**Housing Affordability &
Community Revitalization**

WAKE COUNTY UNSHELTERED FACILITY STUDY

EXECUTIVE SUMMARY

Housing Affordability & Community Revitalization

Wake County Unsheltered Facility Study

A Housing Strategy to Support Unsheltered Populations: Executive Summary

Study Purpose

This study seeks an answer to one simple question: What would it take to ensure all Wake County residents in a housing crisis quickly receive the right services in the appropriate order, starting with crisis response?

Wake County's Housing Department partnered with Corporation for Supportive Housing (CSH), a national leader in supportive housing solutions, to design and implement this study.

These study findings extended beyond identifying system needs within Wake County. This report also provides a model to support unsheltered populations in any community committed to ending unsheltered homelessness, inviting readers to imagine adding each component to their community for a homeless system that meet the needs of our most vulnerable neighbors.

Key Findings:

- **Adult Only Households[1]:** According to the 2023 Point in Time Count, Adult Only households are only accounted for in unsheltered locations. Emergency Shelters rarely accommodate adult only families. Instead, adult only household members are viewed as single adults and must enroll in emergency shelters that correspond with their gender identity and served separately, creating an impossible choice: separate from one another to enter shelter, or stay together and remain unsheltered.

- **Families with Minor Children:** Families with children wait around 29 days to access Emergency Shelter, however families larger than two wait between 30 and 66 days to access shelter. Families that access Emergency Shelter also spend the longest time in shelter compared to all other household types. Families spend between 70 (median) and 156 (average) days in shelter.

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[1]*Adult Only Households: More than 1 Adult over 18 years old in the household*

- **Single Adults:** 93% of people experiencing chronic homelessness are single adults. Single adults experiencing chronic homelessness are five (5) times more likely to be unsheltered, according to the 2023 Point in Time count. While single adults typically access emergency shelter within 4 days, Wake County's growing unsheltered population, comprised primarily of single adults demonstrates a significant need for a low-barrier drop-in shelter designed specifically to serve the complex needs of people experiencing unsheltered, long-term homelessness.

- **Unaccompanied Youth Ages 18-24:** According to the 2023 Point in Time Count 3 out of 4 unaccompanied youth ages 18-24 are unsheltered. While system level data typically counts unaccompanied youth over 18 as part of the single adult category, research shows that youth are typically averse to traditional congregate shelter for adults, and require specialized, age-appropriate services to successfully end their homeless episode.

Methodology:

CSH and Wake County's Housing Department used a mixed method approach to the Unsheltered Facility Study by leveraging:

- **Quantitative**, system level data generated through the Homeless Management Information System (HMIS), including the annual Point in Time Count, System Performance Measures, Longitudinal System Analysis, and CSH System Modeling. Data leveraged through this system are deidentified and aggregated for key insights across program type and population group.

- **Qualitative** insights through stakeholder surveys, interviews, and focus groups including current or formerly unhoused individuals and families or people with lived expertise (PWLE), and a diverse group of over 20 service providers across healthcare, substance use recovery, mental health, homeless services, and affordable housing development.

- This study leverages the **best available research** to create a framework for analysis and underpin key findings. Research offers comparable and national insights into emerging and best practices to serve each population group, while program and facility examples within and outside of Wake County demonstrate successful service models to meet community needs.

Recommendations:

1. **Develop Comprehensive Referral System for Service Providers:** Service providers report persistent confusion around the appropriate systems to send or receive emergency shelter and permanent housing referrals. This points to a deficit in the county-wide Coordinated Access System (CAS). The Coordinated Access System in Wake County needs refinement to expedite access to housing services and increase process efficiency among providers.

2. **Align Current Emergency Shelter with Best and Emerging Practices:** Households with pets, adult only households, mixed gender households with children, and youth struggle to access congregate emergency shelter facilities because they do not want to separate from each other, their belongings, or their pets. Shelters can increase access by accommodating the entire household, providing a low barrier environment, trauma-informed approaches, shared agreements aimed at building community, and rules and procedures that reduce exposure to harm.

3. **Add Emergency Shelter Capacity:** Based on crisis response analysis, this study recommends expanding the single adult and unaccompanied

youth shelter capacity to within the range of 86 to 237 beds. For households with a minor child, shelter capacity should expand by 31 to 93 beds, or between nine (9) and 27 units (using an average household size of 3.5 members).

4. **Establish More Comprehensive Day Services:** Over 60% of study participants expressed the need for day services. Most agreed that they filled their days riding the bus, sitting in libraries, or occupying other public places until asked to leave. With no place to safely store belongings, participants reported feeling targeted by police or other community members because they carried their belongings with them. Several recommended a place for daily storage of personal belongings while they work or engage in services. Participants envisioned services with dedicated space to engage in productive activities like job training, searches, and interviews.

5. **Encourage Transitional Housing Programs to Align with Bridge Housing:** Service provider interviews pointed to a need for short-term housing programs that shift from traditional Transitional Housing models to Bridge Housing models. Bridge Housing is a hybrid of Emergency Shelter and Transitional Housing, integrating trauma-informed and housing first practices into short-term housing options. Bridge Housing offers temporary shelter space tied to permanent housing assistance. Bridge Housing ensures households access a safe and stable place to stay while transitioning to an already identified permanent housing option.

6. **Expand Bridge to Home:** Most service providers interviewed preferred a low barrier, service-enriched service model, like the agencies implementing the Bridge to Home (B2H) program. Resident and stakeholder interviews called for a robust service model with flexible financial assistance, employment readiness programs, mainstream benefits access, integrated physical and behavioral health support, and transportation assistance – all central to improved client outcomes. These services, some of which are achieved through thoughtful partnerships with community providers, help residents prepare for and access housing when it becomes available to them. Integration of homelessness diversion and rapid exit practices, as seen through the B2H program, also ensure households either avoid shelter entry or quickly exit shelter to permanent housing.

7. **Enhance Street Outreach:** Research indicates that people experiencing long-term unsheltered homelessness become increasingly isolated and resistant to seeking or accepting support. Street Outreach teams are critical to engaging with and connecting unsheltered households to services and housing support. In Wake County, Street Outreach service providers report a need for better coordination to avoid service overlap while leveraging each team's expertise.

