priorities

	High # (%)	Medium # (%)	Low # (%)
Finding and Securing Employment (n=196)	142 72.5	32 16.3	22 11.2
Access to Education (n=200) <i>See chart below.</i>	133 66.5	46 23.0	21 10.5
Job Training (n=201)	133 66.2	45 22.4	23 11.4
Life Skills Training (literacy, problem-solving, etc.) (n=190)	120 63.2	44 23.2	26 13.7
Relocation Assistance (job, education, family support) (n=186)	118 63.1	43 23.0	25 13.4
Vocational Rehabilitation (n=187)	114 61.0	50 26.7	23 12.3

Notes: "n" includes only those who responded with a level of priority. Those not included are people who did not respond to the question or who indicated "Not Applicable". "#" is the total number who responded and "%" is the percent of those responding with low, medium, or high rating. Row totals may not add to exactly 100% because of rounding.

Access to Education for Children and Adults

Respondents indicated whether they would like access to education for children and/or adults. Figure 6 presents the percent of respondents, among all respondents and among those who indicated either children or adults, who specified children or adults.



Perceptions of Community and Civic Engagement

Respondents also provided their perceptions on how well agencies and government coordinate and work together, as well as how available housing is for the homeless, summarized in Table 13.

Table 13. Perceptions of Community and Civic Engagement

	Very Well # (%)	Well # (%)	Not Well # (%)
How well are area agencies able to coordinate services and resources for the homeless? (n=211)	42 19.1	98 45.5	71 33.7

How well do you think City and County leaders work with agencies and service providers to assist the homeless? (n=187)	25 13.4	51 27.3	111 59.4
How available and accessible is affordable, low or no cost housing for the homeless? (n=198)	26 13.1	45 22.7	127 64.1

Notes: “n” includes only those who responded with a level of priority. Those not included are people who did not respond to the question or who indicated “Not Applicable”. “#” is the total number who responded and “%” is the percent of those responding with low, medium, or high rating. Row totals may not add to exactly 100% because of rounding.

Respondent Comments

Respondents were asked to provide additional comments if they wished and 82 of the respondents (32.9%) provided comments that were substantive (other than “none” or similar).

Comment Themes

Respect for People Who are Homeless. One of the major themes that arose in the comments was one of requesting that they and people who are homeless in general be treated with dignity, respect, and sensitivity. Several individuals discussed personal situations in which treatment was of critical importance.

Housing is a Human Right. Several spoke about housing as a “human right” and/or about how there is a great need for housing for people who are homeless.

Several respondents discussed the reasons for the housing crisis, as it relates to the increasing development, condos, and tourism in the area. For example, one respondent stated,

“Mental illness and addiction and the ever-increasing rental rates and the touristy gentrification in asheville is killing us. Every day.”

Respondents also discussed strict eligibility criteria and long waiting lists to get housing. One respondent also expressed concern about the lack of safety in the housing communities for which they finally obtained a voucher.

More shelter options. Several respondents mentioned the need for more shelters, as well as specifically for/with women, families, emergency, late hours, and registered sex offenders.

Cost of Living, Wages, and Job Issues. Cost of living and wages that would assist in helping people get housing was a strong theme that emerged in the comments. One respondent specified the need for showers in order to go to job interviews, among other assistance that would be helpful:

“JOB=income-Haircut-hygiene-place to go-shoes-Basic human needs-clothes-references for applications-address-ID'S-Good MAPS-Thank you all-agencies and organizations for a "chance" - TAX CREDIT Voucher to offer if hired???”

Another respondent commented:

"Single Parent homes that are trying to help themselves, really have a hard time getting help. I have a part time job \$7.25/hr 20-27 hours a week, which is hardly nothing and I cant afford a place w/o help, but because I work, cant hardly get any help."

Job training was a sub-theme within job issues that came up in several comments as well.

Health and Medical Insurance and Treatment. Several respondents commented on the need for additional health and medical insurance and/or treatment, including medical and other health insurance as well as mental health services.

Needs for Families. Several respondents expressed a need for housing options and other resources for families/parents with children. One father explains the multiple challenges he faces:

"I have a 2 1/2 year old daughter and have been trying to get into a home for me and my child. I need a home so I can get my child out of foster care... I need help!!! I have been very sad, my 2 1/2 is my only child she needs me. I'm a single father thanks!!!"

Resource Availability. Some respondents discussed the need for more information about available resources for newcomers and others. One respondent describes vividly their living conditions:

"It gets cold when you only have a tent and a few covers to keep warm in the winter. Animals take your food."

One respondent painted a picture of a possible step for the future:

"I'd like to see a facility with multiple little houses w/a kitchen, bedroom, & shower all in one small building the size of a storage shed. All this in a fenced in area and with case managers available. Ppl would pay a small rent to live in this safe place where they could get help."

Government/Agency Role. Many respondents discussed the role and impact of agencies, including the City. The comments were mixed, including many positive comments about the support that is available, as well as some that pointed out the need for additional resources and sensitivity.

Many of the respondents' comments can be brought together through one respondent's comment/question:

"How can we financially provide more sheltering opportunities, create equal housing options, and help to achieve cost of living to individuals?"

This report presents data from a survey conducted to understand the priority levels of various services, benefits, and other activities among the group most affected by the development and implementation of the next 5-year plan to end homelessness in Asheville and Buncombe County. The survey suggests that many respondents highly prioritize emergency/immediate housing, daily needs, employment, and medical treatment, and that most services and benefits are of high or medium to most. Respondents also have many helpful comments that can assist members of the HIAC and area agencies in better planning for and serving these individuals and the community overall.