

The journey home begins with us



OUR JOURNEY HOME

THE 10-YEAR PLAN TO END CHRONIC HOMELESSNESS IN PITT COUNTY







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Dear friends,

Pitt County and the City of Greenville are making an unprecedented commitment to end chronic homelessness and join over 400 communities across the country, including 17 in North Carolina, committed to ending homelessness in their community.

On any given night in our community, at least 131 people are homeless and many others live in overcrowded conditions. While this number may not seem significant, it suggests we are not meeting the serious needs of our most vulnerable population.

The Blue Ribbon Task Force to End Chronic Homelessness in Pitt County has spent approximately eight months gathering data on homelessness in our community and reviewing best practice approaches being used in other communities to reduce and end homelessness. We have held focus groups and forums to help determine the best approaches for our community. *Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County* represents the culmination of our work over the past year. We would like to thank the Blue Ribbon Task Force members and countless volunteers for laying the foundation for the plan.

Our Journey Home 10-Year Plan builds on evidence-based practices that are proving to be successful in other communities. Our goal is to both end chronic homelessness and prevent homelessness. The plan features recommendations for increasing our community's housing inventory and for building its capacity to provide supportive services. In addition, the plan proposes ways to maximize the ability of individuals who are homeless to obtain and maintain income. To facilitate these recommendations, the plan provides a structural framework and projected budget for the first two years of implementation.

Achieving the outcomes of the *Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County* will require ongoing involvement and participation of partner agencies for the entire 10 years. The Plan marks a departure from the long-standing approach of managing the symptoms of homelessness rather than addressing the root causes – poverty and a lack of affordable housing. This is no small task. Our success hinges upon our ability to mobilize, expand, and coordinate our financial and human resources, with the recognition that it will truly take all of us to end chronic homelessness in Pitt County.

The journey home begins with us. We encourage everyone across the community to get involved with this plan so that every resident of Pitt County has a place to call home.

Sincerely,



Dr. Robert J. Thompson
Co-chair, Blue Ribbon Task Force



Reverend Albert Shuler
Co-chair, Blue Ribbon Task Force

EXECUTIVE SUMMARY



“

Ending chronic homelessness in our county/ community is indeed a formidable task, but one we can and must do. It will bring about stability in the lives of families and individuals, which will enable them to live life to the fullest and in a productive way. As a community, we work to make this happen because we are a caring community. Those who serve on this committee are to be commended and I wish to express my sincere appreciation.”

Patricia C. Dunn, Mayor, City of Greenville

Executive Summary

The United States Interagency Council on Homelessness has issued a challenge to communities across the country to address the problem of homelessness, specifically people who are chronically homeless. In the fall of 2006 and spring of 2007, the Pitt County Board of Commissioners and the City of Greenville City Council adopted resolutions to develop a 10-Year Plan to End Chronic Homelessness in Pitt County. *Our Journey Home 10-Year Plan* is a comprehensive effort of various community organizations, leaders, and citizens. Using the expertise of services providers, government officials and homelessness experts, the plan was designed to specifically address the needs of Pitt County's chronically homeless population in order to redirect, minimize and ultimately resolve the substantial economic and social costs connected with these individuals and families.

Chronically homeless is defined as an unaccompanied individual having a disability and living on the streets or in a shelter for one year or having four episodes of homelessness in three years. People who are homeless have no regular place to stay, therefore they use a variety of public systems in an inefficient and costly way. Individuals and families that are homeless use significant amounts of public funding, whether through targeted programs or through emergency or inpatient medical treatment. According to the United States Interagency Council on Homelessness, people who are chronically homeless consume over 50 percent of community homeless resources, including emergency medical services, psychiatric treatment facilities, shelters, law enforcement and correctional facilities. The economic cost associated with people who are chronically homeless is high.

The January 2008 Point-in-Time Count revealed that approximately 131 persons who are homeless lived in Pitt County and approximately 10 percent of those people were chronically homeless. It is estimated Pitt County spends at least \$1,982 per month or \$23,786 annually per individual who is chronically homeless without providing shelter or supportive services. Permanent supportive housing for these individuals decreases the costs at emergency health and medical services facilities. It is less expensive to provide permanent supportive housing than to maintain individuals who are homeless in treatment facilities, hospitals, or on the street.

Our Journey Home 10-Year Plan is a long-range, comprehensive plan to help people who are chronically homeless return to healthy and stable lives in permanent housing. The plan also attempts to prevent people from experiencing chronic homelessness. Recommendations featured in the plan are evidenced-based practices drawn from best practices of innovative programs and initiatives in place across the country. The 10-Year Plan focuses on strategies for prevention and crisis stabilization, services and support, and permanent housing. The plan uses and builds on the existing resources of various service agencies by reinvesting and redirecting current resources and identifying new resources.

Our Journey Home 10-Year Plan focuses on two major goals and five outcomes:

GOAL 1

Provide community-based services and support to prevent homelessness before it happens and diminish risks for homelessness to recur.

Outcome 1-A: Increased access to services provided to the homeless population.

Outcome 1-B: Increased number of individuals who are employed and able to manage their personal finances.

Outcome 1-C: A comprehensive client-centered discharge planning process coordinated among community agencies for individuals leaving foster care, mental health facilities, jails and prisons, medical facilities, and military units who are at risk for homelessness.

Outcome 1-D: A data infrastructure Homeless Management Information System (HMIS) that would link all services, screen for program eligibility, and gather data needed to monitor (assess) progress of implementation.

GOAL 2

Create adequate short-term housing options and supportive permanent housing for those who are chronically homeless or at risk of becoming homeless.

Outcome 1-A: Increased inventory of housing options that meet the needs of individuals and families who are homeless and those at risk of becoming homeless.

Implementation of *Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County* is a substantial undertaking. The Implementation Plan must have a defined structure, clear roles, responsibilities, and a long-term commitment from all partners to achieve our goals. An implementation structure will be established to oversee and administer *Our Journey Home 10-Year Plan* and will directly involve individuals and organizations throughout the county.

An Advisory Board will provide insight regarding direction and new efforts needed, and will serve as a base of community support. The Advisory Board will be responsible for strategic leadership, policy guidance, and monitoring results. Members of the Advisory Board will be appointed by the Greenville City Council and the Pitt County Board of Commissioners. The Executive Committee of the Advisory Board will provide guidance and objective perspectives to the many efforts being undertaken.

The Project Manager will be responsible for communication among the Advisory Board, the Executive Committee, the Strategy Teams, and the community-at-large, as well as for evaluation, fiscal reinvestment, and financial analysis.

Strategy Teams will be developed to address and refine actions and strategies for implementation, and will serve as liaisons to the agencies, groups, and individuals who will carry out the action steps.

Potential sources of funding for implementation include local, state and federal government entities, private foundations, and businesses.

MISSION, VISION, AND GUIDING PRINCIPLES



“



As chairman of the Pitt County Board of Commissioners, I want to express my support for the “10-Year Plan to End Chronic Homelessness in Pitt County.” This plan provides a road map to ending chronic homelessness and reducing homelessness in our county. It can also be the catalyst for pulling organizations and agencies together to provide a coordinated, cost effective approach to helping families and individuals in our community to become self-sufficient and productive.””

Mark W. Owens, Jr. Chair
Pitt County Board of Commissioners

Mission, Vision, and Guiding Principles

Mission

To end the cycle of homelessness, our community will provide comprehensive support services and a range of sustainable housing opportunities for all Pitt County residents.

Vision

Within 10 years, Pitt County will be a place where all residents will have a home that is safe, affordable, and permanent.

The following guiding principles will serve as a foundation for planning and implementation of *Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County*:

Innovation

We will embrace new and creative approaches to end the cycle of homelessness.

Collaboration

We will reach a common goal through joint partnerships.

Inclusiveness

All sectors of the community will participate in the planning and implementation phases.

Altruism

Participants will be involved for the benefit of the entire community rather than their own special interests.

Outcome-driven

We will take a strategic approach to address homelessness by using measurable outcomes to track progress.

Research-based

The plan will be data-driven and based on best practices.

Responsiveness

Planning and implementation will be responsive to the needs of the population served.

INTRODUCTION

Introduction

The United States Interagency Council on Homelessness has issued a challenge to communities across the country to address the problem of homelessness, specifically the people who are chronically homeless. In the fall of 2006 and spring of 2007, the Pitt County Board of Commissioners and the City of Greenville City Council adopted resolutions to develop a 10-Year Plan to End Chronic Homelessness in Pitt County.

The January 2008 Point-in-Time Count revealed that approximately 131 persons who are homeless were in Pitt County and approximately 10 percent of those people were chronically homeless. A Point-In-Time establishes a baseline of the County's homeless population and only captures the number of homeless individuals identified as such on a single given day. Chronically homeless is defined as those individuals having a disability and living on the streets or in shelter for one year or having four episodes of homelessness in three years. According to the United States Interagency Council on Homelessness, people who are chronically homeless consume over 50 percent of community resources, including emergency medical services, psychiatric treatment facilities, shelters, law enforcement, and correctional facilities. The economic cost associated with the chronically homeless is high.

Our Journey Home 10-Year Plan is a long-range, comprehensive plan to help people who are chronically homeless return to healthy and stable lives in permanent housing. The plan also attempts to prevent people from experiencing chronic homelessness. The Pitt County plan is a culmination of a 10-month collaborative effort by representatives from the city and county and their service providers, government agencies, nonprofit organizations, business sectors, educational institutions, civic and professional groups, and individuals who are homeless. The recommendations featured in the plan are evidenced-based practices drawn from best practices of innovative programs and initiatives in place across the country.

Our Journey Home 10-Year Plan focuses on two major goals:

Goal 1: Provide community-based services and support to prevent homelessness before it happens and diminish risks for homelessness to recur.

Goal 2: Create adequate short-term housing options and supportive permanent housing for those who are chronically homeless or at risk of becoming homeless.

The plan also features a structural framework and projected budget for the implementation of the recommended strategies.

Ending chronic homelessness is a challenge for the entire community. There are no simple solutions. Ending homelessness will require a cooperative effort among government agencies, private and public services, businesses, faith-based organizations, and neighborhoods.

This plan calls for extensive coordination to inform and communicate with the broader community about homelessness. Through a better understanding of the issues as well as opportunities to contribute to substantive change, the strengths of the entire community can be brought to bear on the solutions of this plan.

The goals will be accomplished through a five-prong approach:

1. **Closing the Front Door.** Strategies involve enhancing the prevention of homelessness by ensuring individuals access to mainstream resources, increasing financial assistance, and diverting referrals and discharges from correctional, health and human service systems to reduce shelter stays and avoid homelessness.
2. **Opening the Back Door.** Strategies include developing permanent supportive housing for individuals and families who are chronically homeless, expediting enrollment in current benefits programs, and increasing financial assistance and supportive services to assist households in exiting shelters and obtaining housing.
3. **Building the Infrastructure.** Strategies involve continuing to use local, state, and federal funding to increase the supply of affordable housing targeted to low-income households, continuing to expand access to jobs at a living wage, and continuing to expand access to essential supportive services. The coordination of existing services is critical.
4. **Managing for Results.** This strategy uses data to determine the extent and outcomes of public systems, the homeless services system and how they interact with people who are homeless.
5. **Building a Results Framework.** The Implementation Plan establishes a process by which data will be collected and analyzed to determine progress toward the stated outcomes. These outcomes are measurable markers of the achievements of the plan.

Our Journey Home 10-Year Plan will end chronic homelessness over the next decade by securing new resources and reinvesting and redirecting resources in a coordinated, sustained effort that addresses the underlying causes of homelessness.

This effort will:

- > reduce the number of individuals who become homeless;
- > increase the number of individuals placed into permanent housing;
- > decrease the length and disruption of homeless episodes; and
- > provide community-based services and supports that prevent homelessness before it happens and diminish opportunities for homelessness to recur.

Our Journey Home 10-Year Plan states the strategic intent of how Pitt County will address the complex and perplexing issue of homelessness. This plan:

- > increases the County's odds of success;
- > helps focus on the outcomes that our community says are important and work;
- > lowers the County's investment on means or strategies that do not work; and
- > justifies funding for specified results.

Our Journey Home 10-Year Plan will help those who are homeless and at the same time make Pitt County a more pleasant and inviting place to work, live, and visit.

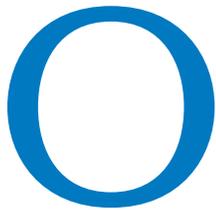
THE COMMUNITY PLANNING PROCESS

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Most religions, including Christianity, work to remind their followers that faith is not just a series of professed beliefs but rather a concrete reality meant to be lived out. The Ten Year Plan offers specific, systematic ways to stop managing homelessness. Instead, the Blue Ribbon Task Force, by examining the best practices of other communities, has imagined a different reality, a reality that says “no” to chronic homelessness. The faith community must be involved, by educating ourselves and our communities, by offering words of hope and healing when needed, and by offering our hands and hearts in ways that will challenge us and stretch us into becoming the people God wants us to be, people who “do justice, love, mercy, and walk humbly with your God” (Micah 6:8).”