Next Steps:

Following the publication of this study, Wake County's Housing Department will host listening sessions in Spring 2024. The listening sessions will gather community input and planning to recommend and prioritize the solutions/recommendations listed above. Following the listening sessions, the Housing Department will then present findings and a proposal to Wake County Commissioners to identify a path forward.

Housing Affordability &
Community Revitalization

WAKE COUNTY UNSHELTERED FACILITY STUDY

A HOUSING STRATEGY TO SUPPORT UNSHELTERED POPULATIONS

Acknowledgements

The Wake County Housing Department and CSH would like to extend a special thank you to all who participated and contributed to this pivotal study, establishing a path toward ending unsheltered homelessness in Wake County.

About

Wake County's Department of Housing Affordability and Community Revitalization (HACR)

Wake County is one of the fastest growing communities in the United States, but our growth means it's becoming harder to make sure everyone can afford to live here. We believe everyone deserves a safe and affordable place to call home. HACR's core mission is to improve the access, quality, and affordability of housing for families and communities whose needs are not met by the natural housing market. To fulfill that mission, HACR takes a complete look at homelessness and affordable housing through quality data, strong partnerships with expert service agencies, and listening closely to our impacted communities. HACR then distributes federal, state, and county funding under our responsibility to agencies or develops programs within the department to meet community needs. HACR operates six core teams equipped with expertise to make improvements in every area of affordable housing and homelessness:

- Division for Homeless and Prevention Services
- Division for Permanent Supportive Housing and Support Services
- Division for Equitable Housing and Community Development
- Division for Veteran Services
- Division for Research, Data, and System
- Business, Operations, and Contracts

This report is prepared and presented by the Division of Research, Data, and Systems.

CSH

- CSH (Corporation for Supportive Housing) advances affordable and accessible housing aligned with services by advocating for effective policies and funding, equitably investing in communities, and strengthening the supportive housing field. Since our founding in 1991, CSH has been the only national nonprofit intermediary focused solely on increasing the availability of supportive housing. Over the course of our work, we have created more than 467,600 units of affordable and supportive housing and distributed more than $1.5 billion in loans and grants. Our workforce is central to accomplishing this work. We employ approximately 170 people across 30 states and U.S. Territories. As an intermediary, we do not directly develop or operate housing but center our approach on collaboration with a wide range of people, partners, and sectors. For more information, visit www.csh.org.

Study Purpose

Wake County partnered with CSH to conduct a county-wide evaluation of homeless system needs to proactively plan for and align financial resources to end unsheltered homelessness in Wake County.

Prior to the COVID-19 pandemic, communities like Wake County noticed a downward trend in their Point in Time counts, with less overall homelessness on any given night. However, since that time, Wake County and other peer-communities now face an increasing number of people living unsheltered.

Point in Time count trends[1] correlate with Housing Inventory[2] trends. During the COVID-19 pandemic, Emergency Shelters reduced their bed capacity by half to accommodate social distancing requirements. During that same time, the number of people experiencing unsheltered homelessness nearly doubled. A recent census of emergency shelter space shows a near return to pre-pandemic shelter capacity but there is no corresponding decrease in shelter demand.

This study seeks an answer to one simple question: What would it take to ensure all Wake County residents in a housing crisis quickly receive the right services in the appropriate order, starting with crisis response?

This report goes beyond identifying system needs within Wake County. This report also provides a model to support unsheltered populations in any community committed to ending unsheltered homelessness, inviting readers to imagine adding each component to their community for a homeless system that meets the needs of our most vulnerable neighbors.

Following the publication of this study, Wake County's Housing Department will host listening sessions in Spring 2024. The listening session will gather community input and planning to recommend and prioritize the solutions/recommendations listed below. Following the listening sessions, the Housing Department will then present findings and a proposal to Wake County Commissioners to identify a path forward.

Study Recommendations

A robust qualitative and quantitative methodology underpins the findings and recommendations of this study. This study combines the best available research associated with known and unknown population characteristics, local data to outline system performance, and the expertise of practitioners and people with lived experience in homelessness in Wake County. A comprehensive review of the study's methodology follows the Study Recommendations section of this report

CSH and Wake County's Housing Department developed the following recommendations to address unsheltered homelessness and improve crisis response:

1. Clearly Develop a Comprehensive Referral System for Service Providers

In an effective homeless response system, emergency shelters provide immediate access to a safe place to stay, minimal entry requirements, and the capacity to accommodate the entire household without separation. Emergency shelters with comprehensive, co-located housing services work quickly to connect shelter guests to permanent housing. Emergency shelters also provide homelessness diversion services, whenever possible, to prevent shelter entry when

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[1] Every community across the country completes an annual Point in Time (PIT) count during the last week of January. The PIT count estimates the number of people experiencing Category 1-Literal Homelessness through a one-night snapshot, painting a picture of homelessness as it typically occurs in a community. The 2024 Wake County PIT count occurred on January 24th, with an anticipate release of the data in late Spring.

[2] The Housing Inventory Count (HIC) is an annual report used to assess a community's capacity to temporarily and permanently house people experiencing literal homelessness. The HIC occurs at the same time as the PIT. Housing Inventory may change throughout the year as agencies adjust, get new funding, and restructure programs.

there are safe and appropriate housing alternatives.

During stakeholder interviews, service providers reported persistent confusion around the appropriate systems to send or receive emergency shelter and permanent housing referrals. This points to a deficit in the county-wide Coordinated Access System (CAS). The Coordinated Access System in Wake County needs refinement to enable expedient access to housing services and increased process efficiency among providers. CAS improvements include clear protocols for prioritizing and connecting unhoused residents to available and appropriate service interventions.

Currently, program wait lists are lengthy and far exceed existing staff capacity and physical space. Increasing case management & service provider capacity within the emergency shelter system, specifically, will enhance service provision and expedite positive client outcomes.

2. Align current Emergency Shelter programs with best and emerging practices

Congregate emergency shelter is the most common emergency shelter type, nationally. A congregate emergency shelter typically includes a permanent facility with large, open spaces designed to accommodate multiple shelter guests at one time.

