



Wake County CoC Membership Meeting



Monday, March 23rd

2:00 – 3:30 pm

Raleigh Housing Authority – Community Room

Don't forget to sign in on the back table!

**We want your questions
about the Initiative to End
Homelessness!**

AGENDA

- CoC System and Lead Agency Updates
- Lead Agency Annual Action Plan - Vote
- Coordinated Entry Access Updates
- Strategic Planning



Lead Agency Updates

Coordinated Entry Updates

Housing Matches

- 6: Newbern Crossings PSH
- 1: HOPWA PSH
- 1 PSH Transfer
- 2: Women Center PSH
- 5: Families Together RRH

Veteran Workgroup

- Next meeting this Thursday!
- At last meeting: New veteran alert system & inactive policy for veterans introduced. Housing inflow and outflow for veterans along with goal setting to be discussed this week.

CE Queues and Direct Referrals

- Direct referral clean ups have been completed!!
- Community Queues are being created right now – Expect April Trainings
- Please report your vacancies to the CE Team using the Vacancy Form
- The CE Team will help to ensure all vacancies are matched efficiently

HMIS Updates:

Point in Time/Housing Inventory (PIT/HIC)

HDX is now open for CoC submissions, due to HUD at midnight on April 30th

Data Clean-up will concentrate on beds and units on the night of the PIT.

- MAKE SURE YOUR DATA IS ENTERED/UP TO DATE for the night of the PIT (**January 22, 2026**).
- Not just shelters, ALL residential programs (TH, RRH, PSH, OPH) need to be up to date.

We need to update your bed inventory - Make your appointment now!

- HMIS@wake.gov
- Book a meeting with Chloe or Thurston via the links in our email signatures
 - Chloe - [Click here to book a meeting with me](#)
 - Thurston - [Click here to book a meeting with me](#)
- **Please book your time by the first week in April...**
 - (or we'll come find you...)

HMIS Updates: Support, etc

Report Requests

- Hannah will be out most of April.
- Request responses could be delayed.
- Policy Reminder: Custom report requests have a two-week turnaround.

Data Advisory Committee – Call for members!

- Are you interested in data to advocate for our clients? Interested in HMIS?
- Please volunteer or suggest someone you think would like to participate in the DAC
 - DAC needs a chair!

Help Desk Reminders - The HMIS team is here to help!

HMIS@Wake.gov

- Help desk software coming soon.
- Our shared inbox has issues; thanks for your patience!
- Never apologize for asking for help.
- Let us know the urgency/deadline of your request.
- You want training? Just ask!

CoC & System Updates

- CoC Foundations and HUD's Notice of Funding Opportunities
 - **Tuesday, April 7th from 1 – 3pm via Microsoft Teams** (virtual only)
 - Attendance highly encouraged for new and renewing applicants.
 - **Scan the QR code below to register!**
- HUD CoC NOFO Update
 - FY25 renewals not yet processed. Expect NOFO by 06/01.
- Written Standards
 - ...
- Charter Review
 - CoC staff has been tracking recommended updates/revisions.
 - Review with CoC Executive Committee first, then CoC-wide feedback.
 - CoC Membership vote expected ~June.

