Wake County Continuum of Care:

2021 Gaps Analysis and System Modeling
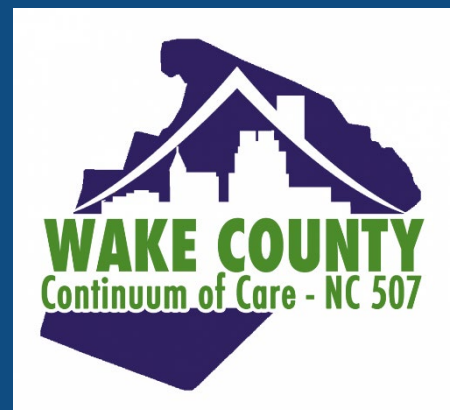
OCTOBER 20, 2021

Authored by:
Whitney Patterson, Abt Associates
Thuan Huynh, Abt Associates
Wake CoC Gaps Analysis Workgroup

WAKE COUNTY
Continuum of Care - NC 507

Contents

Introduction

Beginning in 2020, the Wake County Continuum of Care has come together to re-structure how it makes decisions for policy and funding strategies, resulting in a new CoC governance board, committees, and homelessness system priorities. One of the first priorities established by the CoC governance board is to establish outcomes targets to improve system performance and identify the gaps in the current array of housing and services.

The intention of establishing these community-wide commitment to performance targets and funding strategies is to embody the Continuum of Care's values that homelessness be rare, brief, and non-recurring in Wake County.

Goals
1. **Identifying *optimal* combination of housing and services to make homelessness rare, brief, and non-recurring.**
2. **Identify what the *gaps* are in the current system compared to the optimal system.**

Background & Methodology

Gaps Analysis/System Modeling Workgroup
A Gaps Analysis/System Modeling task group was appointed by the CoC governing board to provide guidance for the effort. The task group met bi-weekly with HUD Technical Assistance and Raleigh Wake Partnership to End Homelessness staff from June – August 2021.

Group Members:
Frank Baldiga, Salvation Army of Wake County
Priscilla Batts, Raleigh Housing Authority
Monica Cheek, Wake County Human Services
Wendy Clark, Raleigh Police Department
David Harris, Wake County Government
Ann Oshel, Alliance Health
Allison Strickland, InterAct
Lamont Taylor, City of Raleigh Government
Decorba White, Healing Transitions

Methodology

All homelessness housing and service providers are expected to enter data into the Continuum of Care's Homelessness Management Information System (HMIS), a database that records client-level data about the needs and experiences of people as they enter the homelessness system. Victim service providers enter the same type of data in a comparable database to protect the confidentiality of people whose experience of homelessness is related to domestic violence and sexual assault.

HMIS data was pulled to get a sense of both what the current need is (due to bottle-necks that leave people in very long-term homelessness due to lack of housing resources within the community) as well as the level of need that might exist longer-term if housing gaps are addressed.

To come up with a total number, HMIS and InterAct data staff produced de-duplicated counts from the HMIS and comparable victim service provider database of:

- **Newly Homeless Households** How many households were newly-enrolled in a street outreach, shelter, or homelessness housing project from 7/1/2020 – 6/31/2021.
  - o **This can be assumed to be the level of longer-term annual inflow into homelessness assuming external factors do not change.**
- **HMIS** How many households were experiencing homelessness longer than one year and chronic homelessness.
  - o **This can be assumed to be the level of unmet needs that have resulted because there have not been sufficient housing resources available for decades; this number will continue to grow each year if there is not a significant increase in available subsidized and permanent supportive housing.**
- **Victim Service Database** How many households were diverted from their domestic violence emergency shelter, and either were referred to domestic violence emergency shelters outside of the county or to the mainstream homelessness system's emergency shelters.
  - o **This can be assumed to be the unmet level of need for domestic violence emergency shelter within the county.**

Identifying the Need

Annual Household Inflow Estimates	Homeless System	Victim Services System
Homeless Unaccompanied Youth 18-24	325	80
Homeless Parenting Youth 18-24	100	25
Households with Children 25+	375	175
Households without Children 25 - 55	800	500
Newly Homeless Households 55+	375	75
Chronically Homeless*	275	10
Long-Term Non-Chronic	375	0
	2625	865

*long-term homelessness + disability that prevents the person from living independently without supports

In a given year, there are 3,500 households in Wake County newly experiencing or stuck in homelessness.

