Homelessness Services Review

Presented by

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Commissioner Briefing – February 1, 2022

BUNCOMBE COUNTY

Overview

- Partnering on Homelessness

- Buncombe County's Role

- Homelessness – The Basics

- City of Asheville's role

  - Continuum of Care (CoC)

  - Homeless Management Information System (HMIS)

- Homelessness Support System Framework

- Current Planning & Next Steps

BUNCOMBE COUNTY

County and City Partnership

Buncombe County

Appoints 8 members to HIAC

Assists in funding City staffing to HIAC

Traditionally: Support Role

Oversees County funded contracts/grants

City of Asheville

Appoints 8 members to HIAC

Assist in funding City staffing to HIAC

Traditionally: Lead Role

Oversees federal/state funded contracts/grants

Lead entity for Continuum of Care (CoC)

Homelessness Initiative Advisory Committee (HIAC) (Joint Committee)

Buncombe County's Role

- Appoint members to the Homelessness Initiative Advisory Council (HIAC)
  - One (1) County staff member is appointed to serve
- Provide $32,000 in funding annually for City staff supporting to HIAC and its goals
- Oversee County funded contracts and grants

FY22 Funding for Homelessness (Regularly Recurring)*	Amount
County Funding	
City Staff Supporting HIAC	$32,000
Code Purple	$40,000
Homeward Bound: Library Outreach	$50,526
Homeward Bound: Case Management	$450,000
Total	**$572,526**

*AHSP funds may be used to address homelessness and housing needs. ARPA funding, due to its one-time nature, is not included.

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City of Asheville

Presented by

Emily Ball
Homeless Services System Performance Lead
City of Asheville

Homelessness – The Basics
Definitions

- **Literal Homelessness:** Lacking a fixed, regular, and adequate nighttime residence (emergency shelter, transitional housing, or places not meant for human habitation)

- **Chronic Homelessness:** 12 months of *literal homelessness*, either consecutively or during at least 4 episodes in the past 3 years <u>and</u> having a disability (chronic physical illness or disability, developmental disability, serious mental illness, diagnosable substance use disorder)

- **McKinney-Vento Homeless Children and Youth:** *Literal homeless* <u>or</u> sharing housing of other persons due to loss of housing, economic hardship, or a similar reason; data collected/used by school district

- **Unsheltered/Unhoused:** Lacking shelter/housing

Homelessness – The Basics
The Count

- **Point in Time Count (PIT):**
  - Department of Housing and Urban Development (HUD) requirement
  - Continuums of Care (CoCs) conduct this count on a single night in January
  - Count of sheltered people experiencing homelessness (in emergency shelter and transitional housing)
  - Count of unsheltered people experiencing homelessness
- **2022 PIT: January 25, 2022**
  - Analysis in progress
  - Final numbers forthcoming

Homelessness – The Basics

The Count

PIT	2018	2019	2020	2021
Total Persons	554	580	547	527
Sheltered	497 (90%)	502 (87%)	482 (88%)	411 (78%)
Unsheltered	57 (10%)	78 (13%)	65 (12%)	116 (22%)

City of Asheville's Role

- Staff the Homelessness Initiative Advisory Council (HIAC)
- Serve as Lead Entity for Continuum of Care (CoC)
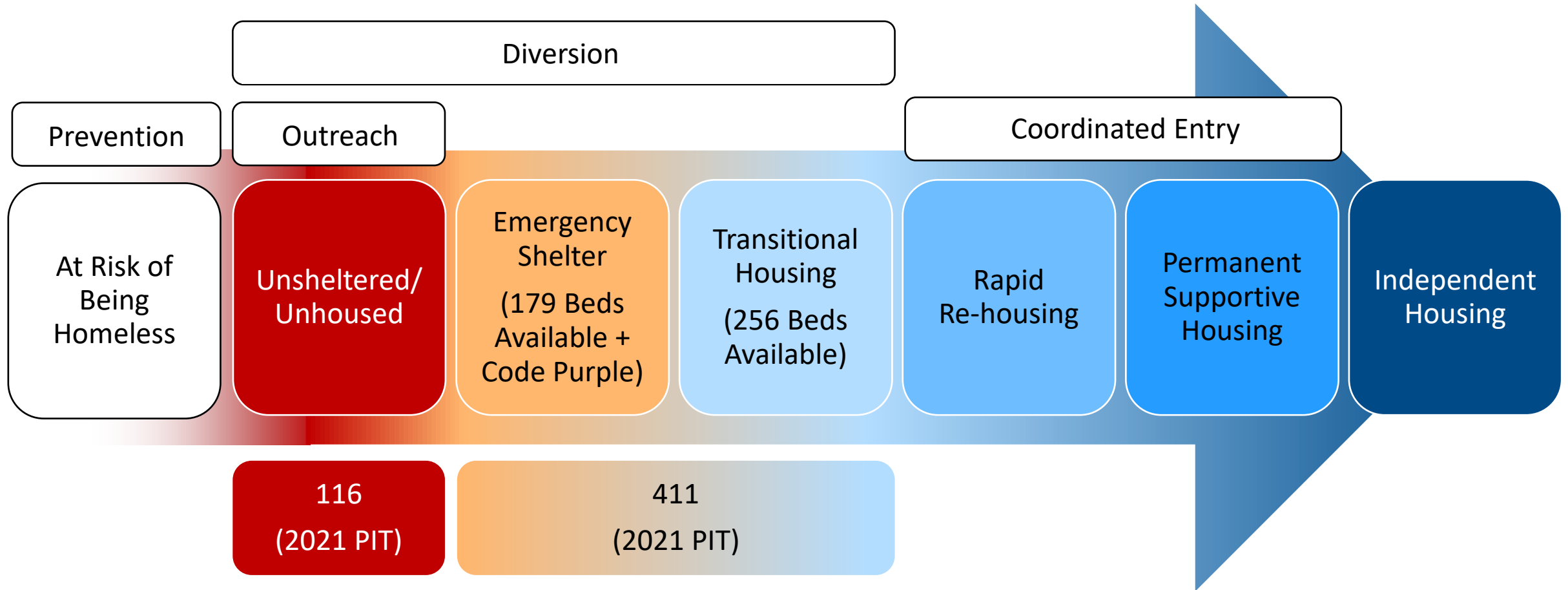- Oversee Federal/State Funds and Contracts with Providers