The Reverend Ann Bonner-Stewart
Associate Rector, St. Paul's Episcopal Church



ur Journey Home: The 10-Year Plan to End Chronic Homelessness in Pitt County is a comprehensive approach that addresses the issue of homelessness in Pitt County. The Blue Ribbon Task

Force (BRTF) was established in late 2007. The Greenville City Council and Pitt County Commissioners appointed approximately 50 representatives from various constituent groups within Pitt County. These community representatives committed to a 10-month planning process that included a series of committee meetings, educational presentations, public forums, and focus groups. The Blue Ribbon Task Force members served on four subcommittees: Prevention and Engagement, Services and Support; Transition to Independence; and Permanent Housing.

Made up of the BRTF Co-Chairs, representatives from Pitt County Government, the City of Greenville, the Pitt County United Way, and local service providers, the Management Advisory Team (MAT) met on a weekly basis to provide oversight of the planning process.

The community process included:

> Three focus groups with individuals who were currently or previously homeless. A fourth focus group was held with a group of veterans and members of their families, some of whom have experienced difficulties in making the transition back to civilian life, including experiencing homelessness.

> four community forums held in April 2008 with over 120 citizens participating. Guest speakers included local and statewide experts working in fields related to the forum topics.

> a business roundtable meeting where approximately 15 business representatives learned about the planning process and how the business community can get involved in the planning and implementation of *Our Journey Home 10-Year Plan*.

The goals and strategies for the 10-Year Plan were generated through the efforts of subcommittees formed from the Task Force with participants from the community forums and focus groups. The goals and strategies were designed to provide a comprehensive effort to end chronic homelessness in Pitt County, while maintaining a strong focus on serving the needs of individuals and families who are non-chronically homeless. The 10-Year Plan focuses on strategies for prevention and crisis stabilization, services and support, and permanent housing. The plan uses and builds on the existing resources of various service agencies by reinvesting and redirecting current resources and identifying new resources.

THE DEFINITION OF
HOMELESSNESS

A

According to the Department of Housing and Urban Development (HUD), a person is considered homeless only when he or she:

1. Resides in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
2. Resides in an emergency shelter.
3. Resides in transitional housing for persons who originally came from the streets or emergency shelters.
4. Resides in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
5. Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
6. Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing.
7. Is fleeing a domestic violence situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

“**Chronically**” homeless is defined as “an unaccompanied, disabled individual who has been persistently homeless for more than a year or who has been homeless for four or more episodes over a period of three years.” People who are chronically homeless are highly likely to cycle in and out of housing, the streets, emergency shelters, hospitals, mental health facilities, and/or jails for varying periods of time.



ASSESSING
THE NEEDS

The Face of Homelessness

National Statistics

Homelessness is one of our nation's most misunderstood social problems. For over 20 years, communities throughout the country have been managing the problem of homelessness rather than addressing the root causes.

The root causes of homelessness are poverty and lack of affordable housing. The inability to afford housing is concentrated among households with incomes at or below the poverty level and these individuals and families account for the vast majority of people entering into homelessness. These persons may also have little education or job training and find it difficult to earn enough money to raise their incomes above the poverty level, even if they work full-time and/or overtime. (Martha Burt, "What Will It Take to End Homelessness," September 2001)

As many as 3 million people become homeless nationally over the course of a year. In January 2005, an estimated 744,313 people experienced homelessness.

- > 56 percent of the people counted lived as homeless in shelters and transitional housing and, shockingly, 44 percent were without shelter.
- > 59 percent of the people counted as homeless were single adults and 41 percent were families as homeless.
- > In total, 98,452 families were counted.
- > 23 percent of people counted as homeless were reported as chronically homeless

The face of homelessness has also changed to include more individuals and families shaken by joblessness and those responding to a catastrophic financial event. A faltering US economy, skyrocketing housing and gas prices, and reduced government services are forcing people from their homes. As a result of this crisis, service providers are scrambling to find ways to provide shelter and assistance to a growing and changing homeless population

Nationally, more than two million foreclosures were reported in 2007 and the same number is projected for 2008 and 2009. Nearly forgotten in this crisis are the thousands of homeowners and renters who become homeless once their resources are exhausted. According to a study by the

National Coalition for the Homeless, thousands of both former homeowners and renters are winding up in shelters and nearly 61 percent of local and state homeless coalitions report that they have seen a rise in homelessness since the foreclosure crisis began in 2007. The study reveals that once their property is foreclosed on, 76 percent of displaced homeowners moved in with friends or relatives, 54 percent moved to emergency shelters and 40 percent were living on the streets.

Personal factors that can increase a person's vulnerability to homelessness include substance abuse and addictions, mental illness or physical disability, lack of family to rely on after being placed in foster care, separation and/or divorce, veterans' post traumatic stress disorder, lack of access to affordable health care, and family break-up. (Martha Burt, "What Will It Take to End Homelessness," September 2001)

Homelessness does not discriminate; families with children, single adults, teenagers, and elderly individuals of all races struggle with its devastating effects. Homelessness exists all across the country in small rural towns, suburban neighborhoods, and large metropolises. (National Alliance to End Homelessness, June 2007)

State and Local Statistics

The North Carolina Interagency Council for Coordinating Homeless Programs sponsored the Third Annual Point-in-Time Survey on January 24, 2007. The survey, conducted in over 80 North Carolina counties, found that in North Carolina there were 10,904 people identified as homeless, including 3,280 people in families, 2,001 of whom were children.

As one of the fastest growing areas in the state, Pitt County has seen a population boom since 1990. According to the 2000 Census, the county's population was 133,798. In 2006, the county's population was 145,619, an increase of 8.9 percent in only 6 years. Growth in Greenville and Winterville accounts for the majority of the growth.

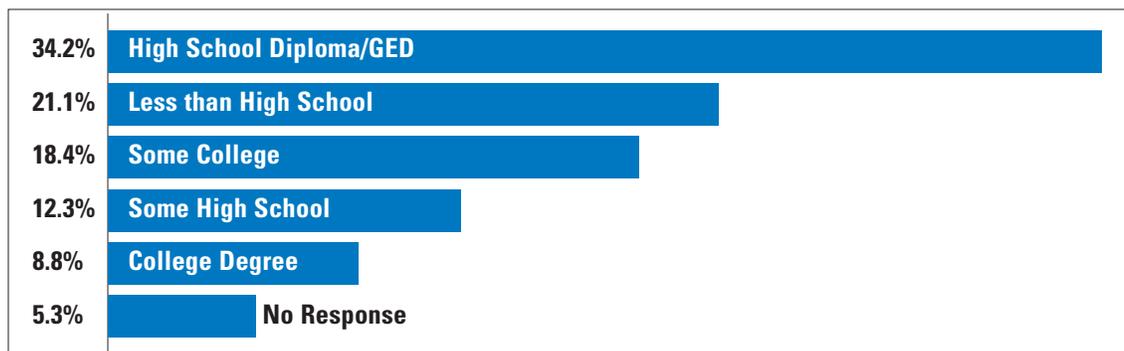
A 2008 January Point-in-Time Count revealed that approximately 131 persons were homeless in Pitt County. This number included 18 children ranging in age from birth to 18 and about 10 percent were considered chronically homeless.

The Point-in-Time Count is a one-day, statistically reliable, unduplicated count of sheltered and unsheltered individuals and families who are homeless in the county. However, it only provides a “snapshot” of individuals in Pitt County who may be experiencing homelessness and may not capture all those who are cycling in and out of homelessness over the course of a specific period or staying in places unknown to the count volunteers. For example, the Greenville Police estimate that on any given night 20-30 individuals are sleeping in the woods or various sites around the city. The Point-in-Time Count figures do not include the number of people who “double up” without a legal residence of their own and are temporarily staying with another person. In addition, these data do not account for people who are at-risk of homelessness for any reason including unemployment, foreclosure, eviction, and chronic or sudden illness.

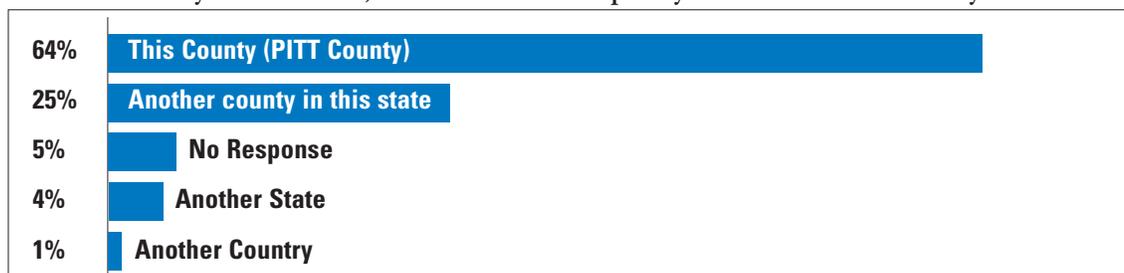
The Point-in-Time Count reveals the following characteristics of the individuals who are homeless in Pitt County:

- 33 reported having serious mental health issues and/or substance abuse issues**
- 27 had recently been discharged from a mental health and/ or treatment center**
- 15 identified themselves as Veterans**
- 13 were victims of domestic violence**
- 11 were classified as chronically homeless**
- 10 had recently been discharged from prison and/or the detention center**
- 9 had recently been discharged from a health care center and/or hospital.**

Over 60 percent of the adults surveyed reported having at least a high school level of education/GED or better.



Individuals surveyed were asked, “Where was the last place you were housed for 90 days or more?”



The poverty rate for Pitt County (21.6%) significantly exceeds the rate for the state of North Carolina (15 %). An increasing number of Americans are facing the serious challenge of not making a living wage and being able to afford adequate, safe housing. In Pitt County, the Fair Market Rent (FMR) for a two-bedroom apartment is \$579. In order to afford this level of rent plus utilities without paying more than 30 percent of income on housing, a household must earn \$23,160 annually. This translates to an hourly wage of \$11.13 (assuming a 40-hour workweek, 52 weeks per year). Currently, a minimum wage worker in Pitt County earns \$6.55 per hour. To afford this apartment, a minimum wage earner must work 82 hours per week, 52 weeks per year.

The monthly Supplemental Security Income (SSI) payment for an individual is \$603 in Pitt County. If SSI represents an individual's sole source of income, \$181 in monthly rent is affordable, while the FMR for a one-bedroom apartment is \$470.

Lack of employment, income, and economic opportunity are often identified as risk factors in becoming homeless. Individuals who are homeless may report being employed or having occasional work, but many of the jobs they hold are of such a nature and skill level that they do not provide adequate wages and benefits for self-sufficiency.

As a part of the effort to solve chronic homelessness, it is crucial to maximize income and achieve economic stability through case management and basic financial management assistance. The *Our Journey Home 10-Year Plan* recognizes that people who are chronically homeless will need greater access to resources that provide employment training and placement.

Public transportation is essential to providing people with access to services and jobs, both of which are necessary for people to maintain housing. The City of Greenville currently has only four bus routes. Limited bus routes within Greenville as well as in rural parts of the county make access to transportation a challenge for anyone facing homelessness. People who are homeless generally cannot afford an automobile, not to mention the increasing cost of gas, making it difficult to travel to various services, even if they know where to go. People in the vast rural segments of

the county and the smaller communities have even greater difficulty.

Aside from economic and social factors that contribute to homelessness, unexpected events such as natural disasters, while not common, can have an enormous impact on a community's housing stock. For example, on September 16, 1999, Hurricane Floyd hit the coast of North Carolina causing widespread and devastating flooding. Overall, Hurricane Floyd affected 44 counties in Eastern North Carolina, destroying over 8,000 homes and leaving over 55,000 homes damaged and 17,000 uninhabitable. Pitt County was one of the hardest hit areas; some portions of the county were under water for more than two weeks and over 4,300 structures suffered extensive damage. In fact, more houses were destroyed by the flooding after Hurricane Floyd than the total of all new home construction that occurred in Eastern North Carolina in 1998. Ultimately, this single event affected thousands of lives in the county, even those whose homes and businesses remained intact. While Hurricane Floyd left behind its torrential wrath over a course of a few days, it took years for the county and Eastern North Carolina to recover.

Special Populations at Risk of Becoming Homeless

Americans who are homeless are exceptionally diverse and include individuals from all segments of society—children and families, seniors, and people of all races. Veterans, who are among the most honored citizens in our society, appear in substantial numbers among the homeless. Each of these groups experiences distinctive forms of adversity resulting from both societal structures and personal vulnerabilities, and each has unique service delivery needs. All, however, experience extreme poverty and lack of housing. People who are homeless reflect the nation's diversity, and their special characteristics and needs must be identified, respected, and addressed.

Veterans

In 2006, approximately 200,000 veterans were homeless on any given night. Veterans make up a disproportionate share

of people who are homeless – roughly 26 percent – but comprise only 11 percent of the civilian population 18 years and older. The same things that predict homelessness among the general population—poverty, lack of affordable housing, mental illness, health issues, access to support networks, and drug addiction also foretell homelessness in veterans. However, veterans face additional challenges when trying to overcome these obstacles. Prolonged separation from traditional supports such as family and close friends, highly stressful training and occupational demands that can affect their personality, self-esteem, ability to communicate, and nontransferability of skills to civilian jobs are among the few challenges. Almost half of the nation's veterans who are homeless struggle with mental illness, making it more difficult for them to receive help.