Data

The workgroup co-facilitated an in-person input session for people who are currently or recently experiencing homelessness. Additionally, four virtual input sessions with community stakeholders to provide qualitative input on the needs of people in the following cohorts:

1. Unaccompanied Youth and Young Adults (households whose members are all younger than 25)
2. People who are 55+
3. Families with minor children
4. 24 – 54 year old households with no minor children

To define the composition of an optimal homelessness services and housing system and identify the gaps between the optimal system and current resources, the Gaps Analysis/System Modeling task group used both:

- **Quantitative Data-** HMIS and comparable victim service provider data and;
- **Qualitative Data-** input session feedback; as well as from the CoC Members Kick-off meeting in May 2021.

What We Need

Designing an Optimal System to Prevent and End Homelessness

Goal 1: Identify the *optimal* combination of housing and service pathways to make homelessness rare, brief, and non-recurring

During the CoC Members Kick-off meeting, held in May 2021, the Continuum of Care Membership reviewed data for current system performance and made recommendations for system re-structuring and process improvements to increase exits to permanent housing and reduce returns to homelessness.
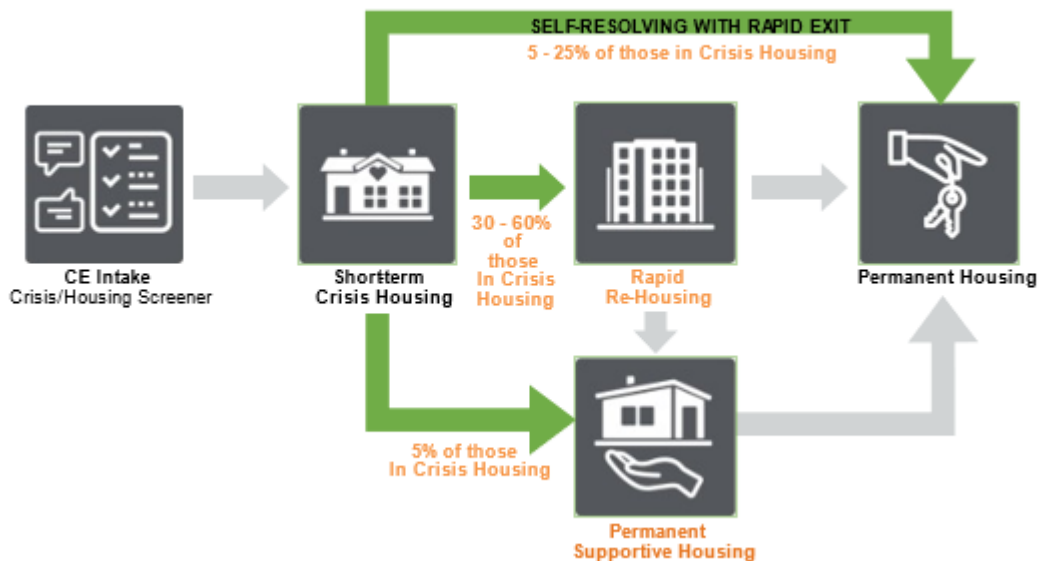
One of the key recommendations from this workshop was to offer front end supportive services to help people more rapidly exit homelessness. A best practice identified was to offer **Case Management** to all people experiencing homelessness as well as **flexible financial support** for people who could successfully exit homelessness with minimal assistance.

Optimal System Projections- What we need

The graph below demonstrates what our optimal system would have in terms of both housing and services to meet the need, based on our 2020 Point-in-Time Data.

Point-in-Time Count: A required activity for federal funding, the PIT Count provides an annual snapshot of literal homelessness for one night in January. The PIT Count describes literal homelessness; however, the PIT Count is only completed once per year; captures the number of people on one night only; and is generally recognized as an undercount.