Training Registration



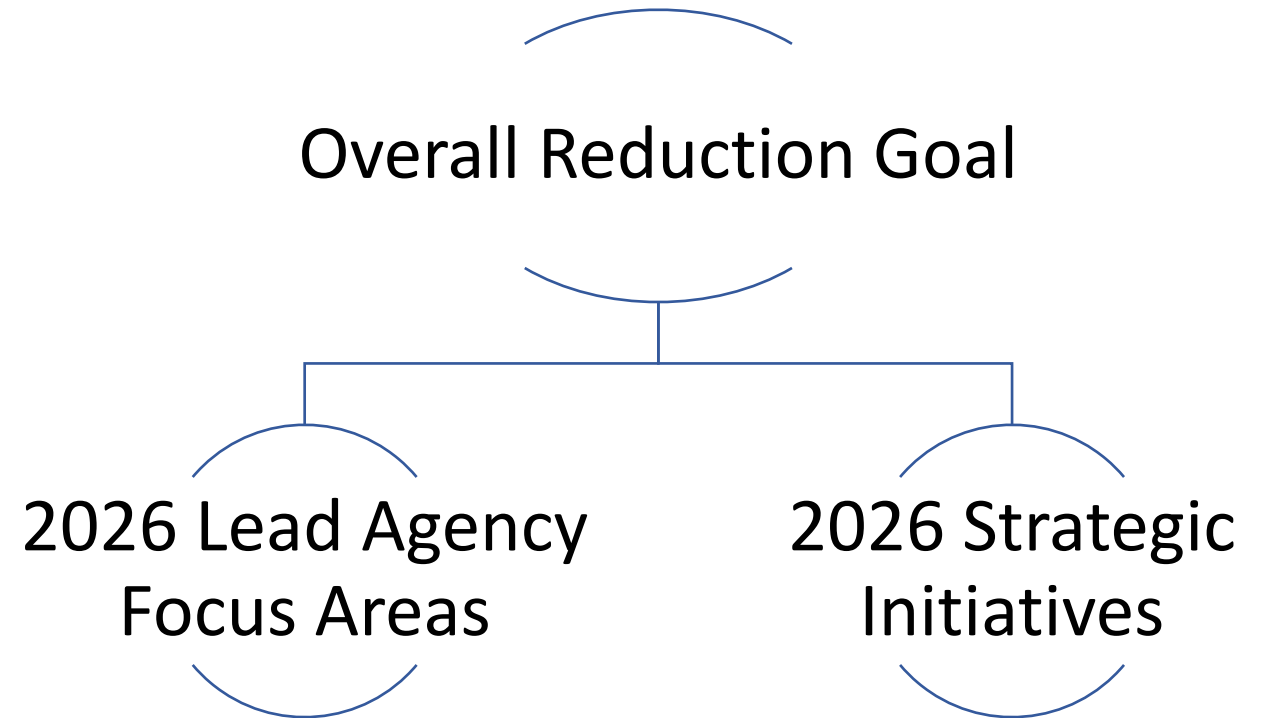
White Flag

- 71 alert nights so far, out of 150 seasonal max.
 - Potential alerts for 03/28 - 03/29
- Full season debrief underway.
 - Finalized data by end of April/early May due to late alerts and data cleanup.
- Feedback surveys forthcoming!
 - CoC will also hold ~2-3 focus groups via established sites.

Lead Agency Annual Action Plan

Reminder: Proposed Approach

- CoC is working to establish **2026 Strategic Initiatives.**
- Will evaluate multi-year strategic plan once system infrastructure is built out.
- Balance duties and deliverables in CoC MOU.
- Align with County Strategic Plan and City of Raleigh Affordable Housing Plan



Lead Agency Annual Action Plan

- **Purpose:**

- Per enacting MOU, requirement to “develop strategic goals for Collaborative Applicant mandatory activities and include in an annual work plan”.

- **Background & Context:**

- Tied to core services as Lead Agency, roles and responsibilities defined by HUD for CoCs and the enacting MOU for Wake County.
 - i.e. day-to-day work and operations of CoC.
- Aligned with County departmental business plan.


Lead Agency Annual Action Plan

- **2026 Focus Areas**

- **Data Management:** HMIS System Administration, Data Quality and Training.
 - **System Performance:** Expanding and formalizing performance monitoring framework, including ESG and CoC grantee monitoring.
 - **Access & Communications:** Cohesive communications strategy to improve awareness of available homeless services across community levels.
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- **Detail provided in handout:** Lead Agency 2026 Annual Action Plan.
-
- **Recommended Action:** CoC Membership review for feedback and adoption.

Lead Agency Annual Action Plan: Voting

- Membership voting on Lead Agency Action Plan will be open from Tuesday, 3/24 – Wednesday, 4/1 (7 business days).

 **Recommended Motion:** Move to approve and adopt the CoC Lead Agency Annual Action Plan for 2026.

Coordinated Entry Access Update

The Community has spoken!



Contact



Intake



Referral



Wait

Moving from:

- Long waitlists
- Referral loops without resolutions
- Fragmented handoffs
- Repeating stories
- No immediate problem-solving