With Pitt County staged to see troops returning from Iraq and Afghanistan, the County must be prepared to ensure that safeguards are in place to prevent them from experiencing homelessness. In 2007, 10,510 veterans lived in Pitt County.

Families and Youth

When we think about people who experience homelessness, we usually think about adults. Families with children are among the fastest-growing segment of the homeless population, according to the National Coalition for the Homeless.

The U.S. Conference of Mayors found that in 2003, 41 percent of the homeless are families with children, up from 34 percent in 2000. The Urban Institute reports about 23 percent of the homeless are children. Nationally, 25 percent of children coming out of foster care are homeless within 4 years. Schools across the country are facing an increasing number of school-aged children who are homeless. Since September 2007, 112 children in the Pitt County School System have been identified as homeless or at risk of being homeless.

At least 1.35 million American children are homeless during a year's time. On any given day, 800,000 people are homeless in the United States, including 200,000 children in homeless families. These children sleep in cars, shelters, and abandoned buildings. They relocate constantly, which results in them being pulled out of school and away from friends. Most children become homeless because their mothers and fathers are unable to find affordable housing. Traumatic events such as unemployment, illness, accidents, or violence and abuse further limit their ability to secure decent housing. Homeless children are hungry more than twice as often as other children, more often in fair or poor health, four times more likely to have asthma, more likely to have low birth weight, and at greater risk of having special needs.

Lack of access to childcare is often a barrier to employment for those who are homeless. It is critical that quality childcare options are available, particularly for families living in emergency shelters and transitional housing programs while they obtain employment. Day and evening care programs enable parents to find and retain jobs so they can support their families independently.

Elderly

In North Carolina, the elderly population (those 65 years of age and older) will more than double between 2000 and 2030. Approximately 11 percent of those individuals 65 and older live below the poverty level (2005 Census Data). The faces of homelessness we see do not usually include images or stories of elderly persons. Elders who are homeless continue to be a forgotten population, although the numbers of seniors who are facing homelessness for the first time, or who are at risk of becoming



A PERSONAL STORY

A personal crisis fueled by alcoholism brought Shirley to the doors of Greenville Community Shelters with her young son. She had recently lost her nursing license and was facing homelessness. “That was really scary for me not to have a home, especially with a young child.” Shirley entered Transitional Housing where she found a “safe place” and a “sense of community.” She learned life skills like balancing a checkbook, maintaining a budget, and parenting. She is thankful for the caring help she received. In preparation for her departure from Transitional Housing, Shirley applied to Habitat for Humanity at the urging of agency director, Lynne James. Her application was approved and today she is a proud homeowner.

homeless, are increasing. There are also adults who are currently considered chronically homeless who are aging on the streets, often diagnosed with a range of complex health, mental health, and substance abuse issues. This population faces unique healthcare and service needs that require a multidisciplinary-team approach with minimal barriers in order to achieve optimum health and housing stability.

Latino/Hispanic Population

Immigrants from Latin America are dramatically changing North Carolina’s demographic and economic landscape. According to the US Census, North Carolina has the fastest growing Hispanic population in the country; this population has increased by nearly 400 percent over the last decade. The change in the Hispanic/Latino population in Pitt County has been significant. The Hispanic/Latino population

increased from less than 1,000 persons in 1990 to 4,216 in 2000. The definition of the term homelessness includes individuals who are staying with friends and/or family on a temporary basis. However, the Hispanic community does not consider situations where relatives or friends temporarily live together or “double up” for economic reasons as homelessness. Some of the difficulties the Hispanic population faces include the language barrier and the lack of proper identification (i.e., Social Security Number), education, transportation, and bilingual employers. Even with these difficulties, members of the Hispanic/Latino community are often aware of the resources available, but unsure of exactly how they work or where to access them. As a result, many members of the Hispanic/Latino community face barriers to employment, education, and housing and therefore may experience homelessness.

The Economic Impact of Homelessness & the Chronically Homeless

Because people who are homeless have no regular place to stay, they use a variety of public systems in an inefficient and costly way. Individuals and families who are homeless use significant amounts of public funding, whether through targeted programs or through emergency or inpatient medical treatment, public safety and criminal justice systems, or public resources. Typically, individuals who are chronically homeless make up only 10 to 15 percent of the homeless population, but they use 50 percent or more of the emergency shelter resources in a community. (Martha Burt, “Assessing Public Costs Before and after Permanent Supportive Housing”, Corporation for Supportive Housing, 2004)

In the article “Million-Dollar Murray,” published in *The New Yorker* in February 2006, author Malcolm Gladwell argues that social services, such as soup kitchens and shelters, only manage the problem of chronic homelessness, but do not attempt to solve it. As a man who was chronically homeless living in Reno, Nevada, Murray may have cost taxpayers up to a million dollars in hospital bills, substance abuse treatment, and other expenses without changing his homeless status. Reno Police officer Patrick O’Bryan remarked, “It cost us one million dollars not to do something about Murray.” When Murray died in the winter of 2005 from intestinal bleeding as a result of chronic alcohol abuse, he was still homeless. (Malcolm Gladwell, “Million-Dollar Murray,” *The New Yorker*, February 2006)

Many individuals who are chronically homeless have both mental health and addiction issues. Due to their challenging disabilities, they are more likely to access health care, mental health treatment, and substance abuse services through the most expensive provider options, such as emergency rooms.

The 10-Year Plan to End Homelessness in Asheville and Buncombe County, NC, published in 2002, examined the cost to local systems over a three-year period for 37 individuals who were chronically homeless. Working with the cooperation of the local police department, hospital, and jail, the monthly cost per person was estimated to be \$1,892 or \$22,700 annually. Asheville estimated their community spent a total of \$839,900 per year on these 37 individuals. This figure does not include any mental health or substance abuse treatment.

As part of the 10-Year Plan process in Pitt County, a preliminary survey was conducted using the Asheville study as the data model. Working with the Pitt County Detention Center, Greenville Police, and the Greenville Community Shelter, a list of 13 individuals were identified who could be classified as chronically homeless. The Pitt County Detention Center, Pitt County Memorial Hospital, Greenville and Pitt County EMS agencies, and the Greenville Police Department were asked to provide specific cost information on this group. Based on the data collected, an individual who is chronically homeless costs Pitt County approximately \$1,982 per month or \$23,786 annually. The total cost to Pitt County for those 13 individuals was calculated to be \$309,210 annually. This figure does not include any mental health or substance abuse treatment.

Sources	Total Annual Cost	Annual Cost per person	Total Monthly Cost per person
Police (Greenville)	\$2,395	\$184	\$15
Detention Center	\$84,287	\$6,484	\$540
Pitt County Memorial Hospital & Emergency Room	\$206,813	\$15,909	\$1,326
EMS (Pitt County & City of Greenville)	\$15,715	\$1,209	\$101
Total	\$309,210	\$23,786	\$1,982

Data Source: Costs figures provided by departments listed above

The Point-in-Time Count in Pitt County conducted in January 2008 identified eleven (11) individuals who were chronically homeless. The Greenville Police have estimated that on any given night 20-30 individuals are sleeping in the woods or at various sites such as abandoned homes throughout the city. Applying the cost estimates to these estimates indicates that Pitt County could be spending \$475,720 to \$713,580 annually on those who are chronically homeless.

As with other communities in North Carolina and the United States, Pitt County has housing options available for those individuals and families in crisis. There are two emergency shelters, which combined have the capacity to house 106 persons per night. In 2007, these shelters provided emergency housing for 708 different people. The estimated annual cost per bed to provide an emergency shelter is \$3,397. The Asheville study estimated that the annual cost per bed for an emergency shelter is \$3,700.

There are a limited number of beds in transitional housing facilities for individuals and families who are homeless in Pitt County. A preliminary survey estimates that there are approximately 48 beds in Pitt County that can be used by individuals and families who are homeless. The Greenville Community Shelter operates a transitional program that includes men, women, and children. Flynn Christian Home is a men-only facility and Zoe House provides transitional housing for women and children.

Other Information	Shelter	Transitional	Permanent – Supportive
Annual Cost per Bed in Greenville	\$3,397	\$7,684	\$5,152
Annual Cost per Bed in Asheville	\$3,700	\$9,900	NA

Data Source: Greenville Community Shelter

The chart above shows the relative cost of providing a bed in three types of housing options in Pitt County and Asheville. The Fair Market Rate (FMR) for a one-bedroom apartment in Pitt County is \$470. Providing 12 months of rental support for a person who is chronically homeless would come to \$5,640.

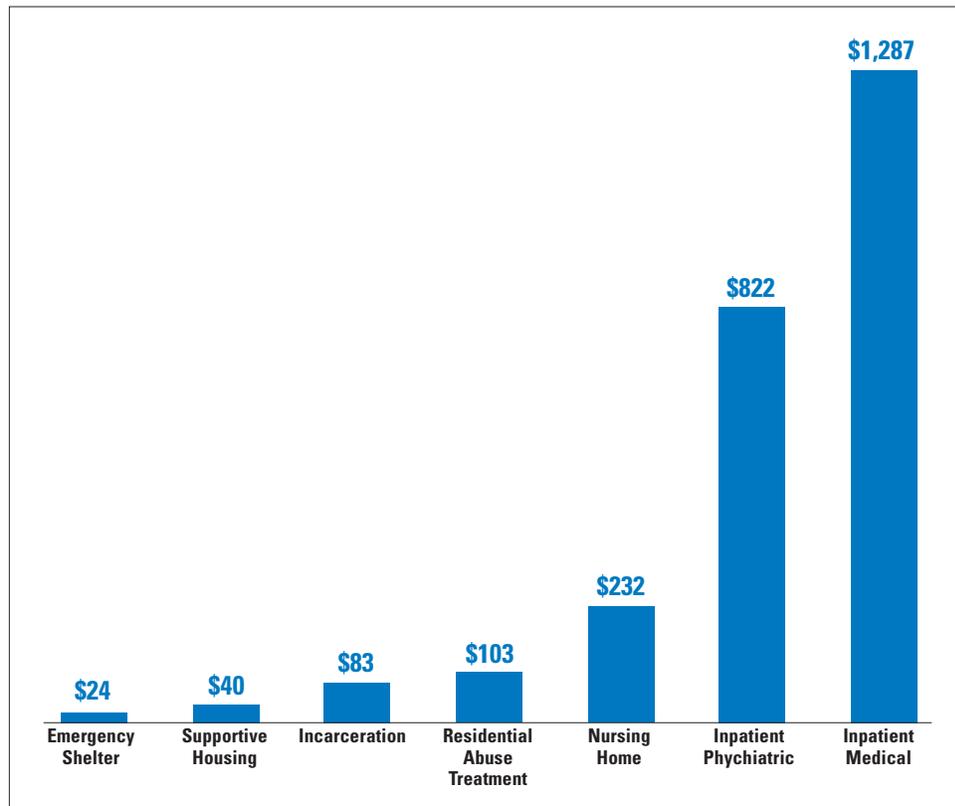
In studies throughout the United States, communities have found that it is more expensive for a person with a mental illness to remain homeless than to provide permanent supportive housing. A recent study conducted by the Jordan Institute for Families at the UNC-Chapel Hill School of Social Work reports this same finding. The Jordan Institute report tracks the cost of services provided to 21 residents at Lenox Chase, a permanent supportive housing program in southeast Raleigh.

The study followed the 21 residents for two years before and two years after entry to supportive housing. Overall costs for services fell from \$377,000 to \$266,000, a decline of more than 26 percent. Costs of inpatient substance abuse treatment, outpatient mental health services, and incarceration also fell. (The Cost of Effectiveness of Supportive Housing: A Service Cost Analysis of Lenox Chase Residents: Jordan Institute for Families, UNC-CH School of Social Work, December 2007)

Martha Are, Homeless Policy Coordinator for the North Carolina Department of Health and Human Services, remarked in a press release for the study, “This report supports the creative work being done in Wake County and a dozen other communities across our state. These communities are recognizing that housing in and of itself has therapeutic value and, when linked with supportive services, it is the crucial component of ending homelessness among people with disabilities. Not only does it end homelessness, but it is fiscally responsible for the community.”

In 2003, the Greater Bridgeport area of Connecticut examined the cost of supportive housing and compared the costs to various alternative public service settings. Their study showed that permanent supportive housing was cost effective. The following chart illustrates these savings. It cost \$43 less per day to provide supportive housing than to incarcerate the individual. There is a \$1,247 saving per day comparing supportive housing to inpatient medical treatment.

Chart 1: Cost per day of Connecticut Supportive Housing vs. Alternative Setting for Consumers are Homeless



Data Source: Partnership for Strong Communities Reaching Home Campaign, 2003

A PERSONAL STORY

Ivy, a single mother, found herself homeless. She wanted a better life for herself and her family, but didn't know where to begin. Having previously been to the homeless shelter, she wasn't sure whether she could or should return there. However, after hearing about Transitional Housing and learning more, she found the help she was looking for. She was connected with a program through Pitt Community College that trained her to be a housekeeper. She also learned life skills and saved enough to buy a used car. Today, Ivy enjoys a full-time job with benefits as a housekeeper at East Carolina University. She has her own apartment, loves her work, is proud to be self-sufficient, and is happy that her family's future is bright. "I drive by the Shelter to remind myself of where I've been and how far I've come."