Project Type	Unit of Measure	UY 18-24	18-24 with Children	25+ with Children	25 - 54 without Children	New 55+	Chronic	Long Non-Chronic	Total Point In Time System Inventory Needs
System Case Managers	PIT caseload	151	27	180	440	209	0	203	**1,210 (60 case managers)**
Self-Resolve	PIT unit caseload	8	3	2	5	1	0	0	**N/A**
Rapid Exit Funds	PIT unit Capacity	5	0	14	65	2	0	0	**86**
Emergency Shelter	PIT unit Capacity	90 beds	32 units (75 beds)	139 units (320 beds)	32 beds	112 beds	113 beds	113 beds	**925 units (1,150 beds)**
Transitional Housing	PIT unit Capacity	51	19	19	65	11	0	0	**165**
Rapid Re-Housing	PIT unit Capacity	223	53	334	358	46	0	45	**1,059**
Permanent Supportive Housing	Annual New Units	40	12	56	65	32	450	68	**723**
Subsidized Housing	Annual New Units	12	4	83	130	360	0	360	**949**

What We Have

System Gaps - Our needs compared to our current System capacity

Goal 2: Identify what the *gaps* are in the current system compared to the optimal system.

By comparing what we need to serve our current population experiencing homelessness to what housing and services we have to offer, we can find the difference or the gap in housing and services our system needs to fill.

Project Type	Unit of Measure	Total PIT System Inventory Needs	System Capacity (7/2021)	Difference/Gap	How Close to Meeting Need
System Case Managers	PIT caseload	60 Case Managers	Which current positions could be re-purposed?	60	0%
Rapid Exit Funds	Annual Funding Pool	$3 million annually	0	$3 million	0%
Emergency Shelter	PIT Bed Capacity	1,150	600	550	52%
Transitional Housing	PIT Unit Capacity	165 Units/Beds	240 Units/Beds	-75	145%
Rapid Re-Housing	PIT Capacity	1,059	300	759	28%
Permanent Supportive Housing	Annual New Units	723	0 Available Units	723	0%
Subsidized Housing	Annual New Units	949	138	811	15%

We are closest to meeting the need for Emergency Shelter beds and our currently over-resourced for Transitional Housing beds.

To make homelessness in Wake rare, brief, and nonrecurring we need:

811 Subsidized Housing Units
723 Permanent Supportive Housing Units
759 Rapid Re-housing Units
325 Emergency Shelter beds

What We Recommend

Prioritize filling the System Gaps- What is missing? What can be repurposed?

- Ramp up Permanent Supportive Housing development (scattered site and congregate)

- Continue to secure Subsidized Housing preferences for people experiencing homelessness

- Invest to fully scale up Rapid Re-Housing

- Investigate and Implement System Case Managers

- Investigate and Implement flexible rapid exit funds

Front End of the System: System Case Managers, Rapid Exit Funds, and Emergency Shelter

System Case Managers: (60 Needed)

The concept of a System Case Manager is that each person who enters homelessness will work directly with a case manager to problem solve their initial housing and service needs. The System Case Manager fits into the coordinated entry system to assess for housing and service needs, help the client develop action plans related to their immediate crisis and housing needs, and provide support to access mainstream and homelessness services.

The System Case Manager (often also called System Navigators, Housing Navigators, etc) could be employed by or embedded in various parts of the existing homelessness system by re-structuring existing job duties or hiring additional staff.

Regardless of the pathway the person takes out of homelessness (exiting independently, with a small amount of flexible funding, or as part of a short or long-term rental assistance or leasing project), everyone should be matched with a case manager as soon as they become homeless with the goal of expediting people's exits out of homelessness. Regardless of where the System Case Managers are employed, clients should expect a minimum level of assistance when being served by System Case Managers, such as:

- Assessment for eligibility for programs to increase income (SSI/SSDI, TANF, employment) and connection to/application assistance
- Assessment for interest/eligibility for other mainstream supports (healthcare, childcare and education assistance for children, and immediate basic needs) and connection to/application assistance
- Housing search assistance (transportation, application assistance, securing required documentation) and connection to rental assistance/flexible funding

If the person is exiting independently, with rapid exit funds, or to subsidized housing (like Housing Choice Vouchers or EHV), the case manager could be available for up to 6 months after securing housing to assist with problem solving/intensifying assistance if the initial plan doesn't work out.