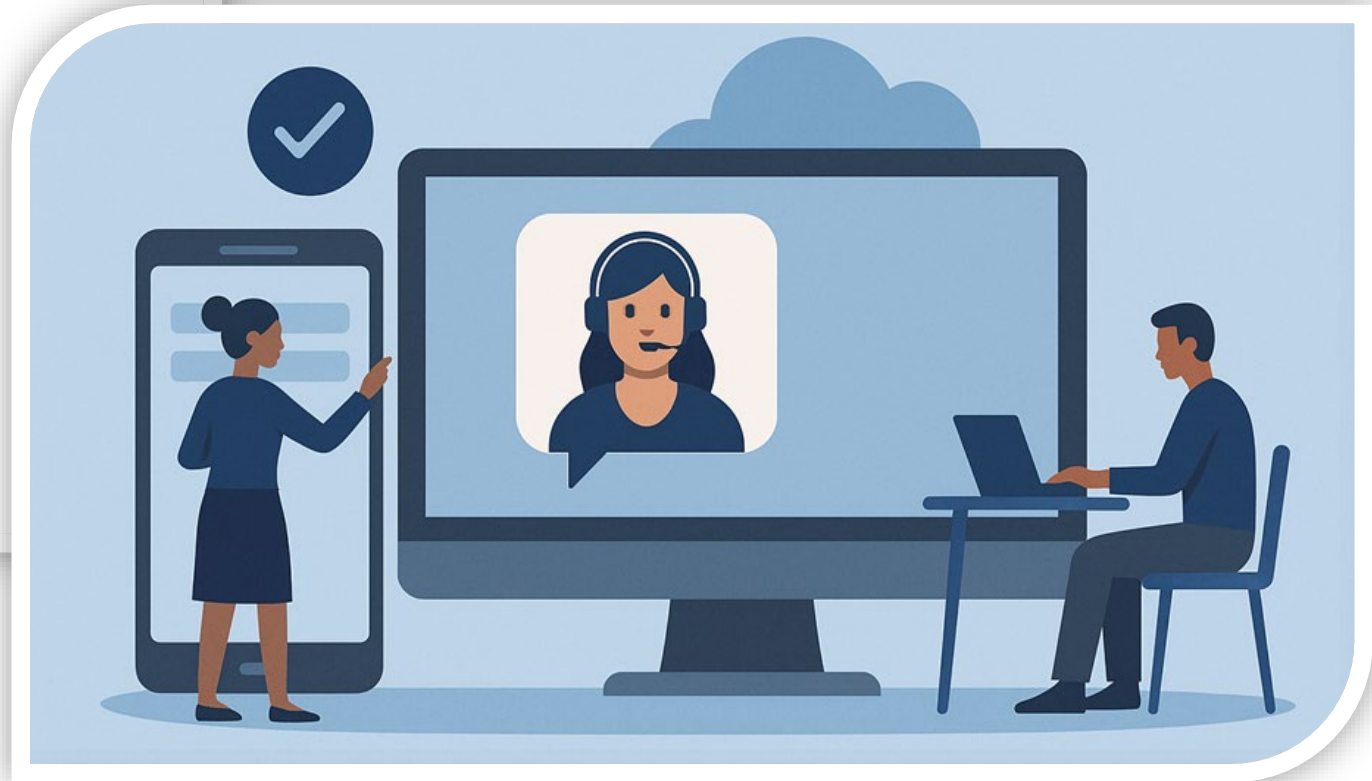


Transformation

We are building a hybrid Access & Navigation system where every contact is an opportunity to address the housing crisis—reaching people online, by phone, video, and in person.



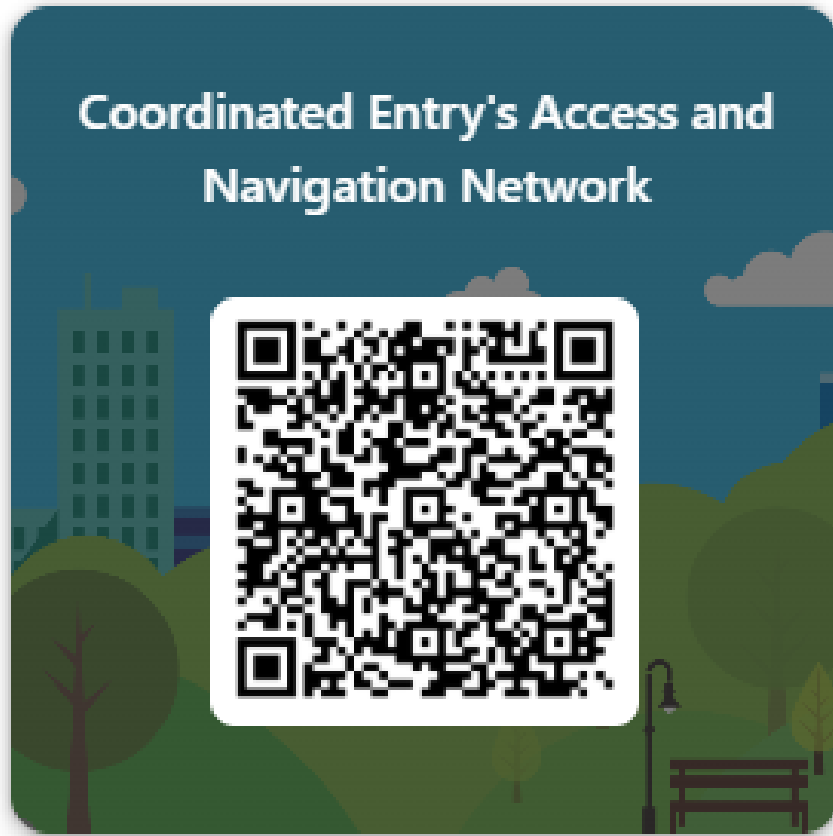
**This model is not a call center.
It's a trauma-informed,
multi-channel entry point!**



Coordinated Entry's Access and Navigation Network Future Vision Mural



What can we implement in the next 6 months that improves client experience?