In Wake County, most emergency shelters are congregate, including 263 beds for single adults (163 for men, 100 for women) and 30 units[3] for households with minor children. In Wake County, emergency shelters for households with minor children can fluctuate between congregate and

non-congregate shelter. Some family shelter units accommodate one large family or multiple smaller families per unit or designated sleeping area.

Best Practice
Congregate emergency shelters should be accessible to any Wake County resident experiencing homelessness and in need of a safe place to sleep. Each agency offers unique expertise; however, current congregate emergency shelters do not meet the current diversity of service needs among residents in a housing crisis.

Households with pets, adult-only[4] households, mixed gender households[5] with children, and youth[6] struggle to access congregate shelter facilities because they do not want to be separated from each other, their belongings, or their pets.

Shelters can increase access by accommodating the entire household, providing a low barrier environment, using trauma-informed approaches and shared agreements to build community, and defining expectations and procedures that show respect for guests.

Quality, low-barrier shelter that meets the diverse needs of unhoused residents, is critical to ending unsheltered homelessness in Wake County.

Facility Enhancement
Emerging practices to enhance safety and increase accessibility of congregate shelters include five crucial aspects of the physical shelter space: entryways, communal areas and common

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[3] *This report uses **units** to describe shelter capacity for families rather than **beds**, as is used for single adults. **Beds** represent per-person capacity. **Units** represent capacity on a household basis. A single adult represents one bed and one unit. A family represents one unit but two or more beds.*
[4] *Households with more than one adult and no minor children.*
[5] *Households with more than one person of a different gender.*
[6] *Ages 18-24*

spaces, bathrooms, sleeping areas, and security cameras.[7]

- **Entryways**

    Adequate space in entry areas prevent guests from waiting outside, offer protection from the elements, and preserve dignity. Shelter information should be displayed in various accessible formats and languages to ensure guests have the necessary resources and understanding of the facility to promote inclusivity.

- **Communal Areas**

    Flexible shared and private spaces contribute to feelings of safety and comfort among guests. Recommendations include implementing a clear layout with signs and color-coded paths, maintaining cleanliness, addressing hygiene concerns promptly, arranging furniture to offer privacy, incorporating positive elements like artwork and plants, establishing designated quiet spaces, creating meeting rooms for visitors monitored by staff, and providing private case management rooms to ensure guest confidentiality and safety.

- **Bathrooms**

    Communal bathroom facilities can cause feelings of anxiety, fear, or uneasiness. To reduce these concerns, shelters should implement inclusive procedures. This includes allowing individuals to use private bathrooms or showers with all-gender options. Shelters should also provide free menstrual products in all bathrooms, including those designated for men.

    To enhance security while preserving privacy, shelters can employ labyrinth entrances without external doors and install stalls with

locks that only function from the inside. Staff should have access to stall keys for emergency situations. These detailed measures prioritize both the safety and dignity of shelter residents.

- **Showers**

    Private shower options allow individuals who are uncomfortable with communal showers to maintain their privacy, especially catering to the needs of guests identifying as transgender or non-binary, and families with children. Shower schedules and barriers or curtains to multi-person shower areas enhance guests' comfort and sense of privacy in the shelter environment. These practices prioritize emotional safety and dignity for all shelter residents.

- **Sleeping Areas**

    Shelter bed and unit configurations vary based target population. Strategies to ensure safe sleeping areas include movable dividers for privacy while maintaining sightlines, secure storage options for personal belongings, and allowing guests to personalize their space. It is critical to permit adequate space for guests that prioritize client safety. Depending on the size and nature of the project, allow guests to label their bed and personal spaces with name tags to preserve a sense of identity. These measures aim to create a secure and empowering environment for shelter residents.

- **Security Cameras**

    Facilities considering security camera installation should weigh the benefits and drawbacks carefully. Thoughtful placement, such as in entryways, can deter unauthorized individuals, aid conflict resolution, and provide a sense of safety for guests. However, placing cameras in private areas like sleeping quarters and bathrooms is intrusive and may be

[7] *"Emerging Practices to Enhance Safety at Congregate Shelters Part 2: Safe Physical Spaces." n.d. Accessed November 20, 2023. https://files.hudexchange.info/resources/documents/Emerging-Practices-to-Enhance-Safety-at-Congregate-Shelters-Part-2-Physical-Spaces.pdf*

upsetting to some guests. Special attention is needed in shelters designed to serve survivors of domestic violence to protect guests' confidentiality and safety.

3. Add Emergency Shelter capacity[8]

Recommendations to add emergency shelter space should not replace efforts to create and preserve affordable housing, increase homelessness prevention, and improve overall homeless system performance. Adding shelter is an emergency measure to prioritize the safety of Wake County's most vulnerable residents living unsheltered.

In Wake County, demand for shelter space continues to grow. This study recommends current shelter operations expand evidence-based practices, including those piloted in the Bridge to Home program, to increase system efficiency, while also adding emergency shelter space to keep pace with demand.

Shelter capacity recommendations in this report include a range. The high estimate uses existing system performance including wait times to get into shelter, average length of time in emergency shelter, percentage exits to permanent housing, and estimated returns to homelessness after exit. The low estimate uses an "ideal system" model, including immediate emergency shelter access, low lengths of time in emergency shelter, higher permanent housing exits, and minimal homelessness returns.

Single Adults and Unaccompanied Youth: Based on CSH and Wake County crisis response analysis, this study recommends expanding the single adult and unaccompanied youth shelter

capacity to within the range of 86 to 237 *beds.* While the county's White Flag program is useful for expanding shelter capacity as needed during extreme weather events, the county needs additional single adult shelter capacity year-round.

Adult Only, Households with Children, Mixed-Gender Households: The crisis response modeling analysis demonstrated that there is insufficient shelter capacity for households with more than one adult or adults with minor children by 31 to 93 *beds*, or between nine (9) and 27 *units* (using an average household size of 3.5 members).

3.1 Design at least one, extremely low barrier, dual-purpose emergency shelter [9]

Congregate Drop-In shelters offer same-day and after-hours emergency shelter access on a night-by-night basis for people experiencing homelessness. Drop-In shelters serve households who enter and exit shelter at irregular or daily intervals, while actively engaging with guests and providing services.