FY22 Funding for Homelessness (Regularly Recurring)*	Amount
Federal Funding	
Continuum of Care (CoC)	$1,700,000
Emergency Solutions Grant (ESG)	$128,000
City Funding	
Two (2) FTE's	$142,516
Code Purple	$40,000
Homeward Bound: Outreach and Coordinated Entry	$131,873
Total	**$2,142,389**

*CDBG/HOME funds may be used to address homelessness and housing needs. ARPA funding, due to its one-time nature, is not included.

Continuum of Care (CoC)

- **Continuum of Care (CoC):** HUD-defined area within which lead entity
  - Measures inflow/outflow and efficacy
  - Analyzes for duplications and gaps; quantifies needs
  - Develops and implements strategy
- **Continuum of Care (CoC) Lead Entity Must:**
  - Coordinate implementation of a housing and service system
  - Provide annual reporting (PIT, System Performance Measures, Longitudinal Systems Analysis)
  - Collect and evaluate data (Homeless Management Information System (HMIS))
  - Serve as collaborative applicant for annual funding applications
- **Goal:**
  - **Permanent Housing:** End goal for all people experiencing homelessness
  - **Functional Zero:** Benchmark where individuals are homeless for $<$ 90 days

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Homelessness Support System Framework

Prevention	Outreach	Diversion		Coordinated Entry		
At Risk of Being Homeless	Unsheltered/ Unhoused	Emergency Shelter (179 Beds Available + Code Purple)	Transitional Housing (256 Beds Available)	Rapid Re-housing	Permanent Supportive Housing	Independent Housing
	116 (2021 PIT)	411 (2021 PIT)				

Emergency Shelter & Transitional Housing

Emergency Shelter (Short Term)

Organization	Beds	Population Served
Salvation Army	30	Men, women, and children
Western Carolina Rescue Mission	115	Men, women, and children
Haywood Street Respite	8	Medical respite following discharge
Helpmate	20	Fleeing domestic violence
Trinity Place	6	Children aged 7-17
Total	179	

Transitional Housing (Longer-Term, service intensive)

Organization	Beds	Population Served
ABCCM's Veterans Restoration Quarters	148	Men who are veterans
ABCCM's Transformation Village	100	Women with/without children, women veterans
Eliada's ESTA Program	8	Youth aged 16-25
Total	256	

Code Purple: Weather dependent sheltering; many providers

Coordinated Entry

- System to identify who receives assistance
  - Individual in housing crisis should not need to identify the right resource
  - No "wrong door" to system entry
- Concept:
  - Pool all individuals in need of assistance
  - Pool all housing resources
  - Match individual in need of assistance to resource based on appropriateness
  - Prioritize by acuity of need
- Concept in Action:
  - Parallel systems for veterans and civilians
  - Common acuity assessment: Vulnerability Index – Service Prioritization Decisic Assistance Tool (VI-SPDAT)
  - Prioritize by length of time homeless and acuity score

Rapid Rehousing

- **Defined:** Time-limited (best practice is up to 2 years) rental assistance and case management
- **Best Practice:** Housing First (no pre-conditions for entry)
- **Benefits:** Upstream, cost-effective intervention that prevents chronic homelessness
- **Providers:**
  - Eliada (Assistance: 3 - 6 months, Population: Youth ages 18-25)
  - Helpmate (Assistance: $\leq$ 6 months, Population: Survivors of domestic violence)
  - Homeward Bound (Assistance: 6 - 9 months, Population: Chronic and veterans)

Currently 178 in Rapid Rehousing as of 1/7/22

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Permanent Supportive Housing

- **Defined:** Indefinite rental assistance (any source) and case management targeting chronic homeless individuals which can be site-based or scattered site and where the occupant has legal lease in their name and must comply with lease terms
- **Best Practice:** Housing First (no pre-conditions for entry)
- **Providers:**
  - Homeward Bound (Scattered site, Key Commons, The Woodfin, Days Inn)
  - Step Up (Ramada)
  - HUD-VASH (Federal HUD and VA partnership where Housing Authority provides rental assistance vouchers and VA Medical Center provides case management)

> **Currently 581 in Permanent Supportive Housing as of 1/7/22;**
> **185 on the horizon from Homeward Bound and Step Up**

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Current Planning & Next Steps

- Expanding funding support for Code Purple

- Recommended restructure of HIAC
  - Changing name to "NC-501 Asheville-Buncombe Continuum of Care Homeless Initiative
    - 2 distinct bodies
      1) Formally designated Continuum of Care Governance Board
      2) A "general membership" body

- Comprehensive Homelessness Study – City/County/Dogwood Health Trust Partnership

Discussion