Preliminary data collected in Pitt County suggest the same pattern of savings. It is estimated that it costs approximately \$9.30 a day to provide a bed in an emergency shelter. The Solid Ground program costs approximately \$14.12 a day to provide a bed in permanent supportive housing. The Pitt County Detention Center estimates that it costs \$51.90 a day to incarcerate an individual. The Walter B. Jones Alcohol and Drug Abuse Treatment Center charges \$522 per day. The average length of stay at the treatment center is 14.5 day. Pitt County Memorial Hospital estimates it charges \$3,140 per day for medical care.

Calculating the real cost of sheltering families should include the long-term effects on the children such as stress, poor nutrition, and lack of self-esteem; these effects are incalculable. According to a literature review represented in "The Legal Rights and Educational Problems of Homeless Children and Youth" written by Dr. Yvonne Rafferty of Pace University, the long-term absentee rates from school are substantially higher in children who are homeless compared to the general population. Poor educational experience and loss of opportunity impedes growth among these children and youth, making a long-lasting impact on their productivity.

The Pitt County School system began tracking children who are homeless in the school system during the school year 2007- 2008. According to school records, 112 students were documented as homeless from September 2007 through April of 2008. This number represents 82 families.

In summary, studies across North Carolina and the United States show:

- > Homelessness costs communities. Families and individuals who are homeless use a variety of public systems in an inefficient and costly way. It is estimated that Pitt County spends at least \$1,982 per month or \$23,786 annually per individual who is chronically homeless without providing shelter or supportive housing.
- > Permanent supportive housing for the chronically person who is chronically homeless decreases the costs at emergency health and medical services facilities. It is less expensive to provide permanent supportive housing than to maintain individuals in treatment facilities or hospitals.
- > The effects of homelessness on children are difficult to calculate due to the long-term effects associated with stress, poor nutrition, and lack of self-esteem.

Existing Resources Currently Available to People who are Homeless

Our *Journey Home 10-Year Plan* builds on the known existing resources of various agencies by reinvesting and redirecting current resources available in the community. Current services include prevention, outreach supportive services, emergency shelters, transitional housing, and permanent supportive housing. The following organizations provide services to homeless individuals and families in Pitt County:

AIDS-Related Treatment

Pitt County AIDS Service Organization (PICASO)

Child Care

Martin/Pitt Partnership for Children

Crisis Housing/Emergency Shelters

Greenville Community Shelter

Dental Care

Bernstein Community Health Center

Domestic Violence

Family Violence Program

Disaster Relief

Red Cross of Pitt County

Drug/Alcohol Services/Behavioral Supports

East Carolina Behavioral Health LME

HOPE Station Recovery Education & Peer Supports Center

PORT Human Services

Walter B. Jones Alcohol & Drug Abuse Treatment Center

Education

Bernstein Education Center

Pitt County JobLink

Emergency Assistance

Pitt County Department of Social Services

REAL Crisis, Inc.

The Salvation Army

First Born Community Development Center

Food Bank of Central and Eastern North Carolina

JOY (Jesus, Others and You) Soup Kitchen

Health Services

Bernstein Community Health Center

Greenville Community Shelter Clinic

Pitt County Health Department

Pitt County Memorial Hospital

Red Cross of Pitt County

Job Skills Training and Employment

East Carolina Vocational Center
Pitt County Employment Security Commission
Pitt County JobLink
STRIVE North Carolina

Mental Health Services/Supports

East Carolina Behavioral Health LME
HOPE Station Recovery Education & Peer Supports Center

Mortgage Assistance/Homeownership

City of Greenville, Community Development Department Housing Division
Habitat for Humanity of Pitt County
Pitt County Community Development
Self-Help Credit Union
USDA Rural Development

Law Enforcement

Greenville Police Department
Pitt County Sheriff's Office

Outreach

HOPE Station Recovery Education & Peer Supports Center

Rental Assistance/Affordable Rentals

Greenville Housing Authority
Ayden Housing Authority
Farmville Housing Authority
Mid-East Housing Authority

Sexual Assault Support

REAL Crisis, Inc.

Transitional Housing

Family Violence Program
Flynn Christian Fellowship Home
Greenville Community Shelter
Oxford House
The Philadelphia House
Zoë House for Women

Transportation

Greenville Area Transit (GREAT)
Pitt Area Transit System (PATS)

Veteran Services

Disabled American Veterans, Chapter #37
Pitt County Veteran Services
Veterans Outreach Center

Housing Inventory

The number of shelter beds, transitional housing beds, and permanent supportive housing units in Pitt County available for individuals and families are outlined below.

Emergency Shelter

Greenville Community Shelter	78
Family Violence (New Directions)	28

Transitional

Flynn Home for Men	16
Zoe House for Women	13
Greenville Community Shelter	16
Philadelphia House (for men with AIDS only)	3
The Village (Single Moms and Pregnant Women)	14

Permanent Supportive Housing

Solid Ground	16
Corner Stone*	

Public Housing

Ayden	175
Farmville	174
Greenville	714
Mid East	135

Section 8 Vouchers

Ayden	
Farmville	35
Greenville	710
Mid East	357

THE STRATEGIC PLAN



“

Greenville and Pitt County make up one of the fastest growing areas in North Carolina, and our Chamber plays a vital role as a uniting force between the business community and the citizens of the county. As such, we are pleased to support this plan to end chronic homelessness in Pitt County. The 10-Year Plan is a long-range, comprehensive plan to help improve the quality of the lives of those directly affected by homelessness. Reducing and preventing homelessness in Pitt County is a vision we all share. Achieving such a goal will have a positive impact, not only on business, but on the entire community.”

Susanne D. Sartelle, CCE
President, Greenville-Pitt County Chamber of Commerce

Goals, Outcomes, Indicators, and Strategies

Definitions

Goals: The highest level objectives of an organization, project, or program; an umbrella statement for the ultimate desired result of a particular focus or issue area.

Outcomes: The results that activities are intended to achieve; for example, the changes, effects, or differences achieved for individuals, groups, families, organizations, or communities during or after the activity.

Indicators: Quantitative and qualitative factors or variables that provide a reliable means to measure achievement or change.

Strategies: Activities to be implemented in order to accomplish each outcome.

Estimated Costs

The following terms are used to describe estimated costs for implementing strategies.

High Cost: \$100,000 +

Mid Cost: \$50,000 - \$99,000

Low Cost: Under \$50,000

GOAL ONE

Provide community-based services and support to prevent homelessness before it happens and diminish risks for homelessness to recur.

Outcome 1-A

Increased access to services provided to the homeless population.

Indicators

- > Three SOAR-trained (SSI/SSDI, Outreach, Access, & Recovery) individuals to assist with the application process for people who are homeless.
- > Increased initial application approval rate for first-time disabilities.
- > Increased number of attempts made to interface with homeless population about their transit needs (destinations, frequency of need, etc.).
- > Increased number of agencies participating in Project Connect.
- > Increased number of families reunified.

Strategies

1. Expedite the process for qualifying participants who are homeless to receive entitlement benefits.

Estimated Timeline Year 1

Estimated Costs/Funding Sources Low Cost/local and state government

Potential Community Stakeholders Public, private, medical and mental health service providers, housing providers, Department of Social Services

2. Conduct an annual Project Homeless Connect event in conjunction with the Veterans’ Stand Down.

Estimated Timeline	Year 1-10
Estimated Costs/Funding Sources	Low Cost/local and state government
Potential Community Stakeholders	Nonprofits, veteran services, government, private funders mental health providers, government agencies, faith-based institutions, housing providers, medical providers

Project Homeless Connect is a one-day event sponsored by community leaders and designed to provide housing, services, and hospitality directly to people experiencing homelessness in a convenient one-stop model. From its origins in San Francisco, Project Homeless Connect has been identified by the United States Interagency Council on Homelessness as an innovation that mobilizes civic will to end homelessness. At the event, individuals who are homeless can access a wide variety of resources in one place, including: housing referrals and placement, employment services, education, medical care, eye care, mental health care, benefits advice, government information, food and clothing, legal services, veterans services, and more. The model helps communities further the goals of their 10-Year Plans to end chronic homelessness by moving people more quickly toward housing and stability.

Veteran’s Stand Down is a one-day event providing services to veterans who are homeless such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment and substance abuse treatment. Veteran’s Stand Downs are collaborative events, coordinated between local VAs, other government agencies, and community agencies who serve the homeless.

3. Advocate for the availability and expansion (routes and hours) of Greenville Area Transit System and Pitt Area Transit System.

Estimated Timeline	Year 1-3
Estimated Costs/Funding Sources	No Cost
Potential Community Stakeholders	PATS, GREAT, ECU, local government

4. Help secure adequate funding to provide emergency financial assistance for emerging housing and other crisis needs in Pitt County.

Estimated Timeline	Year 1-10
Estimated Costs/Funding Sources	High Cost/local, state, and federal
Potential Community Stakeholders	Faith-based institutions, government emergency assistance service providers, housing providers

5. Ensure current case management services are used to address the long- and short-term needs related to mental health, housing, and physical health needs for people who are homeless or at risk of becoming homeless.

Estimated Timeline	Year 2-10
Estimated Costs/Funding Sources	High Cost/local, state, and federal
Potential Community Stakeholders	Continuum of Care, mental government and medical providers, Department of Social Services

6. Add an outreach worker to accompany police officers to connect and provide services to individuals who are homeless.

Estimated Timeline	Year 2
Estimated Costs/Funding Sources	Mid Cost/local, state, and federal
Potential Community Stakeholders	Police department, emergency government service providers, Department of Social Services, service providers, nonprofits

7. Implement a Family Reunification program.

Estimated Timeline	Year 1-5
Estimated Costs/Funding Sources	Mid Cost/local, state, and federal
Potential Community Stakeholders	Service and housing providers government and nonprofits

Outcome 1-B

Increased number of individuals who are employed and able to manage their personal finances.

Indicators

- > Increased number of individuals who are homeless or formerly homeless completing job skills development training.
- > Increased number of individuals who are homeless or formerly homeless employed at a living wage.
- > Increased length of employment and progressive wage increases in income.
- > Increased number of employers willing to employ individuals who are homeless.
- > Increased number of people completing personal financial management.
- > Number of financial institutions providing free financial literacy training or access to fee-free financial services to people who are homeless.

Strategies

1. Establish partnerships with organizations currently providing job training services to develop programs specifically for individuals who are homeless and to those who are difficult to employ.

Estimated Timeline	Year 1-3
Estimated Costs/Funding Sources	Low Cost/local and state government
Potential Community Stakeholders	Job training programs, community colleges, universities, business community, community economic development

2. Develop and expand relationships with potential employers/businesses that will employ people who are previously or currently homeless.

Estimated Timeline	Year 2-3
Estimated Costs/Funding Sources	Low Cost/local and state government
Potential Community Stakeholders	Business community, service providers, nonprofits, faith-based institutions

3. Establish partnerships with local and mainstream financial institutions to provide free and/or reduced-fee banking services to help people who are homeless build a positive financial history.

Estimated Timeline Year 2-3
Estimated Costs/Funding Sources Mid Cost/public and private sources
Potential Community Stakeholders Financial institutions, service providers, nonprofits

4. Advocate for adequate and accessible daycare for families who are homeless.

Estimated Timeline Year 2
Estimated Costs/Funding Sources No Cost
Potential Community Stakeholders Day cares, local government agencies, nonprofits, faith-based institutions

Some of the strategies listed already exist through various agencies such as Job Link, STRIVE and workforce development. The goal of Our Journey Home 10-Year Plan is to reinforce ties to existing resources and ensure that those who are homeless access these resources.

Outcome 1-C

A comprehensive client-centered discharge planning process coordinated among community agencies for individuals leaving foster care, mental health facilities, jails and prisons, medical facilities, and military units who are at risk for homelessness.

Institutions such as mental hospitals and jails usually lack referral services with access to permanent supportive housing. The result is that too many individuals are discharged to emergency shelters or the streets. This is also evidenced in the foster care system as young people are discharged at age 18 and experience a high risk of becoming homeless.

Indicators

- > Decline in number of people and families discharged from privately- and publicly-funded agencies into homelessness by the end of each year.
- > Decreased recidivism to shelters and/or to institutions.
- > Reduction in the amount of time between completion of mental health initial evaluations and receiving services and/or housing placement.
- > Decreased discharge referrals to shelter from hospital and rehabilitation/mental illness institutions.

Strategies

- 1. Ensure available, diverse, sustainable, and affordable housing options are incorporated into discharge plans that include emergency, transitional, and permanent housing.**
- 2. Provide interim transitional beds for short-term respite care for recently discharged disabled or medically frail individuals awaiting placement in transitional programs or permanent housing.**

Estimated Timeline Year 3-10
Estimated Costs/Funding Sources High Cost/local, state, and federal
Potential Community Stakeholders Housing providers, government, private, public sources local government
Continuum of Care, medical service providers

3. Provide immediate assessment to consumers of mental health services, shortening the period of time between initial evaluations and access to services.