A dual-purpose Drop-In shelter offers year-round shelter access and expands into a White Flag shelter site during emergency weather events.

Drop-In shelters are particularly effective for households with an aversion to traditional emergency shelter. While Drop-In shelters are typically congregate, their low-to-no barrier access model serves as a steppingstone for individuals who may struggle with the structure of a traditional shelter but need respite from an unsheltered living situation.

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[8] *Source data for Emergency Shelter deficit calculation: Total Emergency Shelter and Street Outreach Entries from January 1, 2022, to December 31, 2022; 2022 System Performance Measures-Average Length of Stay in Emergency Shelter; 2023 Housing Inventory Count-Updated in 8/18/23; 2023 Point in Time Count; Estimated 95% shelter utilization on any given night.*

[9] *Source data for Emergency Shelter deficit calculation: Total Emergency Shelter and Street Outreach Entries from January 1, 2022, to December 31, 2022; 2022 System Performance Measures-Average Length of Stay in Emergency Shelter; 2023 Housing Inventory Count-Updated in 8/18/23; 2023 Point in Time Count; Estimated 95% shelter utilization on any given night.*

Effective Drop-In shelters align with best practices for congregate shelter, using Housing First and Harm Reduction. Effective Drop-In shelters are also equipped with staff skilled in Progressive and Assertive Engagement approaches to service delivery, which allow clients to accept services at their own pace and direction.

Progressive Engagement:[10] Progressive engagement is a client-centered approach that respects the autonomy of individuals using a drop-in shelter space. This method involves a phased process, gradually introducing services based on the individual's readiness and willingness to engage. Progressive Engagement is flexible and tailored to each client's unique needs, returning the decision-making power to the client. This approach prioritizes meeting individuals where they are and supporting them in a manner that aligns with their comfort and pace.

Assertive Engagement:[11] Assertive engagement takes a more proactive stance in addressing homelessness by actively reaching out to individuals, even in the face of initial resistance. This approach emphasizes outreach, persistent follow-up, and direct intervention to quickly stabilize individuals and connect them to necessary services. While still respecting autonomy, assertive engagement leans towards a more assertive stance to ensure individuals receive immediate assistance and support during their crisis.

Both engagement approaches offer flexible and adaptable service provision focused on permanent housing.

All emergency shelter programs should adopt these practices. Assertive and Progressive Engagement are fundamental to effective Drop-In shelters.

Target Population

Drop-In shelters accommodate all household types, their belongings, their pets, and other unique needs. Drop-In shelters are particularly effective for households averse to traditional congregate shelter, including unsheltered youth, mixed-gender adult-only households, people experiencing chronic homelessness, and people experiencing unsheltered homelessness.

Examples:

White Flag: The White Flag Drop-In shelter in Wake County is a temporary shelter designed to open during weather related events. Prior to COVID-19, emergency shelters expanded their bed capacity to accommodate clients seeking shelter during a winter weather event. With social distancing restrictions, emergency shelters could no longer accommodate that expanded capacity.

Each year, the Wake County community struggles to establish a consistent White Flag shelter site. Inconsistent White Flag operation led to data collection and reporting inconsistencies. Best estimates show up to 100 people used White Flag beds on any given night during the 2022/2023 season.

St. Johns United Methodist Church and the Housing Emergency Response Committee[12] partnered with Wake County's Housing Department, the City of Raleigh, and the Continuum of Care Governance Board to establish White Flag sites and staff capacity for the 2023/2024 season. The 2023/2024

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[10] National Alliance to End Homelessness. "What Is Progressive Engagement?" National Alliance to End Homelessness, October 14, 2021.

[11] "Rapid Rehousing Roundtable Discussion Series: Assertive Engagement in Practice." HUD Exchange. February 8, 2022. Video, https://youtu.be/fpohORMYKiI.

Freeman, Amber. "Effective Service Delivery within the Homeless Response System - CCEH." Connecticut Coalition to End Homelessness, September 2022. https://cceh.org/wp-content/uploads/2022/09/Effective-Service-Delivery-9-13-22-FINAL.pdf.

[12] Wake County Continuum of Care Housing Emergency Response Committee https://wakenc507.org/homeless-emergency-response-center-herc/ Retrieved December 2023.

season is also the first season to offer drop-in shelter space every day rather than exclusively during weather events.

Immediately following the 2023/2024 White Flag shelter opening, shelter utilization reached an average of 120 people per night. High drop-in shelter utilization on non-white flag nights, point to a clear need for this low barrier approach to shelter services year-round.

Pride Haven in Kansas City, Missouri: [13] Pride Haven is a Drop-In shelter and Day Center for LGBTQ+ youth facing homelessness in Kansas City, Missouri. Pride Haven operates as a drop-in center for youth ages 18-24. Services include case management, outreach and connection resources, transportation, meals, shower and laundry facilities, computer access, common spaces to rest, and weekly support groups. Pride Haven implements Harm Reduction principles through a safe and inclusive environment paired with wrap-around services. The combination succeeds because it addresses multiple and intersecting individual needs.

3.2 Establish Non-Congregate Emergency Shelter Programs

Non-congregate shelters leverage individual units for households experiencing homelessness, offering private rooms rather than shared spaces associated with traditional congregate shelters. [14] Non-congregate shelters include space for all household types with a focus on keeping households together.

Many communities turned to non-congregate emergency shelter during the COVID-19 pandemic as congregate shelters reduced bed capacity to accommodate social distancing. Research indicates that beyond mitigation of physical health risks, residents in non-congregate shelter report improved mental health, reduced stress, better access to services, and a supportive environment to end their homelessness. [15]

Additional non-congregate shelter not only increases the emergency shelter capacity for all household types, but it also serves as a relief valve for traditional shelters, mitigating overcrowding, reducing caseloads, and ensuring a higher quality of service delivery.

Examples:

Hotels to Housing (H2H): Wake County successfully implemented a non-congregate emergency shelter during the COVID-19 pandemic. Wake County's Housing Department partnered with The Salvation Army, Triangle Family Services, InterAct, and Families Together to implement a 220 room non-congregate shelter via two hotel sites. The Hotels to Housing Program offered low-barrier, Housing-First, emergency shelter for clients with health conditions that put them at high risk of hospitalization of death if they contracted COVID-19.