If the person is exiting homelessness via Rapid Re-Housing or PSH, the System Case Manager might be their ongoing housing case manager or the projects could use a team approach and transition the person from an initial outreach/housing search team member to a longer-term case manager.

There might also be a role for specialized Case Managers, such as SOAR workers who work short-term with clients to obtain challenging to secure benefits.

The following roles have been re-purposed in similar communities to serve as System Case Managers:

- **Street Outreach or Day Shelter Case Managers** assigned in a coordinated way to work directly with each person who is experiencing unsheltered homelessness
- **Emergency Shelter Case Managers** assigned to work directly with households in shelter
- **Rapid Re-Housing and Permanent Supportive Housing Case Managers** assigned if a person will be prioritized for Rapid Re-Housing or Permanent Supportive Housing, they can be immediately referred to a RRH or PSH case manager to support their immediate needs and housing search needs.

Rapid Exit Funding: $3 million annually (assuming $2,900 avg. to assist 1,032 households annually)

Currently, 15% of people experiencing homelessness in Wake County exit to permanent housing with no financial assistance. The vast majority of people who <u>return to homelessness</u> come from this population.

The System Modeling/Gaps Analysis task force predicts that *simultaneously more people could exit homelessness and returns to homelessness would be reduced* if flexible funding could be offered to assist people who need a minimal amount of assistance to exit homelessness. Communities who use this model spend flexible funding on the *tailored needs of households* to help overcome barriers to housing, including materials or certification needed to gain employment, childcare assistance, legal support, rental deposit and first month's rent, car repair or gas money, etc.

Emergency Shelter: 925 units/1,150 beds
A value that the System Modeling/Gaps Analysis task group holds is that no one in the community should have to sleep outside when experiencing homelessness. To make this possible, the community will need to address the following needs:

- Ensure that shelter is designed to accommodate all people experiencing homelessness—that it has capacity for people of all family compositions (including families with no minor children, families with teens, and families with adult men) and that it has low-barrier access to shelter
- Reduce the amount of time people spend in crisis housing/emergency shelter with the goal of people moving into permanent housing within 3 months of entering homelessness. Not only does reducing the time spent in shelter reduce trauma inherent in homelessness, but it also frees up crisis beds for more people.

Time-Limited Housing Assistance: Transitional Housing
Transitional Housing: 165 units
While the consensus from stakeholders is that most people would benefit from moving directly into permanent housing, there were groups of people with unique

needs for whom transitional housing would be an ideal form of support. One value held by all is that the use of Transitional Housing should be reserved for when it is the preference of the household rather than the only option offered. Across all the following populations, Transitional Housing was seen to be a necessary option when people who have experienced domestic violence prefer living in a secure, congregate setting for safety reasons. All transitional housing should be low-barrier and harm reduction focused.

|	
15 – 20% of Youth & Young Adults	• scattered-site transitional housing allows for young people to obtain housing when they might have difficulty securing a lease directly with a landlord. Transitional Housing can allow for a longer period of assistance (especially when coupled with a Rapid Re-Housing pathway) when young people are in a natural transitional stage of life as they enter adulthood and work on securing education, employment, and might be parenting young children.
5% of Households *with* Children and Adults who are 25+	• scattered-site transitional housing allows for a transition in place option for people who are overcoming barriers to securing a lease directly with a landlords. On-site support for caring for children (especially if parents area seeking substance use recovery support) could be seen as a plus by some families.
3 - 5% of Households *without* Children and Adults who are 25+:	• available for people who desire on-site services for very specific purposes such as recovery support or physical medical care not available in the community.

Permanent Housing Solutions: Rapid Re-Housing, Permanent Supportive Housing, and Affordable/Subsidized Housing

Rapid Re-Housing: (1,059 households at any point in time averaging 12 months of rental assistance)

The System Modeling/Gaps Analysis task group reviewed best practices from other communities, current system performance data, and stakeholder input and determined that for the majority of people in need of rental assistance to exit homelessness, Rapid Re-Housing should be the primary option. For non-chronically homeless people, the group recommends building out a coordinated entry process by which people could be transferred to Permanent Supportive Housing if it is determined within the first 6 months of rental assistance that they would need a longer-term subsidy and supportive services in order to maintain permanent housing.