Estimated Timeline	Year 3
Estimated Costs/Funding Sources	Mid Cost/local and state government
Potential Community Stakeholders	Mental health service providers, medical providers, Department of Social Services

The broad system of services and housing must be seamless and as coordinated as possible. Pitt County must develop a system that encourages individuals who are chronically homeless to enter permanent housing and access services. Service providers must coordinate and communicate to avoid duplication and to use resources effectively.

Outcome 1-D

A data infrastructure Homeless Management Information System (HMIS) that would link all services, screen for program eligibility, and gather data needed to monitor (assess) progress of implementation.

HMIS is a computer software system that collects and compiles a variety of information elements on individuals who are homeless. The system can be used to coordinate services, link resources, centralize intake, and manage housing placement.

Indicators

- > Increased number of participating professionals and clients.
- > Increase in the availability and use of information and services for professionals and clients.
- > Increased number of agencies enrolled and using CHIN (Carolina Homeless Information Network)

Strategies

1. Develop a web-based database for professionals and service providers to access information on available resources.

Estimated Timeline	Year 1
Estimated Costs/Funding Sources	Low Cost/local, state and federal
Potential Community Stakeholders	Services providers, housing government providers, professionals, Continuum of Care

2. Implement a call center system available to the public by phone and online for access to information about services.

Estimated Timeline	Year 3
Estimated Costs/Funding Sources	High Cost/public/private sources
Potential Community Stakeholders	Service providers, housing, providers, businesses, faith-based institutions, local government

3. Use HMIS to track utilization of supportive services, beds, and housing units.

Estimated Timeline	Year 1-3
Estimated Costs/Funding Sources	Low Cost/nonprofits, state and federal
Potential Community Stakeholders	Service providers, medicalgovernment and mental health providers, Continuum of Care

4. Create a homeless information center to provide a clearinghouse of supportive services and information, as well as reduce duplication of services.

Estimated Timeline	Year 3
Estimated Costs/Funding Sources	Mid Cost/public/private sources
Potential Community Stakeholders	Service providers, nonprofits, faith-based institutions, public and mental health agencies, mainstream programs, Department of Social Services

5. Enhance connection with Pitt Resource Connection (PRC).

Estimated Timeline	Year 1-3
Estimated Costs/Funding Sources	Mid Cost/public/private sources
Potential Community Stakeholders	Service providers, housing providers, faith-based institutions, businesses, Continuum of Care

The Pitt Resource Connection (PRC) is a collaborative effort to bring community service providers (non-profits, government, and faith-based organizations) together to discuss the community needs and resources. A network of community representatives who meet monthly to gather and share of information, linking available resources and meeting Pitt County’s community needs.

6. Implement existing goals stated in the City of Greenville Consolidated Plan.

Estimated Timeline	Year 1-10
Estimated Costs/Funding Sources	High/local, state, and federal
Potential Community Stakeholders	Service providers, government, private sources, agencies, developers, Continuum of Care

Faith-based organizations have played a central role in providing help and support for people who are homeless. They generate and use a wide range of volunteers who seek to help individuals find food, clothing, shelter, and hope for a better life. *Our Journey Home 10-Year Plan* recognizes the importance of partnerships with faith-based organizations. Strategies to increase coordination of services provided by such organizations and with those of other existing services providers must be implemented.

Nonprofit service providers play a critical role in implementing the strategies towards preventing and eliminating homelessness in Pitt County. It is often the nonprofit agencies that directly interact with and are able to target services specifically for homeless populations.

The City of Greenville Consolidated Plan is mandated by HUD to determine how the City will use Community Development Block Grant funds for the next 5 years. The Consolidated Plan addresses housing, social services, infrastructure, and community revitalization needs in Greenville. It also develops the goals and objectives that the City will fund and/or support in relationship to low to moderate-income persons and areas.

GOAL TWO

Create adequate short-term housing options and permanent supportive housing for those who are chronically homeless or at risk of becoming homeless.

Permanent Supportive Housing – Permanent housing, from a single family home to a large apartment building, that combines the housing with supportive services, such as case management and counseling, so that people who have been homeless or in institutional care can get the help they need to live independently with dignity.

Outcome 1-A

Increased inventory of housing options that meet the needs of individuals and families who are homeless and those at risk of becoming homeless.

Indicators

- > Comprehensive list of housing options and unmet housing needs revised annually.
- > Secured diversified funding for housing subsidies.
- > Increased number of permanent supportive housing options available.

Strategies

1. Assess the current inventory of housing resources available to meet the needs of individuals and families who are homeless or at risk of becoming homeless.

Estimated Timeline	Year 1
Estimated Costs/Funding Sources	Low Cost/public/private sources private, public and nonprofit
Potential Community Stakeholders	Housing providers, owners, government jurisdictions, Continuum of Care

2. Provide assistance for temporary housing for individuals and families awaiting permanent housing options.

Estimated Timeline	Year 1-10
Estimated Costs/Funding Sources	High Cost/local, state, and federal
Potential Community Stakeholders	Private, public and nonprofit government, foundations, private housing providers, sources faith-based institutions

3. Support adequate funding for emergency shelters to ensure easy transition from emergency shelters to permanent housing.

Estimated Timeline	Year 1-10
Estimated Costs/Funding Sources	High Cost/local, state, and federal
Potential Community Stakeholders	Housing providers, service government, foundations, private providers sources

4. Partner with and create incentives for public and private sources to secure additional housing units ear-marked for the homeless population.

Estimated Timeline Year 3-5
Estimated Costs/Funding Sources Mid Cost/public/private sources
Potential Community Stakeholders Public and private housing providers, developers, landlords

5. Explore and implement best practice models, such as Housing First, Housing Plus, and Healthy Built Homes programs.

Estimated Timeline Year 2-10
Estimated Costs/Funding Sources High Cost/local, state, and federal
Potential Community Stakeholders Private, public, nonprofit government, private sources housing providers, service providers, landlords

6. Encourage Community Housing Development Organizations (CHDO) to create options for people who are chronically homeless, such as transitional, rental, and supportive housing (15% of HOME funding is set aside annually for CHDO).

Estimated Timeline Year 3-5
Estimated Costs/Funding Sources High Cost/state and federal government
Potential Community Stakeholders Developers, local government

7. Partner with other agencies to educate landlords about the homeless population and services available.

Estimated Timeline Year 2-5
Estimated Costs/Funding Sources Low Cost/public/private sources
Potential Community Stakeholders Landlords, business community, Continuum of Care

A PERSONAL STORY

After epileptic seizures ended his job at a lumber yard and put him on the street, John spent months sleeping in his car before finding his way to Greenville Community Shelter’s Emergency Shelter. Realizing that he had never lived independently, the staff at GCS referred him to Transitional Housing. After a combined two years in the shelter and transitional housing, John was finally ready to make the transition to permanent housing. Again, GCS was able to place him through the Solid Ground permanent housing program for homeless persons with disabilities. Today, John shares a two-bedroom apartment and just completed two years of independent living. Although his condition prevents him from working, one of John’s greatest joys is volunteering his time at a local nursing home where he conducts Bible studies and visits the residents to offer encouragement.



Housing First/Housing Plus

A Housing First/Housing Plus approach seeks to assist people to exit homelessness as quickly as possible by placing them in permanent housing and linking them to needed services. This approach assumes that the factors that have contributed to an individual's homelessness can be best remedied once the individual is permanently housed rather than staying in emergency shelters or transitional settings. It also accepts that, for some individuals, life-long support may be required to prevent the reoccurrence of homelessness. If a person who is chronically homeless is able to quickly obtain stable, appropriate, permanent housing, then the issues of mental illness, substance abuse, education, and employment become imminently more manageable. The Housing First/Housing Plus approach combines permanent housing with support services necessary to increase self-sufficiency to remain in permanent housing. Providing well-designed and managed permanent housing is actually less costly to taxpayers since costs for emergency rooms, police, and jails are reduced. San Francisco's cost benefit analysis revealed an estimated cost of \$16,000 a year to permanently house and provide services to a formerly homeless person, while a person living on the street had an annual average cost of \$61,000.

Source: U.S. Interagency Council on Homelessness

NC HealthyBuilt Homes Program

The NC HealthyBuilt Homes (HBH) Program is a statewide green building certification program that is a collaborative effort between the North Carolina Solar Center, the State Energy Office, NC Department of Administration, NC HBH Community Partners, and local building professional organizations. The program is focused on providing support for small to medium size homebuilders, offering technical assistance, marketing assistance, design reviews, workshops, presentations, and field consultation services that enable builders to increase their knowledge of green building practices.

The Implementation Plan

Completing *Our Journey Home 10-Year Plan* is the first step in meeting our goal of ending homelessness. The plan presents the key strategies for achieving our goal, but until we convert the plan to action, nothing will change.

Implementation of *Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County* is a substantial undertaking. Our level of success will be a direct result of the depth and breadth of commitment we draw from our community. Our success will depend on our considerable combined strengths and talents from all arenas throughout Pitt County:

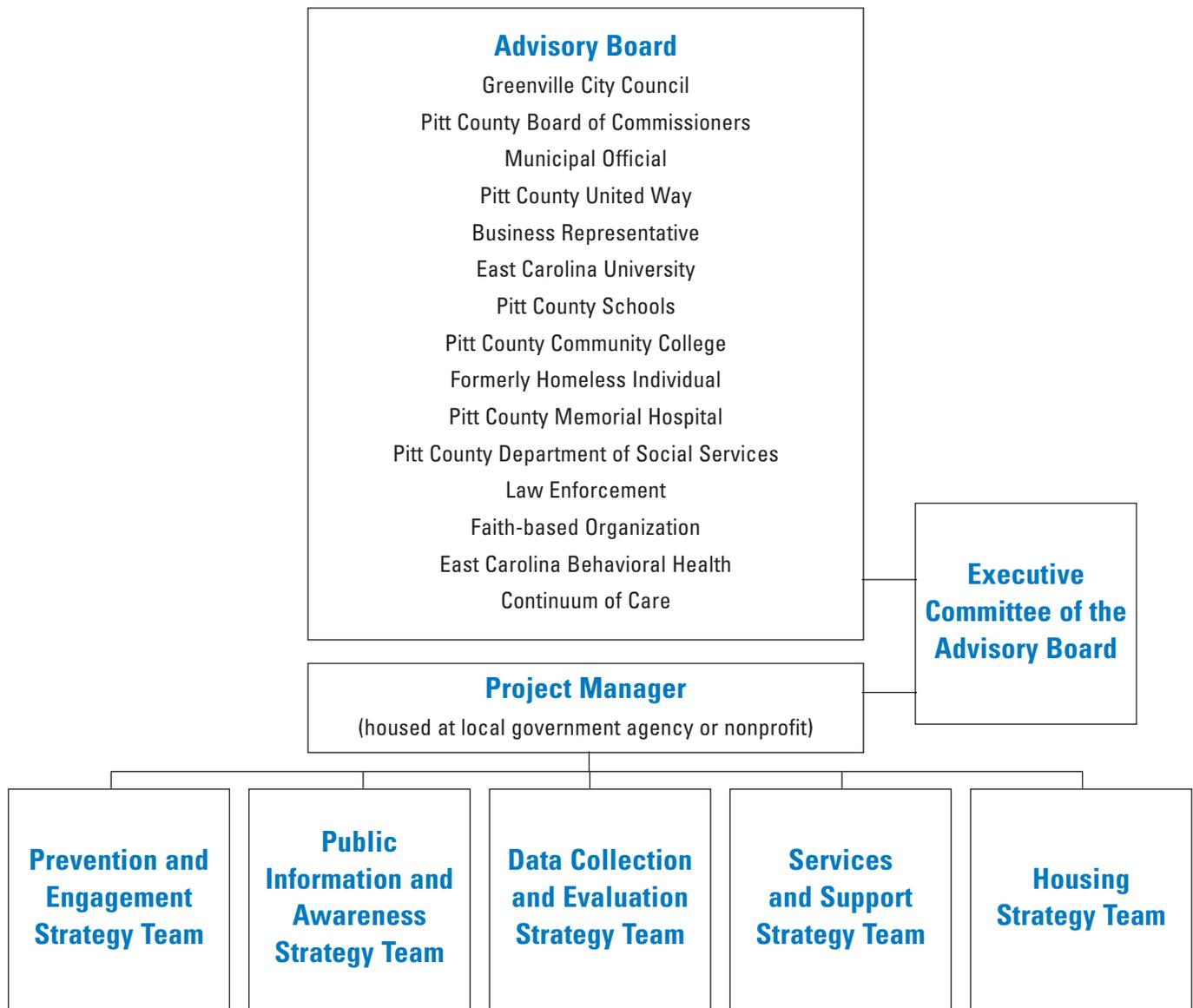
- > Local elected officials must have the political will to implement policy changes and monitor resource allocation;
- > Human service providers must be willing to examine and coordinate their programs to incorporate the strategies necessary to end homelessness, not just manage it;
- > Funding partners, in collaboration with housing developers, must be willing to provide financial support for new housing initiatives;
- > The corporate community must become a major stakeholder in contributing to the health and wellbeing of our community;
- > The faith-based community must increase coordination of its vast network of volunteer resources for help and support; and
- > The public must believe this plan can improve the quality of life in Pitt County.