SAFETY & STABILITY **TRUST & RELATIONSHIPS** **EMPOWERMENT & CHOICE** **CULTURAL & HOLISTIC CARE** **SUPPORTING**

Healing happens when people feel *Safe, Seen & Supported.*

<https://forms.office.com/g/zVapFdr6i9>

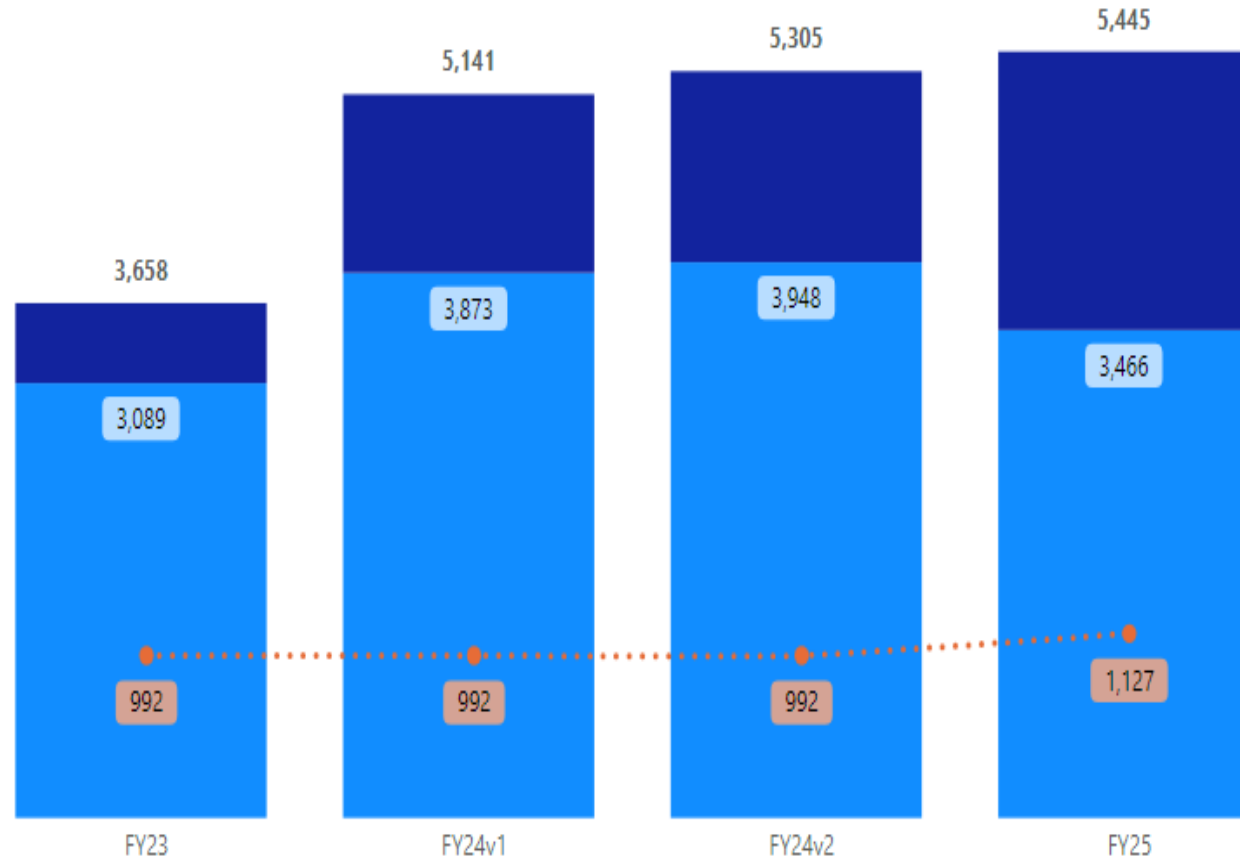
CoC Plan to End Homelessness

System Performance Metrics (SPMs)

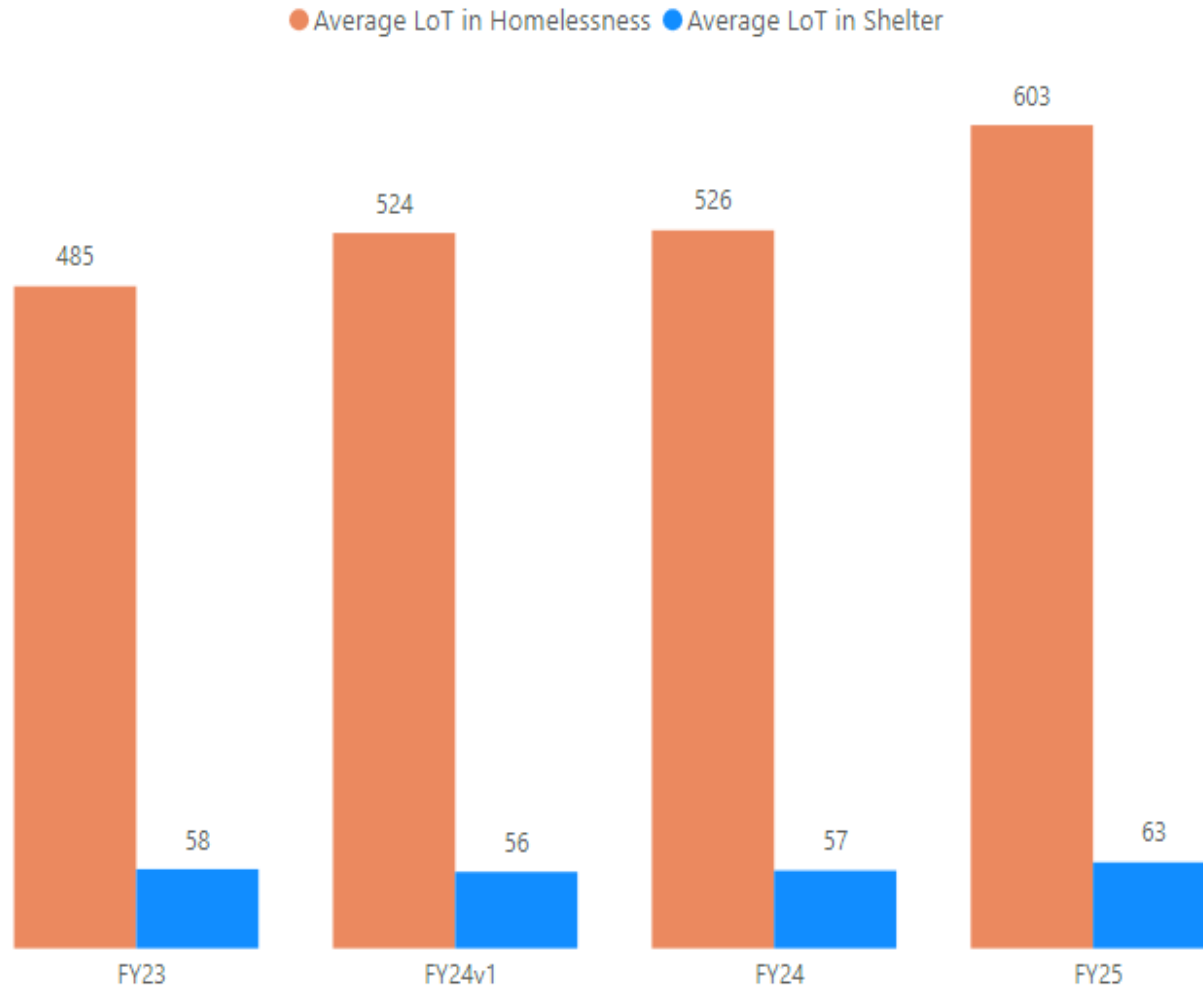
- HUD defined criteria to evaluate CoC effectiveness.
- Seven (7) measures and various sub-measures to assess performance in preventing and ending homelessness
 - Length of Time Homeless
 - Returns to Homelessness
 - Number of Homeless Persons
 - Employment and Income Growth
 - Number of Persons Becoming Homeless for the First Time
 - Homeless Prevention and Housing Placement
- CoC resubmitted FFY24 SPMs with the FY25 HUD submission.