Permanent Supportive Housing (723 New Annual Units) and Subsidized/Affordable Housing (949 Annual New Units)

Due to a lack of investment at the federal and local level in permanent supportive housing and affordable housing for decades, there are currently more people entering homelessness in Wake County than exiting into permanent housing. As a result, a sizeable portion of people have slept outside or moved in and out of emergency shelters for very long amounts of time.
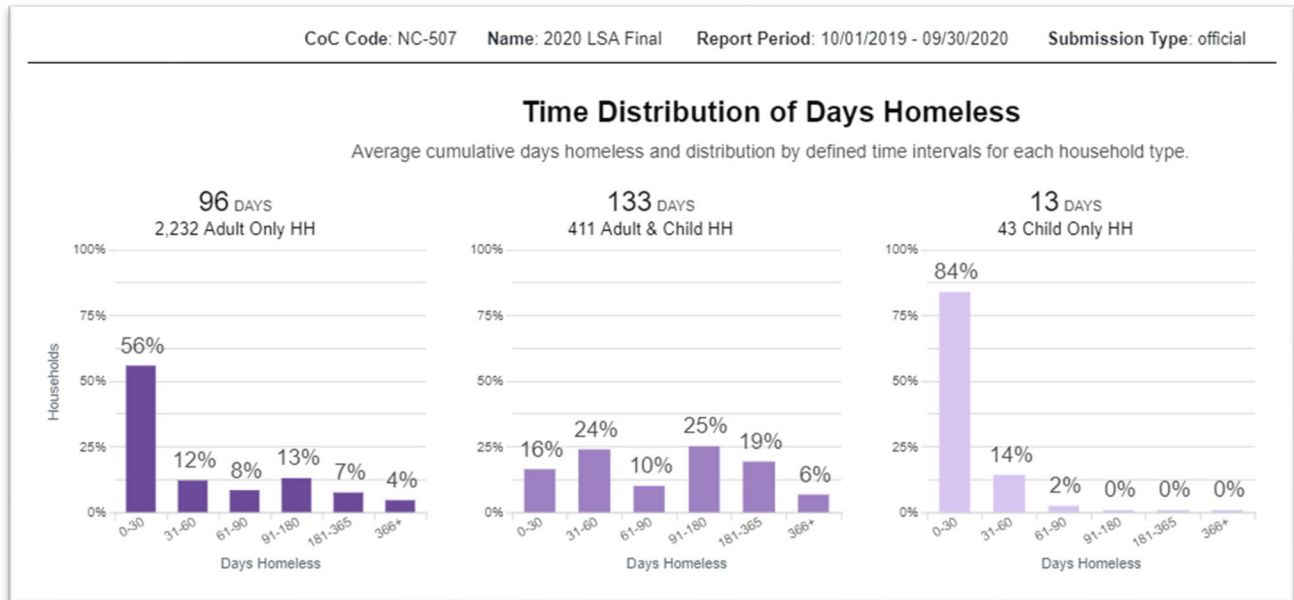
The above data is limited in that it does not include people whose entire experience during the year was in unsheltered homelessness, which leads to the conclusion that there are actually more people experiencing homelessness for longer than 366+ days than what is demonstrated in the charts.

Based on the current By Name List of people experiencing homelessness who are waiting to be matched with housing, we know that there are currently:

- **375** households experiencing long-term homelessness (the vast majority of whom are assumed to need subsidized housing) and;
- **285** households experiencing chronic homelessness (the vast majority of whom are assumed to need permanent supportive housing).

Ramping Up Permanent Supportive Housing and Subsidized Housing

To meet the need for Permanent Supportive Housing and Subsidized Housing, there needs to be an initial influx of housing vouchers/unit development to address the outstanding need, as well as a continued pipeline of new housing additions in order to meet the ongoing need.

We assume that after the initial needs of this group are met, there will continue to be about **200 new households per year** needing permanent supportive housing (although they may not meet the chronic definition of homelessness if the system has adequate resources that would prevent people from experiencing long lengths of time in homelessness).