Implementing the strategies will require transitioning from the planning phase to taking the necessary action steps to execute *Our Journey Home 10-Year Plan*. The Implementation Plan must have a defined structure, clear roles, responsibilities, and a long-term commitment from all partners. An implementation structure will be established to oversee and administer *Our Journey Home 10-Year Plan* and directly involve individuals and organizations throughout the county. The implementation structure and proposed budget is featured on page 43 and page 45.

Implementation of the plan will begin in July 2009. Key stakeholders and community leaders will be identified and invited to participate in developing the long-term implementation plan and the annual performance plan for 2009. Work will then begin to make the changes needed in policies, programs, and practices and to redirect resources. Organizations and individuals in Pitt County who are part of the current system will help identify what needs to be done to make the transition and how to do it. Managing this transition will be the primary focus for the first year of implementation.

Other members of our community who have not been involved in managing homelessness will also be invited to participate in the implementation of the plan. Although it will take time to fully execute these changes, people can start immediately to make the philosophical change from managing homelessness to ending it. The result will be an implementation plan that will include specific actions needed to employ the strategies, identifying the organizations that will carry out the actions, and designating the resources that will be used.

There will be a county-wide marketing campaign to educate the community about homelessness and promote the strategies in *Our Journey Home 10-Year Plan*. Feedback will be solicited from the community. Concerns about implementation of the strategies will be addressed and the community will be invited to play a role in ending homelessness. See Marketing and Public Awareness Plan on pages 47–48.



Organizational Structure Description

Our Journey Home 10-Year Plan Advisory Board

The Advisory Board, appointed by the Greenville City Council and the Pitt County Board of Commissioners, will provide insight regarding direction and new efforts needed, and will serve as a base of community support. The Advisory Board will be responsible for strategic leadership, policy guidance, and monitoring results. The Advisory Board will include approximately 15 representatives from groups including Greenville City Council, Pitt County Board of Commissioners, municipal officials, Pitt County United Way, Pitt County Chamber of Commerce, East Carolina University, Pitt County Community College, and the Pitt County Memorial

Hospital. The Board may also include representatives from the health department, department of social services, mental health local management entity, law enforcement agencies, police department, faith-based community, individuals who have formerly been homeless, and advocates and direct service providers who work with individuals and families who are homeless. The Board will meet quarterly to ensure that goals, objectives, and strategies of *Our Journey Home 10-Year Plan* are being met, and to help address the inevitable challenges inherent in this ambitious initiative. Board Members are limited to two three-year terms with staggered end dates.

The Executive Committee to End Chronic Homelessness

The Executive Committee of the Advisory Board will provide guidance and objective perspectives to the many efforts being undertaken. The Committee will be made up of 5-7 representatives of the Advisory Board and will meet at least twice a month. The Co-chairs of the Committee will represent the private and public sectors serving staggered two-year terms.

The Executive Committee will oversee the hiring process of the Project Manager and support staff. A personnel team will be established. The Project Manager will be responsible for communications among the Advisory Board, the Executive Committee, the Strategy Teams, and the community-at-large, as well as for evaluation, fiscal reinvestment, and financial analysis. The Project Manager will be accountable to the Executive Committee.

Project Manager

The Project Manager will:

1. Ensure all elements of *Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County* are implemented.
2. Convene and provide support to the Executive Committee and Strategy Teams to identify action steps for intermediate and long-term strategies.
3. Oversee the evaluation of *Our Journey Home 10-Year Plan*.
4. Ensure communication among all partners.
5. Ensure that a system for data collection and evaluation is established and utilized.
6. Submit quarterly progress reports to the Advisory Board, Executive Committee, key funders, and the community.
7. Develop and implement a strategic and/or multi-year business plan to raise the financial and other resources, including grant writing, matching funds, and maximizing governmental resources.
8. Communicate with state and national organizations whose missions address homelessness.

Strategy Teams

The heart of the implementation work will be led by the Strategy Teams. Each Strategy Team will address a key focus area of *Our Journey Home 10-Year Plan*: Prevention and Engagement, Service and Support, Housing, Data Collection, Outcome Measurement, and Public Information and Awareness. The Strategy Teams will refine actions and strategies for implementation, and will serve as liaisons to the agencies, groups, and individuals who will carry out the action steps. Working members of each team will represent a cross-section of service providers, medical and mental health providers, advocates, faith-based institutions, businesses, and civic groups who will help carry out parts of *Our Journey Home 10-Year Plan*. Teams will work closely with the Project Manager and will meet monthly to ensure that actions and strategies are being formulated and carried out effectively, in coordination with one another. They will also be responsible for adjusting strategies and action steps as needed. The strength of these teams will be the unique perspectives and variety of members with specific interests in particular parts of the *Our Journey Home 10-Year Plan*. Up to 10 members will serve on each Strategy Team. The Executive Committee will identify potential Strategy Team members and present

recommendations to the Advisory Board. Members of the community will also have an opportunity to sign up to serve on the Strategy Teams.

At least one meeting per year will serve as a public forum for the community-at-large. These annual forums will provide the Advisory Board, Executive Committee, and the Strategy Teams an opportunity to update the community on plan actions and to reaffirm community direction and support as *Our Journey Home 10-Year Plan* evolves and new strategies are adopted to end and prevent homelessness in the next decade.

Funding Sources

Sources of funding for implementation include local, state, and federal government entities, private foundations, and businesses.

Proposed Administrative Implementation Budget

Expenses	YEAR I	YEAR II	TOTAL
Project Manager – Salary & Fringe Benefits	\$58,000	\$60,900	\$118,900
Administrative Assistant – Salary & Fringe Benefits (part-time)	\$20,000	\$21,000	\$41,000
Travel and Training	\$2,500	\$2,500	\$5,000
Phone and Other Communications	\$1,500	\$1,500	\$3,000
Printing/Marketing	\$4,000	\$3,400	\$7,400
Meetings and Programs	\$2,500	\$2,200	\$4,700
Other Administrative (Supplies, Subscriptions, Postage)	\$2,000	\$2,000	\$4,000
Total Expenses	\$90,500	\$93,500	\$184,000
Income	YEAR I	YEAR II	TOTAL
City of Greenville	\$30,000	\$30,000	\$60,000
Pitt County	\$30,000	\$30,000	\$60,000
Pitt County United Way	\$20,000	\$23,000	\$43,000
Private Foundations and Corporations	\$10,500	\$10,500	\$20,000
Total Income	\$90,500	\$93,500	\$184,000
Total Project Cost	\$90,500	\$93,500	\$184,000

In-kind donations of space, printing, and supplies will be sought.

Measurement Outcomes and Impact



valuation must go hand-in-hand with implementation of *Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County*. Ongoing assessment is vital for several basic reasons: accountability, quality improvement, and predicting future needs and costs. Good evaluations enable a clear understanding of service use, effectiveness, and gaps.

Outcome measurement is a way to demonstrate that the goals of the plan are being met and how the community has improved.

The first year of implementation will focus on gathering additional baseline data for each of the indicators. On an annual basis, the data will be gathered and examined to determine progress toward the outcome of ending homelessness.

Accountability, quality improvement, and predicting future needs and costs will be critical. Data collection and evaluation will help the community have a clear understanding of service use, effectiveness, and gaps. Collecting cost data will be a priority. Service usage and cost data will enable the Implementation Team to learn to what extent they are successful in decreasing the use of high-cost interventions such as hospital emergency department visits, crisis mental health care, and police transports.

Under federal mandate, any community receiving Continuum of Care funding from HUD is required to implement a Homeless Management Information System (HMIS) to provide an unduplicated count of people in the community who are homeless and the services they are receiving.

HMIS is a key element in the ongoing evaluation of the plan. Those specific indicators in *Our Journey Home 10-Year Plan* are quantifiable and, with a few exceptions, can be tracked through the current HMIS. The Project Manager and Executive Committee will encourage more local public and private organizations to participate in the network and collection of data.

The Project Manager and the Data Collection and Evaluation Team will direct and monitor the evaluation efforts of every aspect of *Our Journey Home 10-Year Plan*. The Project Manager and the Executive Board will regularly assess the progress of the Strategy Teams, ensuring adoption and implementation of a clear and meaningful process, quality improvement, and program outcome measures, as well as mid-term corrections. The Project Manager will produce quarterly progress reports for the Executive Board and an annual report that will be shared with the Advisory Board and with the public.

Marketing and Public Awareness Plan

In order to generate broad community support for and participation effectively, the implementation of *Our Journey Home 10-Year Plan*, a multi-medium communications strategy will reach and engage the following audiences:

- > Elected officials
- > Organizations, agencies, and individuals who support citizens who are homeless as providers
- > Businesses, professional and civic organizations, and individuals who have a stake in ending homelessness
- > Faith-based community
- > Funding sources
- > Media
- > General public
- > Homeless individuals and families

The Project Manager, with support from the Public Information and Awareness Strategy Team, will be responsible for educating the community-at-large, as well as other particular audiences about *Our Journey Home 10-Year Plan* and realities, contributing factors, and the problem of homelessness in Pitt County. The Project Manager will work directly with the Strategy Teams to help develop volunteer placements and organize publicity events to update the public about the Plan's progress and challenges.

Overall Brand Awareness

Successful implementation of homeless *Our Journey Home 10-Year Plan* will require all advertising be consistent with the message. *Our Journey Home 10-Year Plan* logo, graphics, and tagline will be used in all marketing efforts. This will help strengthen the overall message and make it more recognizable by the general public. The *Our Journey Home 10-Year Plan* website address will be included in all marketing efforts.

Ongoing visibility and continuity among all visual outlets will be critical. Factoids will be produced to run on broadcast, print, and on-line media, and will address key measurements, statistics, and facts that influence the homeless. Accurate, timely, and relevant information will be shared.

Television/Video

Partnership with a local television station to serve as the exclusive television media sponsor to help produce and air television PSAs will be critical to implementation. Generic image spots will run in the initial stage of the campaign to help enhance the overall publicity, and explain the basics of what the initiative will accomplish and how viewers can help.

In addition to the free television media available, major sponsors will also be sought. The return on investment for sponsors would be the inclusion of their logos in all advertising, as well as the public awareness of having their company involved with such a worthy local cause.

Print

Our Journey Home 10-Year Plan will seek an exclusive print media sponsor, such as The Daily Reflector, to sponsor and produce ongoing ads promoting events. Editorial pieces will be featured in local print media on a regular basis. The focus of such editorials will include how homelessness affects the citizens of Pitt County from various viewpoints.

Columns will be prepared for provider and stakeholder newsletters and communications to their membership and supporters. These columns can also be shared with the larger corporations and major employers in Pitt County for internal employee communication. Smaller edited versions might be incorporated as bill-stuffers for city services and standard utilities.

Radio

Partnerships with radio stations will allow for live radio updates, ongoing interviews, and live remotes from events etc. When television spots are created, a companion radio spot for the radio stations to air as public service will also be created.

Website

Our Journey Home 10-Year Plan will establish its own interactive website that will feature meeting and event updates, resources, a method for posting ideas and comments, how to get involved, and how to donate to support the effort.

Email Communication

To keep the public informed, an e-newsletter will be created. Distribution lists from various businesses and organizations who have a stake in ending homelessness will receive the e-newsletter and important announcements. All email communications will be branded visually the same as any other marketing efforts to create continuity and consistency.

Events

An annual gathering will serve as a public forum. Annual forums will provide the Executive Committee and the Strategy Teams an opportunity to update the community on plan actions and to reaffirm community direction and support as *Our Journey Home 10-Year Plan* evolves and new strategies are adopted. The event will bring all participants, elected officials, stakeholders, and providers together with people who are homeless to acknowledge the community-wide effort and celebrate the broad collaboration.

Community Outreach

The Project Manager, Advisory Board, and Strategy Teams will speak to local civic and professional organizations, businesses, faith-based organizations, and other organizations to inform the community of the importance of this initiative.

Branded PowerPoint presentations and a brief DVD will be made available for presenters.

It will be important to reach out to others in the community who may not consider having a role in addressing homelessness, by engaging them through their professional associations or business organizations. Efforts will be made to encourage their adoption of homelessness as a mission of critical importance and to facilitate their active participation in the strategies of the 10-Year Plan that call on their prospective industries. Professions and associations to contact based on the strategies of the 10-Year Plan include the following stakeholders:

- > Bankers and the financial community
- > Chamber of Commerce
- > Builders, architects, developers, and realtors
- > Public transportation providers
- > Educators (day care providers, community colleges, public school systems, East Carolina University)
- > Health and mental health care providers
- > Law enforcement agencies (in all municipalities)
- > Legal and judicial professionals
- > Downtown Business Association and similar entities in municipalities
- > Economic and Community development organizations
- > Nonprofit and public agencies
- > Faith-based community

Consistent visibility among elected officials will be critical. Elected and public officials, both at the local and state levels, will be kept up to date on the progress of the plans implementation.

How Sectors of the Community Can Support

Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County

How the Public Sector Can Support *Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County*

- > Organize comprehensive and seamless intervention, outreach, and case management services for persons who are homeless.
- > Develop incentives that encourage for-profit developers to build affordable housing.
- > Ensure that public sector employees are educated about services/referrals available for families and individuals at-risk of homelessness.
- > Encourage local human service providers to participate in data collection through the CADB/HMIS database.
- > Increase funding available for emergency rental and utility assistance.
- > Make the necessary investments to end chronic and reduce all homelessness.