Measure 3&5: Total Experiencing Homelessness

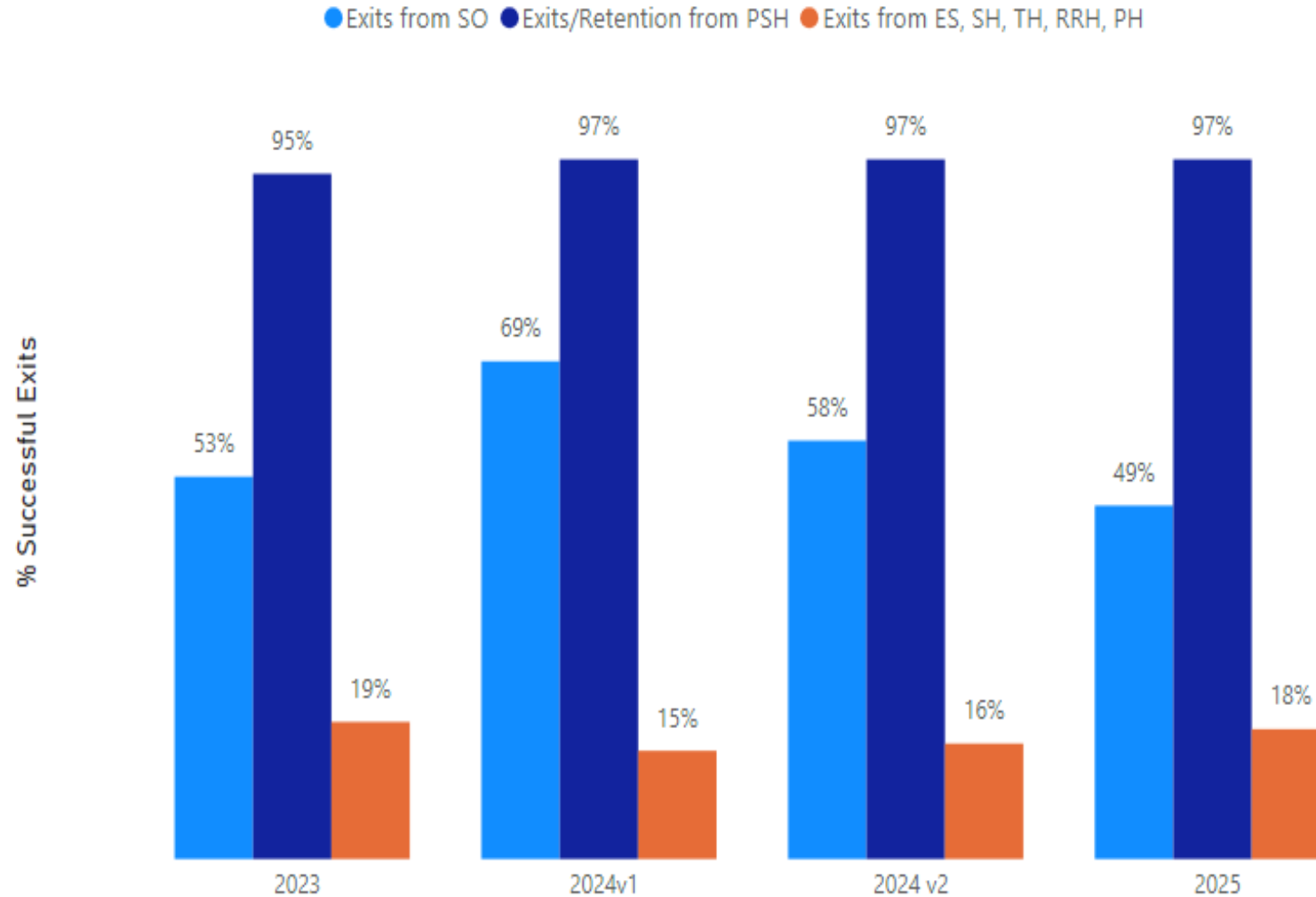
● First-time Homeless (accessing ES-EE, ES-NbN, SH, TH, or PH) ● Point-in-Time Count Total (sheltered and unsheltered)