Hotels to Housing also accommodated all household types and configurations. H2H included on-site staff support and services – full-time healthcare, transportation assistance, comprehensive case management, housing navigation, connection to mainstream benefits, and permanent home furnishings through a partnership with The Green Chair Project for households moving into permanent housing.

The H2H program permanently housed over 300 people in 6 months, no client contracted COVID-19 while in the program, and all households who were not permanently housed by program close, exited to emergency shelter

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[13] "Pride Haven." SAVE, Inc., August 8, 2023. https://saveinckc.org/pridehaven/.

[14] "Home-ARP Program Fact Sheet: Non-Congregate Shelter." HUD Exchange, 2021. https://www.hud.gov/sites/dfiles/CPD/documents/HOME-ARP-Noncongregate-Shelter-Fact-Sheet.pdf.

[15] Ryan, Finnigan. Rep. Shelter and Safety Among People Experiencing Homelessness During the COVID-19 Pandemic. Terner Center for Housing Innovation, May 5, 2022. https://ternercenter.berkeley.edu/wp-content/uploads/2022/05/Shelter-and-Safety-May-2022.pdf.

or other temporary living situations. No household exited H2H to unsheltered homelessness.

Project Roomkey in California: [16] California's state government launched a similar hotel shelter program to prevent the spread of COVID-19 among their homeless population. Project Roomkey added 15,000 hotel rooms for individuals experiencing homelessness statewide. Project Roomkey successfully limited the spread of COVID-19 and expanded statewide capacity to engage individuals who had never received homeless services before (26% of clients served). Program outcomes showed, unsheltered residents served in Project Roomkey were less likely to return to unsheltered homelessness and more likely to exit to permanent housing compared to those living in congregate shelters.

King County, Washington: [17] King County and the City of Seattle converted vacant hotel rooms into shelter space as an emergency response to COVID-19. Subsequent studies on their approach identified benefits beyond mitigating the spread of COVID-19.

A 2022 analysis of King County's approach revealed:

- Individuals in hotel-shelter were less likely to end services prior to permanent housing exit
- Hotel-shelter residents reported increased of self-esteem and feelings of dignity
- Hotel-style shelter offered more opportunities for high quality engagement with staff

- Hotel-style shelter increased entry and exit assessment completion, leading to more informed service provision
- A private room and bathroom improved sleep, hygiene, and healthier behaviors like engaging in hobbies or activities tied to housing
- Privacy also lowered levels of anxiety and decreased instances of conflict with other guests and staff

The success of programs like the three mentioned above rely on their permanence. Most pandemic-related hotel/motel shelter programs ended as funding and regulations changed. Supporting and expanding non-congregate shelter opportunities in the long-term ensure their impact is fully realized.

4. Establish More Comprehensive Day Services

Day services are most effective when resources are consistent, adaptable, and most importantly, optional. Research shows that voluntary service participation is more effective at ending a households' homelessness than mandatory service participation. [18]

Emergency shelters often close to shelter guests during work-day hours, leaving clients without a place to go in the interim. Day services and service centers offer a safe place for people experiencing homelessness to receive support while these evening-focused services are closed. [19]

Effective day service centers offer respite from weather while providing on-site or referral-based services including crisis intervention, mental health and substance use treatment,

[16] Ryan, Finnigan. Rep. Shelter and Safety Among People Experiencing Homelessness During the COVID-19 Pandemic. Terner Center for Housing Innovation, May 5, 2022. https://ternercenter.berkeley.edu/wp-content/uploads/2022/05/Shelter-and-Safety-May-2022.pdf.

[17] Colburn, Gregg, Rachel Fyall, Christina McHugh, Pear Moraras, Victoria Ewing, Samantha Thompson, Taquesha Dean, and Sarah Argodale. "Hotels as Noncongregate Emergency Shelters: An Analysis of Investments in Hotels as Emergency Shelter in King County, Washington during the COVID-19 Pandemic." Housing Policy Debate 32, no. 6 (November 8, 2022): 853–75. https://doi.org/10.1080/10511482.2022.2075027.

[18] Downes, Joseph R., Sage Computing Staff, and U.S Department of Housing and Urban Development Office of Policy Development and Research. 2023. "EVIDENCE MATTERS: Housing First and Homelessness." https://www.huduser.gov/portal/sites/default/files/pdf/EM-Newsletter-Spring-Summer-2023.pdf.

[19] "The Case for Low-Barrier, wrap around Drop-in Centers in New Haven, Connecticut an Analytic Research Paper by the Global Health Justice Partnership of the Yale Law School and Yale School of Public Health Prepared for Downtown Evening Soup Kitchen (DESK)." 2020. https://law.yale.edu/sites/default/files/area/center/ghjp/documents/the_case_for_low-barrier_wrap_around_drop-in_centers_in_new_haven_connecticut_july_2020.pdf

employment counseling, housing navigation, food, clothing, transportation, financial assistance, mail, disability services, and legal services.[20]

Day services are also cost effective. Research shows a comprehensive service array corresponds with cost savings throughout the community, including reduced per-person cost, through efficient information sharing and service connection. [21]

Target Population

Day services are highly approachable and adaptable for all household types. Effective day service centers leverage progressive and assertive engagement approaches while offering a comprehensive service array.

5. Encourage Transitional Housing Programs to Align with Bridge Housing

Bridge Housing is a hybrid of Emergency Shelter and Transitional Housing models. Bridge Housing offers temporary shelter space for individuals who already have permanent housing assistance in progress. Some Bridge Housing models, like Wake County's Cornerstone program, pair the Bridge Housing unit with permanent housing assistance.

Bridge Housing ensures households access a safe and stable place to stay while transitioning to an already identified permanent housing option.

Service provider interviews pointed to a need for short-term housing programs that shift from traditional Transitional Housing models to Bridge

Housing models. Wake County's Cornerstone program serves as a pilot and replicable model for Transitional Housing programs integrate a more trauma-informed and Housing First service model.