How Educational Organizations Can Support Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County

- > Conduct studies and analysis of issues related to homelessness and community programs to end homelessness.
- > Conduct community forums and educational seminars.
- > Offer classes to educate the public about the homelessness issue.
- > Develop volunteer teams to undertake projects such as tutoring or recreation with children who are homeless or landscaping facilities for homelessness.
- > Identify and help implement financial education programs and build the capacity of financial programs that serve individuals who are homeless.
- > Make the necessary investments to end chronic homelessness and reduce all homelessness.

How Civic and Professional Groups Can Support Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County

- > Serve as advocates on behalf of those who are homeless or at risk of becoming homeless and help educate the public.
- > Collaborate and coordinate advocacy and community education efforts with similar groups.
- > Provide employment coaching.
- > Create programs that provide mentoring, tutoring and training necessary for acquiring skills for success in residing in permanent housing situations.
- > Make the necessary investments to end chronic homelessness and reduce all homelessness.

How Faith-based Institutions Can Support Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County

- > Support the development of affordable permanent housing units.
- > Donate furniture and appliances for permanent home use.
- > Increase volunteerism in coordination/collaboration with multiple community resources to achieve effective partnerships.
- > Provide scholarships earmarked for continuing education for children who are homeless or formerly homeless.
- > Provide transportation services to facilitate employment and access to critical services.
- > Adopt a family or household.
- > Increase funding available for emergency rental and utility assistance.
- > Make the necessary investments to end chronic homelessness and reduce all homelessness.

How Individuals Can Support Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County

- > Adopt a family or household.
- > Teach leisure-time skills and hobbies.
- > Become a volunteer role model.
- > Become involved with local neighborhood associations and civic groups and support their advocacy efforts and work to address housing needs.

How Nonprofit Service Providers Can Support Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County

- > Advocate for increased number of permanent supportive housing units.
- > Advocate for increased number of affordable rental units available to people who are homeless.
- > Advocate for increased availability of rental subsidies to those who are homeless and those with extremely low-incomes.
- > Assess, evaluate and move people from the emergency shelters into either transitional or permanent housing.
- > Create a system of care for people who are homeless that rapidly moves them through a continuum of housing services (emergency shelter and transitional housing) to permanent housing.
- > Implement a Housing First/Housing Plus project that targets persons who are mentally ill and chronically homeless.
- > Create interim housing for unaccompanied youth who are homeless.
- > Increase the number of those who are homeless or at-risk of homelessness in accessing SSI.
- > Assure that case-management and supportive services accompany emergency assistance.
- > Develop a communication and education plan to disseminate information for key organizations that are positioned to interact with families and individuals who are at-risk of homelessness.
- > Develop a community standard for discharge planning to a system of care that leads to the identification of a primary support person and/or agency.
- > Develop the service infrastructure to holistically support individuals who are homeless.
- > Make the necessary investments to end chronic homelessness and reduce all homelessness.

How the Business Community Can Support Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County

- > Be open to consideration of hiring this special population.
- > Network with companies that already have successful employees who used to be homeless.
- > Review hiring/screening policies and create a pilot program to hire people who are formerly homeless.
- >
- > Encourage employees to volunteer with organizations that work with people who are homeless or have a company volunteer program that offers computer or employment training, career development mentoring/résumé building, etc.
- > Communicate employment opportunities within your company/business to workforce development centers or local shelters.
- > Pilot an employer-sponsored homeownership savings program.
- > Make the necessary investments to end chronic homelessness and reduce all homelessness.

A PERSONAL STORY

Trina came to Transitional Housing from a recovery program for new mothers called Maria's House. Uncertain that she could remain sober and successfully parent her baby daughter, she sought the structure that the Transitional Housing program could provide her. During her time in Transitional Housing, Trina maintained her sobriety, learned parenting and budgeting skills, and enrolled as a student at Pitt Community College. Trina remained positive about her future, despite the many challenges that had plagued her past. Today, Trina has several years of sobriety to her credit, has completed her bachelor's degree, and is working for a substance abuse recovery program, where she is a daily source of encouragement to others. She is also happily married and her daughter is a happy, well-adjusted child.



How Financial Institutions Can Support Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County

- > Provide financial support for a Land Banking Program to purchase and hold sites for future development.
- > Provide financial support for homebuilders to build permanent housing projects for people at risk of homelessness.
- > Advocate at the State and Federal levels for increased funding for the NC Housing Trust Fund and federally-supported funding for housing development.
- > Support City and County Housing Bond Initiatives.
- > Provide free and reduced-fee savings and checking services to people who are homeless to provide access to mainstream financial institutions and build a positive financial history.
- > Provide financial literacy education to residents of emergency shelters and transitional housing programs.
- > Establish Individual Development Accounts (IDAs) to allow low income families to save for a first home.
- > Make the necessary investments to end chronic homelessness and reduce all homelessness.

How Health Care Institutions Can Support Our Journey Home 10-Year Plan to End Chronic Homelessness in Pitt County

- > Develop substance abuse in-patient and out-patient treatment programs targeting individuals who are homeless.
- > Provide staff with training on appropriate services/referrals to community-based support programs.
- > Participate in the development and implementation of a community standard for discharge planning to ensure that those discharged from health care institutions have access to housing.
- > Conduct outreach to individuals and families who are homeless to provide preventive care to minimize the need for more expensive emergency services.
- > Design case management strategies programs targeting individuals who are homeless, including preventive care, medication management and coordination of support services, such as transportation to medical appointments.
- > Make the necessary investments to end chronic homelessness and reduce all homelessness.

Appendices

Focus Group Series Summary

Project Description

During the month of February 2008, four focus groups were held to identify issues and concerns related to the local homeless population and to share ideas for resolution. Focus group participants were men and women and women with children who were currently or formerly homeless. Six to ten individuals participated in each focus group. The sessions were held at the Greenville Community Shelter, Zoe House, Flynn Christian Home and the Vietnam Veterans of America Hut.

All participants were asked the following questions:

1. How do you define homelessness?
2. How did you become homeless?
3. How long have you been or were you homeless?
4. How has homelessness affected the way you think about yourself?
5. Thinking back to when you first became homeless, what would it have taken to prevent it?
6. What do you need to maintain a home/housing?
7. What would you do if you had unlimited resources and could end homelessness?
8. What effect has homelessness had on your children?
9. Many experts think estimates of the numbers who are homeless are not accurate because they do not include people who are doubling up with relatives or friends. Did you ever double up? Do you know others who have?
10. What three things should Pitt County do to end homelessness?
11. Is there anything else you would like to share?

Findings

Homelessness was defined by participants as: not having roots in the community; no place to lay your head at night; no resources; nothing to call your own.

Participants expressed shame and embarrassment in being homeless. It was depressing for them, but also a motivation to do better.

The length of time participants have been homeless ranged from two weeks to over 12 years. All participants have “doubled up” and have lived with friends or family members.

The following were identified as causes for homelessness:

- > Drug abuse/drug addiction
- > Limited education
- > Mental illness
- > Domestic violence
- > Poor choices

Specific Strategies and Ideas to End Chronic Homelessness in Pitt County

- > Increase outreach to people who are homeless
- > Increase access to resources (grief counseling, legal aid, substance abuse counseling, domestic violence)
- > Increase awareness among individuals who are homeless of available programs and services

- > Educate community about homelessness (especially in rural areas)
- > Educate those who administer services; better insight into the problems that individuals who are homeless face is needed

Participants recommended that the following be provided to people who are homeless:

- > Childcare and transportation so that parents can seek and obtain employment
- > Jobs for convicted felons
- > Job training
- > Assistance with education (college)
- > Counseling after individuals and families who are homeless receive housing
- > Financial literacy programs; budgeting and maintaining good credit are critical
- > Life skills training; parenting skills
- > Assistance with transitioning – help find a job and monitor them; need help managing self
- > Affordable housing located in a decent neighborhood

Public Forum Series

PUBLIC FORUM 1

Handle With Care: How Can We Improve the Mental and Physical Health of the Chronically Homeless?

Tuesday, April 1, 2008

Pitt County Community Schools & Recreation Center

Presenters:

Dr. John Morrow, Director of Pitt County Public Health Department

Cham Trowel, M.L.A.P., Access Lead Clinician, East Carolina Behavioral Health LME

Addiction, mental illness, hypertension, asthma, diabetes, HIV/AIDS plague many of the homeless and severely limit their ability to escape homelessness. What are the causes of the health and mental health problems that lead to homelessness? What can be done to prevent those causes? What else can be done to lessen the problems once they exist? This forum included a presentation about best practice services being developed and offered in Pitt County to support the needs of individuals coping with mental illness and addiction who are also homeless or at risk to become homeless.

Small Group Discussion Questions

1. How can we maximize current treatment and prevention services to address health and mental health conditions for the homeless?
2. Are there health or mental health services that we currently don't have in Pitt County which could be developed to impact homelessness?
3. What changes to the service delivery system could lead to and reinforce greater personal responsibility for addressing health and mental health issues for the homeless?

Participants' Comments and Recommendations (Group #1)

- > Provide direct services to homeless population
- > There is a lack of physicians available to provide services
- > Providers should go directly to the shelter and provide proper care (doctors, social worker, etc.)
- > Natural supports in community would provide care
- > Additional funding and creative funding is needed
- > Co-location; coordination of services is needed
- > Services serving the homeless population in particular are disconnected
- > Existing services must be better utilized
- > There should be a no refusal of services policy for physical and mental health care
- > Community Support Services target homeless population, especially the chronically homeless and mentally ill should be made available
- > Operation Safety-Net – Pittsburgh (suggested best practice funding through grant \$); homeless individuals are aware of program and the program goes to where they are; online data base is available (suggested contact: Dr. Jim Withers – referred by ECU medical student)
- > Pitt County must come together as a community to avoid duplication of services
- > Providing information to homeless is critical – word of mouth, shelter provides clinics, etc.
- > A large percent of homeless population are not aware of services and resources available
- > Real Crisis Center (referral & resource) and Pitt

- Resource Connection (share information (distribution list), help avoid duplication, clients and service providers need to be aware of the events and resources available
- > 211(similar to 911 for non-life threatening needs) should be made available the Pitt County community soon. Homeless no access to phones, email so how do they find out about services available; outreach efforts are needed
- > Shelter here is “dry” – need a “wet” shelter
- > Need to gain the trust among the homeless population and make personal connections (outreach)
- > Pitt County has a strong police force that works with the homeless
- > Everyone must take personal responsibility for assisting the homeless population – clients, tax payers and providers
- > Policy makers should make services to homeless individuals a priority and use specific language in their recommended policies
- > A mobile unit providing services to the homeless should be made available (ECU Medical School can partner with the shelter)

Participants’ Comments and Recommendations (Group #2)

1. **How can we maximize current treatment and prevention services to address health and mental health conditions for the homeless?**
 - > Communication problems need to be addressed
 - > Provide: prepaid telephones, mail box system and message system
 - > Create a halfway house with support
 - > Funding is an issue
 - > Create a referral system for people being released from jail
 - > Make system consumer driven
 - > The current referral resource system flawed
 - > Need more support from the faith community is needed
 - > Create an information clearing house
2. **Are there health or mental health services that we currently don’t have in Pitt County which could be developed to impact homelessness?**
 - > Maximize East Carolina Behavioral Health
 - > No step down system in place
 - > Share stories
 - > Have advocates for individuals
 - > Support system follow-up needed
 - > Early intervention needed
 - > Advocate in the court system
 - > Need an a Veteran Affairs hospital locally
 - > Physical and mental health, early education, life skills and substance abuse services needed
 - > Mental health services should not be tied Medicaid; too much red tape to get help
 - > Long-term substance abuse treatment services are needed locally
 - > Supportive housing needed
 - > Get ear of legislatures for rule changes
 - > Establish a peer and mentor network

3. What changes to the service delivery system could lead to and reinforce greater personal responsibility for addressing health and mental health issues for the homeless?
 - > Share data among agencies (MIS system)
 - > Develop a system of case management

Other Comments

Solicit the community churches that are not currently involved. There are many within the church who could help and are willing to start ministered in their churches.

PUBLIC FORUM 2

Closing the Revolving Door to Homelessness: Effective Community Re-entry/Transition Planning

Tuesday, April 8, 2008

Jarvis Memorial United Methodist Church

Presenters:

Cynthia Manning, Care Management Specialist, Pitt County Memorial Hospital

Chief Kimberley Williams, Parole and Probations Department in Pitt County

Susan Bullock, Foster Care Supervisor, Pitt County Department of Social Services, Shante Carson, LINKS Coordinator

Denise Neunaber Executive Director, North Carolina Coalition to End Homelessness

Fay Watts, Community Advocate (resource for small discussion group)

Many people who cycle in and out of our crisis care systems – hospitals, mental health/ substance abuse institutions, jails, and foster care – end up on the streets, in shelters or overcrowded conditions. The forum addressed the need for greater collaboration and coordination among them to develop community re-entry/transition planning that is effective and comprehensive in eliminating the revolving door effect. The session also identified the limitations and barriers within Pitt County’s systems that must be addressed in order to impact homelessness.