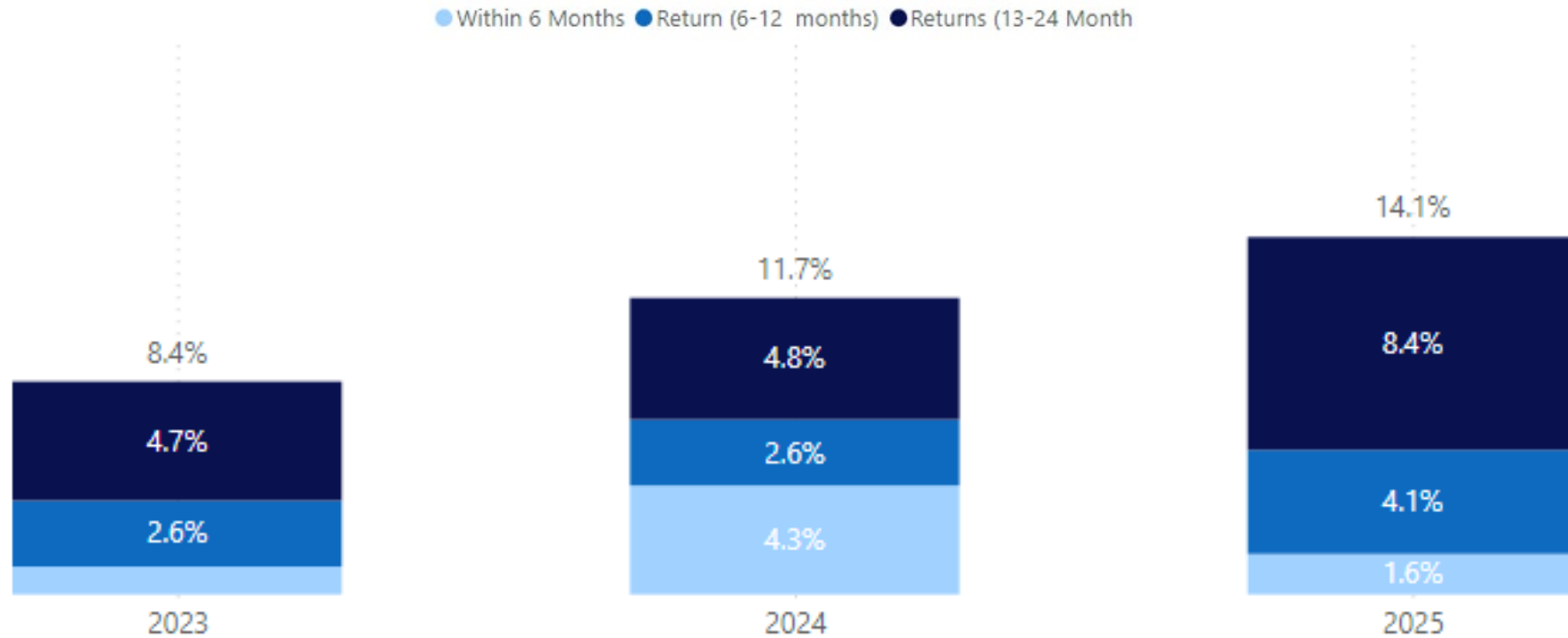
Measure 1: Length of Time Homeless



Measure 7: Placement and Retention



Measure 2: Returns to Homelessness





FFY2024-25 Submission

Reflects Performance IMPROVEMENT

Reflects Performance DECREASE

Measure	Metric	Revised FY24	FY25	Change from Previous Year
Measure 1: Length of Time Persons Experience Homelessness	Average Days people spend in Shelter (ES-EE, ES-NbN, SH, TH)	57	63	+6
	Average Days people spend Experiencing Homelessness (ES-EE, ES-NbN, SH, TH and PH prior to "housing move-in")	526	603	+77
Measure 2: Returns to Homelessness	Total percent of persons returning within 2 years	18.1%	20.6%	+2.5%
Measure 3: Number of Homeless Persons	Point-in-Time Count Total persons (sheltered and unsheltered)	992	1,127	+135
	Annual Count Total persons (unduplicated count; ES, SH, and TH)	5,305	5,445	+140
Measure 4: Income Growth for Persons in CoC Program-funded Projects	Adults with increased Total Income	14%	38.1%	+24.1%
Measure 5: First time Homelessness	Persons experiencing homelessness for the first time in the previous 24 months (accessing ES-EE, ES-NbN, SH, TH, or PH)	3,948	3,466	-482
Measure 7: Successful Placement in or Retention of Permanent Housing	People with successful exits from Street Outreach	57.9%	48.8%	-9.1%
	People with exits to permanent destinations from ES-EE, ES-NbN, SH, TH, RRH and PH (not moved into housing)	15.7%	17.7%	+2%
	People with successful Exits to or Retention of Permanent Housing (PSH and OPH, not RRH)	96.7%	97.2%	+0.5%

Why Does This Matter?