Target Population

Bridge Housing is most effective in ending homelessness for people experiencing unsheltered or chronic homelessness, or households struggling to end their homelessness via existing service options in the community. Bridge Housing is also tied to permanent housing assistance. Participants actively begin the transition to permanent housing upon program entry as permanent housing assistance is guaranteed.[22]

Example:

Cornerstone Center: Wake County's Housing Department launched the Cornerstone Center, a 20-unit Bridge Housing Program designed to serve individuals experiencing unsheltered homelessness with mental, physical, or behavioral health difficulties. Permanent housing resources are immediately available upon enrollment in Cornerstone and wrap-around services follow the client from program entry through permanent housing. Cornerstone coordinates with internal and external providers to offer on-site services for program participants.

6. Expand Bridge to Home

Bridge to Home (B2H) is a comprehensive service model designed to help homeless service agencies meet the dynamic needs of people experiencing homelessness with the right staff

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[20] "Cornerstone Center." Wake County Government, 2023. https://www.wake.gov/departments-government/housing-affordability-community-revitalization/find-services/cornerstone-center.

[21] "The Case for Low-Barrier, wrap around Drop-in Centers in New Haven, Connecticut an Analytic Research Paper by the Global Health Justice Partnership of the Yale Law School and Yale School of Public Health Prepared for Downtown Evening Soup Kitchen (DESK)." 2020. https://law.yale.edu/sites/default/files/area/center/ghjp/documents/the_case_for_low-barrier_wrap_around_drop-in_centers_in_new_haven_connecticut_july_2020.pdf

[22] "Reimagining Interim Housing SUPPLEMENT Tools for Strengthening Current Interim Housing Programs and Services." 2022. https://endhomelessness.org/wp-content/uploads/2022/12/DOC_ReimaginingInterimHousing_Supplement_FINAL.pdf.

capacity and financial flexibility. Funded through the American Rescue Plan Act, Wake County dedicated $10.5 million over 3 years for agencies to right size services and pilot the Bridge to Home model.

Wake County's Housing Department partnered with 11 different service providers to implement the 7 Pillars of Bridge to Home:

- Flexible Financial Assistance
- Comprehensive Case Management
- Housing Navigation
- Access to Benefits
- Healthcare Connection
- Transportation
- Permanent Home Furnishings

A Full B2H Year One Analysis will be released in 2024, but early findings show:

- B2H successfully served over 1,500 households with more than 3,000 separate services.
- B2H-funded agencies:
  - Increased client exits to permanent housing by 17% compared to their baseline years.
  - Increased exits with more income by 50%
  - Increased access to benefits by 124%

Most service providers interviewed during this study preferred a low barrier, service-enriched model, like the Bridge to Home (B2H) program. CSH's review, coupled with resident and stakeholder interviews, points to a need for robust service models with flexible financial assistance, employment readiness programs, mainstream benefits access, integrated physical and behavioral health support, and transportation assistance. Stakeholders agree that these are central to improved client outcomes. These services, some of which are achieved through thoughtful partnerships with community providers, help residents prepare for and access housing when it becomes available. Integration of homelessness diversion and rapid exit, as seen through the B2H program, also ensure households either avoid shelter entry or quickly exit literal homelessness to permanent housing.

7. Enhance Street Outreach

Emergency shelters are a powerful tool to provide a safe and stable place for Wake County neighbors in a housing crisis; however, emergency shelters are most effective when service coordination extends beyond the physical shelter location. Research indicates that people experiencing long-term unsheltered homelessness become increasing isolated and resistant to seeking or accepting support. [23] Street Outreach programs meet that need.

Effective Street Outreach includes trauma-informed engagement, housing focused services, person-centered and safety-oriented solutions, and community-wide coordination. In addition to homeless service provider partnerships, law enforcement and other first responders should be equipped with knowledge about the CoC's Coordinated Access System (CAS) and well-versed in available homeless resources throughout the community. Well-informed, communicative, and interdisciplinary partnerships among providers increases the likelihood of care continuity for people experiencing unsheltered homelessness. [24] In Wake County, Street Outreach service providers report a need for better system coordination and

[23] Jost, John J., Aaron J. Levitt, and Leide Porcu. "Street to home: The experiences of long-term unsheltered homeless individuals in an outreach and housing placement program." *Qualitative Social Work* 10, no. 2 (2011): 244-263.

[24] Jost, John J., Aaron J. Levitt, and Leide Porcu. "Street to home: The experiences of long-term unsheltered homeless individuals in an outreach and housing placement program." *Qualitative Social Work* 10, no. 2 (2011): 244-263.

Methodology:

Understanding Access

In 2020, the Wake County community launched a one-number phone line, called the Access HUB, to facilitate connections to emergency services within the homeless system including Homelessness Prevention, Emergency Shelter, Transitional Housing, and Street Outreach. Permanent housing interventions like Rapid Rehousing and Permanent Supportive Housing serve individuals and families who are already engaged in the emergency services.

A 3-year review of Access HUB data generates a high-level insight into issues of emergency service access.

Between October 2020 and September 2023, 10,960 households contacted the Access HUB. 3,342 households called directly from a literally homeless situation.[25] This means one-third of callers already experienced housing loss and needed crisis services immediately. Further analysis shows emergency service access varies widely by household type.

Single Adults

According to the 2023 Point in Time Count (PIT), households without children represent 70% of people experiencing literal homelessness and 92% of people living unsheltered on any given night.

According to the National Alliance to End Homelessness, single adults are driven into homelessness by similar financial or personal hardships as other household groups. Unaffordable housing paired with job loss, a flat tire, a sick day, or the death of a partner can turn a temporary crisis into housing loss and homelessness. Unhoused single adults typically experience brief episodes of homelessness that do not reoccur in the future.[26] Wake County data reflects this pattern. Single adults wait an estimated 4 days to access Emergency Shelter and spend around 12 days in shelter before exiting.[27]

Despite short shelter wait times (compared to other household types), single adults are the most likely of any household to call the Access HUB after already falling into literal homelessness, including unsheltered homelessness[28] (36%). National research paired with local perspectives point to service access difficulties including needing a cellphone or callback number, unanswered calls to service sites, and transportation barriers.

While single adults are most likely to seek assistance after already losing their primary nighttime residence, they also have the shortest wait times to get into shelter. Despite short wait times and shelter stays, unsheltered households in Wake County are primarily single adults experiencing long term or chronic homelessness[29].