Ramping Up Permanent Supportive Housing

Cumulative PSH Need (Year 1 - Year 5)
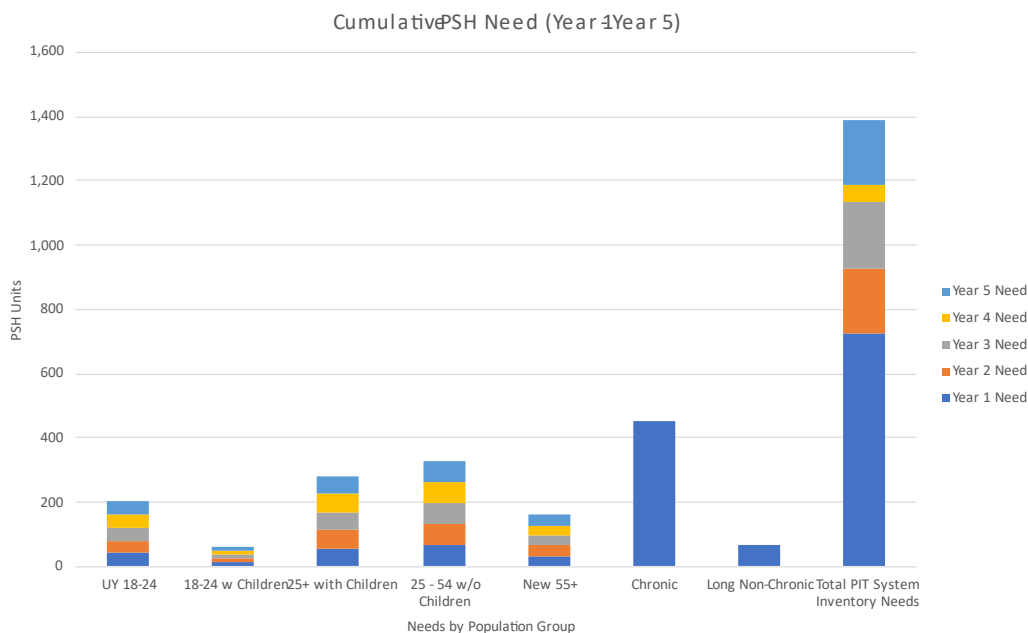
We assume that there will be an ongoing need of affordable housing for **589 new households per year**.

	Total Subsidized Housing System Inventory Needs	Cumulative Affordable Inventory
Year 1 Need	949	949
Year 2 Need	589	1,491
Year 3 Need	589	2,005
Year 4 Need	589	2,494
Year 5 Need	589	2,958

Closing

In September 2021, the CoC Governance Board voted on the following priorities for our System:
1. Ramp up Permanent Supportive Housing development (scattered site and congregate)
2. Secure Subsidized Housing preferences for people experiencing homelessness
3. Fully scale up Rapid Re-Housing
4. Investigate and implement System Case Managers
5. Investigate and implement in flexible Rapid Exit Funds

Next Steps:

- Using our data is key to investing wisely—even if we can't fill all of the gaps, knowing how to make the most strategic impact sets Wake CoC on the right path and gives us goals to work toward
- Continue adapting service models and budgets of existing and new housing and services to meet needs

Thank you

Thank you to the following for your contributions to the Gaps Analysis.

System Modeling/Gaps Analysis Task Group Members:
Priscilla Batts (Raleigh Housing Authority)
Monica Cheek (Wake County Human Services)
Wendy Clark (Raleigh Police Department)
Frank Baldiga (Salvation Army of Wake County)
David Harris (Wake County Government)
Ann Oshel (Alliance Health)
Allison Strickland (InterAct)
Lamont Taylor (City of Raleigh Government)
Decorba White (Healing Transitions)
CoC/Data Staff Support:
Kim Crawford (Raleigh Wake Partnership to End Homelessness)
Jenn Von Egidy (Raleigh Wake Partnership to End Homelessness)
Jasmin Volkel (Raleigh Wake Partnership to End Homelessness)
Brianna Clarke-Schwelm (InterAct)
Elizabeth Lockley (HMIS Consultant)
HUD Technical Assistance:
Thuan Huynh (Abt Associates)
Whitney Patterson (Abt Associates)