- System Performance Measures directly correlate to points available under the HUD CoC NOFO Competition.
- In the rescinded FY25 NOFO, HUD focused 40 out of the max 130 Merit Review points on CoC system-wide performance measurement process related to reducing homelessness.

Shared Initiative to End Homelessness

CoC Planning



Lead Agency Focus Areas



- Annual action plan for CoC Lead Agency
- Day to day work of CoC staff
- Core Services



Shared Initiative to End Homelessness



- Strategic work to impact prevalence of homelessness
- Resource planning and development

Addressing homelessness in Wake requires action on three specific fronts.

Unsheltered Homelessness Response

Direct to Housing



Focus on Immediate Interventions and Rapid Resolution for First-Time Homelessness

Flex Funds/Problem Solving



Activate Integrated Care to Support Street Response, Recovery, and Stabilization

Complex Care Needs



Summary of Must Haves Across Focus Areas

- Mental & Behavioral Health:
 - Immediate-access, more locations for crisis and ongoing support
 - Trauma-informed staffing across agencies
 - Healing-centered approaches embedded in all services
- Housing & Shelter Supports
 - Additional day and family shelters
 - Expanded diversion resources
 - Case management for newly housed individuals
 - More dedicated subsidies/housing vouchers
- Healthcare Access
 - Improve access and mobile health
- Basic Needs & Daily Living
 - Childcare, transportation, computer access, life skills
- Language & Cultural Supports
 - Bilingual staff, broader translation services, support for refugee response
- Integrated & Wraparound Services
 - Interdisciplinary service teams, stronger communication, care coordination models
- Community Engagement & Social Support
 - Peer support, social activities, employment agency involvement

Key Takeaways/In Scope

- Healthcare coordination and access/mobile options
- Dedicated Resources – Diversion, subsidies, etc.
- Program Design – case management for newly housed
- Peer support and community engagement

Summary of Challenges Across Focus Areas

- Housing Barriers
 - Insufficient vouchers and affordable housing options
 - Barriers such as criminal records, credit issues, and documentation status
 - Lengthy processes (“multiple hoops”) for people with stability or transportation barriers
 - Large scale of need and long waitlists
 - Limited availability of supportive housing units (PSH)
- Engagement & Participation
 - Hidden or unaddressed mental health needs among unhoused individuals
 - Unwillingness of some individuals to participate in services
 - Difficulty maintaining engagement after incarceration
 - Stereotypes that create additional barrier
- Staffing & Capacity
 - Burnout and turnover among staff
 - Capacity differences across providers that affect overall system effectiveness
 - Need for adequate staffing to operate shelters
 - Clinical workforce shortages
- System Coordination & Data
 - Healthcare providers and HMIS using incompatible information systems
 - Limited data sharing across sectors
 - No clear method to prioritize the most vulnerable
- Operational & Eligibility Issues
 - Eligibility criteria limiting access to shelter
 - Need to maintain non-political decision-making
 - Funding constraints and issues with both inflexible and overly flexible funding
- Community Level Challenges
 - All towns need to participate for system success
 - Transportation barriers
 - Police actions that may disrupt engagement
 - Need for support for families with mixed immigration documentation

Key Takeaways/In Scope

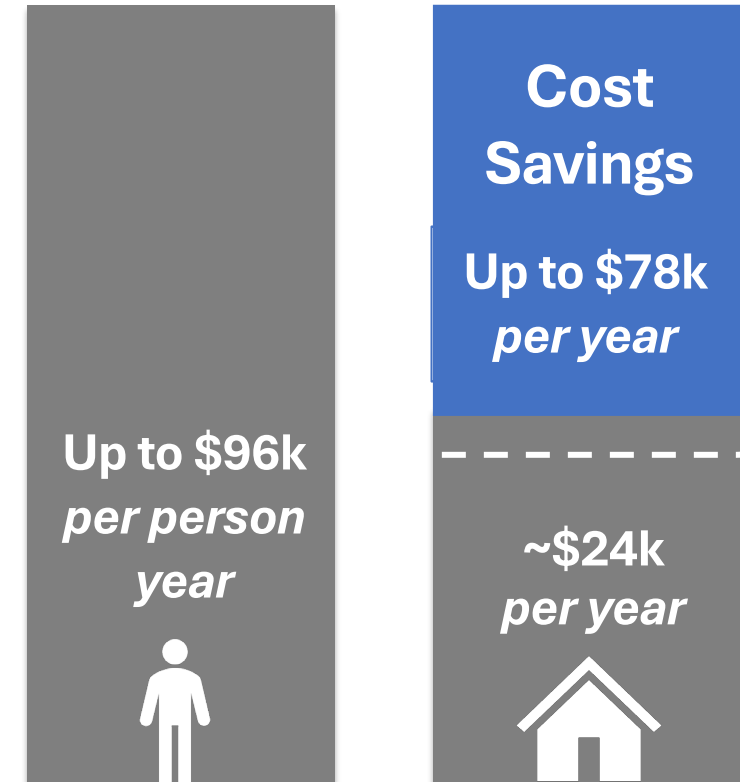
- Housing
- Navigation/Affordable Units
- Progressive Engagement
- Staff capacity
- Care coordination and data sharing
- Community Level Challenges