In Wake County 93% of people experiencing chronic homelessness are adults and 83% of chronically homeless adults are unsheltered.

This indicates inequitable access and utilization of the current emergency shelter options in Wake

communication to avoid service overlap while leveraging each team's expertise.

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[25] Homeless Situation: A household living in an emergency shelter, a hotel paid for by an agency, a transitional housing program, or a place not meant for human habitation, typically in an unsheltered location.

[26] https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/singleadults/

[27] Note: 12 days in emergency shelter does not represent the median length of time to permanent housing. 12 days only refers to the duration of client stay.

[28] Literal Homelessness includes living unsheltered, in a place not meant for human habitation, in an emergency shelter or transitional housing, or staying in a hotel paid for by an agency.

[29] Chronic Homelessness is defined as an individual with a disability experiencing a period of homelessness lasting more than one year or 4+ episodes of homelessness over 3 years totaling 12 months or more.

County, particularly for individuals with disabilities and long histories of homelessness.

Unaccompanied Youth

Unaccompanied youth ages 18-24 are typically captured under the single adult category, but research points to unique vulnerabilities associated with youth homelessness that are not seen in single adults overall.

Research shows that youth homelessness is often connected to family conflict, juvenile justice involvement, and aging out of foster care. Youth identifying as LGBTQ+, pregnant or parenting, living with a disability, and youth of color, particularly Black or Indigenous youth, are more likely to experience homelessness than other young adults.[30]

According to Wake County's 2023 Point in Time Count, 3 in 4 (63%) unhoused and unaccompanied youth are unsheltered, higher than national estimates of 43%. This is consistent with the research that points to emergency shelter aversion across the youth population. [31]

Studies on youth homelessness reveal the various barriers and personal aversions that lead to underutilization of shelters. Many LGBTQ+ youth view congregate shelter as a dangerous and undesirable resource driven by fear of stigmatization, dead naming, misgendering, or violence.[32] Perceived danger and stigmatization are major contributors to shelter aversion. Youth over 18 do not feel emotionally or physically equipped to use adult shelters, but also do not feel adequately served in shelters geared towards youth *under* 18. [33] These feelings of alienation lead emerging adults falling between the gaps of youth and adult homeless services.

Youth under 18 who are still in school try to 'pass,' as in not to appear to be homeless so school staff do not call child protective service agencies and disrupt their families. Unhoused youth report a shared belief that engaging in services will bring more harm than good.[34]

Households with Minor Children

Families with children represented 56% of Access HUB callers. Families are most likely to call from a permanent housing situation[35] (46%) or a temporary living situation (42%).[36] Unlike single adults, families are more likely to seek crisis services prior to losing their primary residence, but also experience significant delays in emergency shelter access.

Between October 1, 2022, and September 30, 2023, 15% of family shelter referrals resulted in an enrollment, compared to 36% of single adult referrals. Families referred to emergency shelter wait around 29 days to enter shelter. Wait times are also significantly impacted by household size. The data shows that households larger than two can experience median wait times of 30 to 66 days before shelter enrollment.

Unpredictable emergency shelter wait-times mean around 20% of family households receive referral to

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[30] National Alliance to End Homelessness. (2022). Youth and Young Adults. National Alliance to End Homelessness.

[31] Ha, Yoonsook, Sarah C. Narendorf, Diane Santa Maria, and Noel Bezette-Flores. "Barriers and Facilitators to Shelter Utilization among Homeless Young Adults." Evaluation and Program Plannin 53, (2015): 25-33. Accessed November 1, 2023. https://doi.org/10.1016/j.evalprogplan.2015.07.001.

[32] De Rosa, Christine J, Susanne B Montgomery, Michele D Kipke, Ellen Iverson, Joanne L Ma, and Jennifer B Unger. "Service Utilization Among Homeless and Runaway Youth in Los Angeles, California: Rates and Reasons." Journal of Adolescent Health 24, no. 3 (1999): 190–200. https://doi.org/10.1016/s1054-139x(98)00081-0.

[33] Sheehy, Mark. "Uncovering the Story of Youth Homelessness: Crown Family School of Social Work, Policy, and Practice." Uncovering the Story of Youth Homelessness | Crown Family School of Social Work, Policy, and Practice, March 1, 2018. https://crownschool.uchicago.edu/ssa_magazine/uncovering-story-youth-homelessness.html.

[34] Sheehy, Mark. "Uncovering the Story of Youth Homelessness: Crown Family School of Social Work, Policy, and Practice." Uncovering the Story of Youth Homelessness | Crown Family School of Social Work, Policy, and Practice, March 1, 2018. https://crownschool.uchicago.edu/ssa_magazine/uncovering-story-youth-homelessness.html.

[35] Permanent Housing Examples: Staying with family and friends on a permanent basis, leasing or owning a home in their name

[36] Temporary Situation Examples: Staying with family or friends on a temporary basis, paying for a hotel stay, or couch surfing

more than one intervention. For example, if a family is at risk of losing their permanent housing, that family may receive a referral to both homelessness prevention and emergency shelter. If homelessness prevention is not possible, they are already on the waitlist for emergency shelter. Some families may even receive a referral to street outreach if emergency shelter is not available when needed, meaning families face unsheltered homelessness as a direct result of unavailable emergency shelter. This referral pattern points to a deficit in assessment, referral, and connection to the right services at the right time.

Adult Only Households

Adult only households include a family configuration with more than one adult and no minor children. This includes couples, families with adult children, siblings, or friends that intend to stay together.

Households with minor children and adult only households, mirror each other in need.

In a side-by-side comparison, callers from either household types are most likely to call from permanent or temporary living situations. However, 18% of adult only households contacted the Access HUB from a literally homeless situation.

In Wake County there is no emergency shelter option for adult only households. If an adult only household calls from a literally homeless situation, they are likely experiencing unsheltered homelessness. According to the 2023 Point in Time Count, adult only households were only accounted for in unsheltered locations.

Without emergency shelter options, adult only households face an impossible choice-- either separate from one another and lose their primary support system or stay together unsheltered.