Summary of Partnerships Across Focus Areas

- Housing & Outreach
 - Public Housing Authorities
 - All Municipalities
- Health Care
 - Mental health providers
 - Alliance-based or contracted MH/SU providers
 - Specializing in youth/young adult care
 - Providers: WellCare, WakeMed, UNC, insurance companies (UHC, BCBS), Oak Street Health, Emergency department staff, South Light, Safe Child, Early Years
- Public Service Agencies
 - Dept. of Social Services
 - Employment/Workforce Development
- Public Safety & Municipal Staff
 - Justice system partners
 - Police, fire, and parks staff from different municipalities
- Faith-Based & Community Institutions
- Private Section & Business Community

Ending homelessness is within reach.

- **Approximately \$24k per year** ends homelessness for one household.
- The **CoC, County and City of Raleigh** have dedicated funds to address **unsheltered homelessness** and **homelessness prevention and diversion**. But homelessness is increasing, and more resources are needed to address the crisis through targeted, strategic investment.



Initiative to End Homelessness

Significantly reduce unsheltered and chronic homelessness

Direct to Housing + Rapid Resolution + Integrated Care

Phase I: 2026 - 2027 2 Year Surge	Phase II: 2028+ Annual Sustainability
\$22M ~1400 households	\$23M/Year ~1800+ households

Implementation & Next Steps



February – June:

Socialize plan, update data, inform program design, public comment, and governance review and approval.



July (Ongoing)

Formal launch and rehousing efforts.

Preparing for Launch (July 2026)

- Confirm fiscal agent to allow for speed and flexibility
- Develop communications and tools to support activities
- Refine and standardize program models
- Identify and prioritize encampments/zones



Feedback from 02/23 CoC Membership Meeting

Unsheltered Response (as written)

Must Haves	Anticipated Changes	Partners to Include
dedicated subsidies	Hidden MH concerns for unhoused	PHAs
housing inventory	vouchers	Mental health
shelter for young adults 18-24	affordable housing	outreach organizations
medical outreach nurses and doctors	unwillingness to participate	Police, fire and park staff from different municipalities
ability to meet our unhoused neighbors where they are	barriers to housing: criminal records and credit issues	private partners
more shelter availability for families	staff to oversee the shelter	churches and other institutions
diversion and eviction prevention	eligibility to have access to the shelter	department of social services
listen to PLF	no politics	all municipalities
shelter for older adults needing lots of extra physical help	funding flexibility (too flexible is a problem as well)	
assessment clinicians to determine level of need	no way of prioritize the most vulnerable	
more behavioral health	police action	
population specific teams		
clinical staff		
folks with lived experience		
more case managers w/ acorns unit		
safe camping areas or parking		
day shelter		
no more harassing or arresting for panhandling		

Immediate Interventions (as written)

Must Haves	Anticipated Changes	Partners to Include
mental health	all towns need to participate	local/small nonprofits
more spots to access support immediately	multiple hoops to jump through for people with stability or transport barriers	PHAs
refugee response	scale and waitlist	Early Years
immediate mental health care	continued engagement for neighbors after incarceration	SafeChild
day shelter	support for families with mixed documentation (immigration status)	faith communities
computer access and training	not enough psh units	
bilingual staff	clinical shortages	
mental health translators		
more diversion		
access to some form of case management for neighbors who are rehoused or newly housed		
childcare		
family shelter		
people need time to heal, this should be integrated into every aspect		
trauma informed staff		
town budgets matching funds for job childcare		
translation services		

Integrated Care (as written)

Must Haves	Anticipated Changes	Partners to Include
Providers that can provide medical care outside of office	healthcare providers use a different info platform vs. HMIS - these systems do not communicate	healthcare (MH) providers specializing in youth/young adult care
Resources for people who fall through the cracks	funding	wellcare
interdisciplinary teams	transportation	WakeMed, UNC, insurance co. (UHC + BCBS)
childcare	data sharing across systems	justice system
healthcare providers investing in quality care	how to interact with homeless individuals	Oak St. Health
wrap around services	varying capacity with different service providers could impact the effectiveness of the overall care if they are dependent upon each other	faith communities
more vouchers	lack of case managers	businesses
better mobile health	stereotypes	Emergency dept. staff
community engagement	burnout/staff turnover	foster care aging out
supportive social activities		Southlight
more peer support partnerships		local/small nonprofits
increasing contact and communication between agencies		PHA
employment agencies		Alliance based/contracted MH/SA providers
consistent daily transportation		

Adjourn



Next CoC Membership Meeting:

- April 27, 2026 from 2 - 3:30 PM
- Raleigh Housing Authority (Community Room)

Tentative Agenda

CoC Coordination or for more info: Info@wakenc507.org