Outreach and Stakeholder Consultations

The voices, opinions, and recommendations of people with lived expertise is a critical component of quality research. It is essential and best practice to

include individuals using the services under study to better understand their experience with the existing programs. CSH conducted and analyzed focus group, survey, and interview data from people with lived expertise (PWLE) identifying themes related to their shared experience with the homeless system in Wake County. CSH also conducted stakeholder interviews with Wake County staff and 21 service providers to add a deeper understanding of housing and service provision across the Continuum of Care. The qualitative and quantitative system data create a more complete picture of crisis services in Wake County.

Understanding Lived Experience

CSH worked closely with local service providers to recruit a diverse group of focus group participants across race, age, familial status, and homelessness experience. Each focus group participant received compensation for their time and participation in this study.

Four (4) key themes emerged from focus group and survey participants:

Accessibility: The majority of focus group and survey participants shared challenges related to shelter system access. Some participants experienced challenges connecting to information by phone, while others shared that service providers required a call back number to discuss next steps. For those without a personal cell phone or a reliable place to receive messages, accessing information and services proved particularly challenging. All agreed that getting access to services meant sharing their trauma to multiple people multiple times throughout the process. Participants suggested that the community create a system that collects all information at one time and that information be stored and shared with others, as needed.

Keeping Families Intact: Family focus group participants and survey respondents shared challenges accessing emergency shelter while staying together as a family unit. Two mothers

shared that they were not allowed to enter a family shelter with their teenage sons. These mothers were given two options: sign their children into a group home or send them to a men's shelter. Other participants shared the trauma of separating from their spouse to enter emergency shelter, if that spouse was a different gender. 25% of participants reported that family separation played a role in prolonging the amount of time they remained unsheltered. Some participants were able to keep their families together through hotel vouchers as an alternative to emergency shelter.

Job Training: Approximately 80% of the focus group for single men identified the need for job training programs *leading to livable wage employment.* Participants made it clear that minimum wage jobs do not pay enough to cover "affordable rents." With the scarcity of people in skilled trades, the suggestions focused on becoming welders, electricians, plumbers, and CDL certified drivers. Participants also suggested job training programs that resulted in a job offer through a local company. Participants expressed serious concern over criminal backgrounds as a barrier to finding employment and recommended a job training program that connected them to local companies offering second chance employment.

Day Time Hours: Over 60% of participants expressed the need for a day center. Most agreed that they filled their days riding the bus, sitting in libraries, or occupying other public places until asked to leave. With no place to safely store belongings, participants reported feeling targeted by police or other community members because they carried their belongings with them. Several recommended a day center that provides daily storage for personal belongings while they are on site or at work. Participants envisioned a day center with dedicated space to engage in productive activities like job training, searches, and interviews.

System Collaborator Consultations

Early in the evaluation process, CSH and Wake County's Housing Department partnered with

service providers to offer system-level expertise to inform the unsheltered facility study. With Wake County as both a major funder and major service provider, CSH led the outreach and interviewing process to avoid any conflict or biases among respondents.

Outreach approaches included a combination of one-on-one meetings, both in-person and virtually, and group presentations. Information gathered during these exchanges provided a detailed understanding of existing services throughout Wake County. CSH met with a cross-section of more than

Number of System Collaborators Engaged
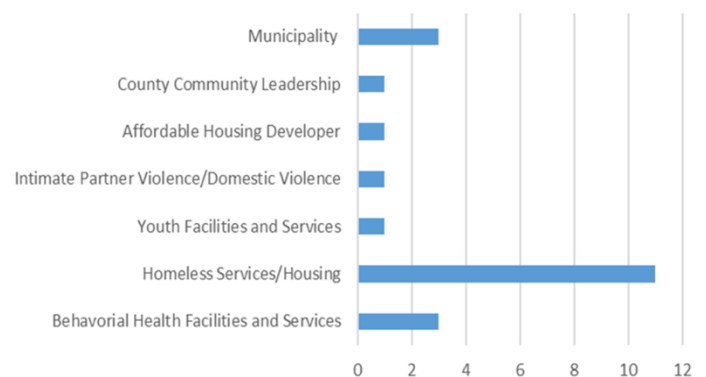
20 agencies that support the community in the areas of behavioral and physical health, family and youth support, local law enforcement and emergency shelter, and short-term housing.

In open-ended interviews, stakeholders answered the following questions regarding the need for additional resources to serve the unsheltered population:

- How would you describe the need for an unsheltered facility in the Wake County region?
- Please detail your thoughts on what is included (and not included) in an unsheltered facility?
- How do you envision the facility being made publicly known and accessed?

Conclusions, in order of frequency:

1. The most frequently discussed topic included the need for more emergency shelter to serve target populations including adult-only households,

households with minor children, unaccompanied children, and youth up to 24, and households experiencing chronic homelessness.

2. The second most common topic focused on outreach and coordination. Service providers agreed that they work better together. Service providers suggested additional support to facilitate more partnerships and cross-sector collaboration. Cross-sector collaboration would include partnership with local hospitals, behavioral health providers, legal and criminal justice systems, and more.

3. The next topic focused on a permanent space for weather-related emergency shelter (White Flag) and permanent Drop-In shelter space without restrictions. In Wake County, pilot drop-in shelter spaces like Healing Transitions' Drop-In shelter show a high level of community interest and utilization when Drop-In Shelter is available.

4. Additional topics included:

   - New and existing emergency shelters need comprehensive, integrated physical, mental, and behavioral healthcare to address health disparities among unhoused individuals and families.

   - Case management is the backbone to service provision. To reduce burn out and high turnover among case managers, agencies need additional investment to keep caseloads manageable and services comprehensive. Research shows a 20:1client-to-case manager ration is tied to improved client and staff outcomes.[37] [38]

[37] Vet, Renée de, Maurice J. A. van Luijtelaar, Sonja N. Brilleslijper-Kater, Wouter Vanderplasschen, Mariëlle D. Beijersbergen, and Judith R. L. M. Wolf. 2013. "Effectiveness of Case Management for Homeless Persons: A Systematic Review." American Journal of Public Health 103 (10): e13–26. https://doi.org/10.2105/ajph.2013.301491.

[38] U.S Department of Housing and Urban Development. 2020. "COVID-19 Homeless System Response: Case Management Ratios," August. https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Case-Management-Ratios.pdf.