Small Group Discussion Questions

1. Given that many homeless people are released from institutions such as hospitals, jails, and prison just prior to their homelessness, how can we as a community best engage these institutions to strengthen their discharge planning so no one is released into homelessness? What resources do homeless individuals need and what does the community need?
2. How do we develop a safety net for 16-21 year olds before they become homeless? What safety net currently exists?
3. What supportive services should be offered in schools to address homelessness among this age group?

Participants’ Comments and Recommendations (Group #1)

Question #1

- > Work release program for soon to be released prisoners
- > Transportation to doctors; faith community might have such resources
- > People receive medical bills at the homeless shelter which affects a person’s credit/cannot attain apartment with bad credit
- > Offenders fell hopeless when they have restitution to pay and nor or very little income to live on and pay
- > Need contact in community for parolees
- > Financial planning/budgeting at hospital
- > Medicaid eligibility is checked in the hospital
- > Need a place to take care of medical needs - wash hands, change bandages, take bath , wash clothes, etc.
- > Shelter could perhaps do this; people know where the shelter is; they are aware of resources clinic attached to it, needs to be open (part of it) 24/7
- > Look at what other communities have enacted in order to partner with institutions.
- > Volume in larger cities effects policies and procedures Partner with JobLinks - Job Links is in a position to better serve other agencies
- > Other counties can come to Job Links meetings; the program would like to expand
- > Teenagers in DSS custody seem to have a safety net – What happens for kids not in DSS custody?

- > We have no Safe House in Pitt County for teens

Question # 2

- > Partnering with faith community
- > Rural areas sleeping in barns
- > People are living in the woods (migrant workers, etc.)
- > Overcrowding, couch hopping
- > At 16 in NC children are adults (legally) and can drop out of school
- > Youth should be given rewards to stay in school and to not get in trouble etc.
- > Job Links – WIA partnering with links
- > Earn “Links” (Job Links) bucks for good behavior.
- > Lack of preventative care/follow-up
- > Free clinics/Berstein Clinic; requires an appointment and there is a three to four month waiting list
- > Transportation to the clinic is needed
- > People are being discharged from any institution could benefit from a “personal advocate” to help them access resources
- > Partner with ECU- Social Work Program (students with Bachelors Degree can assist with case management)
- > Need place to use telephone and place people can call person/service provider back (point of contact or buddy system needs to be in place)

Question # 3

- > In other communities schools are a part of the 10-Year Plan
- > DSS is working on partnership with Pitt County Schools
- > Mental Health Reform/Transportation has affected children in schools
- > Counselors in schools are more academic
- > Social workers in school should be proportionate to students
- > Not very much continuity of care from school to school.
- > Some families are not “needy/poor” enough for DSS assistance and fall between the cracks
- > All children are not insured
- > Schools have or should have homeless liaisons
- > Parents teach children to hide their homelessness (and other issues) from school; fear of losing children
- > Teacher contact school social worker and then DSS enters the picture
- > Pitt County has more resources
- > Rural cities use children to help combat homeless issues in schools
- > If people go more to where the resources they give up natural supports such as families

Participants’ Comments and Recommendations (Group #2)

Question #1

- > Updated list of agencies who can provide housing and/or funding sources for housing
- > Identify financial resources or expand financial resources that would be available to homeless individuals; “gap money” to fit short time
- > Prior to release from prison begin employment training.

- > Intermediate facility for short term convalescence
- > Regular access to health care
- > Cost study comparing cost of keeping homeless in hospital beyond – reallocation of money
- > Discharging institutions should communicate what they need to the community
- > Special units for discharging homeless individuals should be created
- > Central clearing house where homeless individuals can be assessed and appropriate services
- > Provide an infirmary
- > Create a one-stop center - aging and disability resource center

Question #2

- > Promise neighborhood
- > Make providers accountable
- > Integrate faith community into this solution
- > Structure transitional housing from 16-21(dorm setting)

Question #3

- > Create a magnet school model
- > Provide life skills for special populations (in schools)
- > Increase number of teachers and social workers
- > Improve training for social workers and teachers to deal with special populations in schools

Other Comments (from index cards)

- > Vocational resources for at-risk youth
- > Access to health care for all indigents
- > Teach accountability in school and in programs by having one homeless person being responsible for someone or something that would be critical to their life goal

Additional comments from an individual participant:

1.) Given that many homeless people are released from institutions such as hospitals, jails, and prison just prior to their homelessness, how can we as a community best engage these institutions to strengthen their discharge planning so no one is released into homelessness? Although these facilities may or may not have classes to readily prepare people before leaving, I believe they should. There are many

non-profit organizations who are eager to accept engagements for equipping and preparing people in society. I feel confident in saying that an Employment Security Commission representative would be happy to come and conduct a class on job preparedness and resume writing. Laity in the community can get involved as well. As we visit the shelter and offer our services, we are another hand in the glove helping to empower another individual. Although hospitalities, jails and prisons require confidentiality, participants will be required to complete the necessary process for working with these people.

What resources do homeless individuals need and what does the community need? In my personal experience at the shelter, I recognize many residents are not fully aware of how to manage their finances. They have jobs but do not have any secure place to house their money. In the past, some of them were dependent on others managing their funds. Some have swindled their monies with frivolous living. Whatever the case, money management seems to be a key issue. Therefore, I think personal counseling of money management should be offered. There will be those who will not be receptive or even want to embrace these offers. However, I do know there are those who want a better life and in order to achieve it they recognize they must do things differently. We all make mistakes. How we deal with the mistakes determines whether we are successful. Since I am a taxpayer in Pitt County, I feel that we need to develop and mature citizens to be productive and self sustaining. In order to do this, we must provide adequate affordable houses, jobs, and education for people in our community. Not only are Financial planning classes needed but Survival skills planning is needed, as well. (finances, housing, employment, good citizen skills, etc.). In order to know what is going on, the community must get involved. Although we have families, we are called to serve as community, as well.

2.) How do we develop a safety net for 16-21 year olds before they become homeless? As aforementioned, teaching and training is key to help people remain sustainable. A wise man once said-teach a hungry man how to fish and he will know how to catch his own fish. If you do not demonstrate by example what should be done, a person will only rely on the one who bails him out.

What safety net currently exists? The various informational programs and sessions held at the shelter and the seminars and workshops held in schools. High school students are privy to job fairs and job preparation courses at school.

3.) What supportive services should be offered in schools to address homelessness among this age group? Although schools encounter homeless children all the time, they do not have to be pointed out. These children can enjoy the same opportunities of learning as any other child. They do not have to succumb to their situation. If they choose to be successful in life, there is nothing that can stop them. Understanding and practicing good moral principals is the frosting on the cake, it is not until a person begins to apply and believe the principals-he/she sees results. Job Fairs will readily prepare students for the working world. This will allow them time to prepare and create resumes which will afford them the opportunity of resume writing. Health classes will aid in the understanding and preparation for the family. Many students may not know how to deal with where they are at the present time. However, these classes can enable them to better understand the behavioral patterns of their family members (father, mother, siblings, etc.). Students whose parents cannot afford healthcare would benefit from a doctor and nurse being on the premises at least once a month. They will be responsible for conducting general exams to all students. This way, if there is a child who has a serious illness. The Medical providers can ensure they get the appropriate help. We, as taxpayers, should not have a problem in wanting to help our community. After all, a community is a group of people sharing common beliefs and interests who live in the same area. Since we are a caring community of folks in Pitt County, we should want to ensure that our children, elderly, homeless, and widow are taken care of.

Other Comments, Contd.

- > Discharge planning – marketing the need; better cooperation from agencies and churches
- > Resources the homeless need: care supplies, transportation and access to follow-up
- > Need way to have a “co-signer” for these people
- > University interns and volunteers from various program
- > Expand access to jobs
- > Promise neighborhoods in areas that have high levels of poverty and crime and low levels of student academic achievement incentives across the nation
- > Provide a full network of services including early childhood education, prevention efforts, youth services, after school activities to entire neighborhood from birth to college
- > Invest in rural areas and small businesses and fight to expand high speed Internet access
- > Improve rural school and attract more doctors of psychology and psychiatry.
- > Engage disadvantage youth in energy efficient opportunities; create a prison to work incentive and reduce barriers to employment
- > Change transitional jobs into career pathways
- > Create affordable Housing Trust Fund
- > Tax relief low income working families – offer tax relief over 3 years.
- > Fully fund Community Development Block Grant
- > Engage with urban leaders to increase resources to the highest level in the community

PUBLIC FORUM 3

Home, Sweet Homeless: Where Will the Homeless Live?

Tuesday, April 22, 2008

Eppes Recreation Center

Presenters:

Merrill Flood, Director of City of Greenville Community Development Department

Terry Allebaugh, Executive Director, Housing for New Hope and Chair, Council to End Homelessness in Durham

Like many other communities, Pitt County faces the challenge of how and where the homeless will live. Do we need more shelters, transitional housing programs, or permanent housing? Are we willing to embrace a Pitt County with an increasing number of people living in camps, abandoned houses, and under bridges? This forum included an informative presentation about Pitt's current and proposed housing models, followed by small group discussions.

Participants' Comments and Recommendations – (Group #1)

1. How do we engage the for-profit sector in building permanent, affordable housing? What incentives can be added to encourage builders to bring affordable housing to Pitt County?

- > Builders, business encourage affordable
- > Provide incentives or tax relieve for builders
- > Offer subsidizing opportunity – offer guaranteed housing through other funding sources that could be available to the builder
- > Creation of “safety net” for developers to build and have rents subsidized at 30 percent
- > Create a system to “guarantee” rent payments to builders by partnering with social security or other entities that offer automatic draft from accounts for example
- > Develop criteria for builders that state in order to continue to build they must build a certain amount of affordable units.
- > The City of Greenville has a low profit margin and most private builders want a higher profit-look at diverse ways to lower margin

- > Refurbish existing unites such as hotels and motels.
- > Use more tax credit options
- > Find out what type of incentives builders are looking for to build affordable housing (non-financial incentives)
- > Develop preferences for local contractors
- > Develop a plan (the City) by land for free may help encourage builders
- > Encourage/help builders find appropriate sites to build affordable housing and get the necessary permits to build housing (zoning)
- > Transportation: Housing must be located on bus lines or near public transportation – This is critical; create ways to extend services to more areas
- > Important for citizens to get involved in the political process such as City Council meetings

2. Given that we want to end homelessness, how should we allocate our money and other resources among shelters, transitional housing programs, and permanent housing?

- > Concentrate on permanent housing to get them out of shelters on to permanent housing.
- > Transitional housing requires that a person be homeless; funding needs to go into permanent housing; currently there are only 12 units and for a city this size that is too small
- > Need a homeless shelter that provides medical treatment, convalescent care/infirmarary
- > Have a shelter that provides rehabilitative services such as mental health, substance abuse prevention; create a task force to address this; have a program developed to address all areas that affect homeless individuals.
- > Resources distributed equally to all types of service providers
- > The Greenville Community Shelter needs more resources for staffing, i.e. social worker and physician

3. In addressing the permanent housing needs of the homeless in Pitt County should our immediate priority be to focus on the homeless population broadly or should we target specific populations (e.g. families, individuals, special needs, chronically homeless)?

- > Need to address the housing needs (and supportive services) of the elderly, domestic violence victims and individuals (not just families)
- > Address family and special needs; special needs refers to mental illness and persons with disabilities
- > Persons with HIV – not enough housing programs available
- > It is important to look at what housing and services are currently available
- > Look at best practices and see how they affect the community and how the City or County are addressing implementing these practices
- > Collect more data and look at the census data to determine the special needs groups
- > Look at the socio-economic data and get involved with City officials
- > Create programs “base” program with substance abuse – more housing targeting and evenly distributed housing for special groups instead of housing individuals together; people should be a part of the community-at-large
- > Current housing is targeted to families; look at housing options for single person
- > Look at the children of homeless persons – reviewing data for this subset group
- > Target veterans
- > Question asked: Where did all the FEMA houses go? Answer: They were sold
- > Create camps or use temporary housing options like FEMA trailers to incorporate in the community

Participants Comments and Recommendations – (Group #2)

1. **How do we engage the for-profit sector in building permanent, affordable housing? What incentives can be added to encourage builders to bring affordable housing to Pitt County?**
 - > Reframe the message so that social responsibility helps the business community
 - > Don't be shy about asking the business community to help
 - > Look at what are the barriers to participation by businesses to determine how to get their help
 - > Educate the business community then give recognition to those that step up to help
 - > Lack of capacity in the nonprofit community; not enough organizations qualified to do housing development (which is least expensive way to build)
 - > Partnerships between the government and nonprofits would help expand affordable housing supply of rental and ownership stock
 - > Need to increase income/wage rates of the homeless population to make housing more attainable
2. **Given that we want to end homelessness, how should we allocate our money and other resources among shelters, transitional housing programs, and permanent housing?**
 - > Divide funds with most going to the shelter because the least ability to pay exists in populations with less money to the transitional housing and permanent housing
 - > Need to have a good strong starting place in a solid shelter
 - > Need a division of housing money - some for facilities and some that is tied to people needing housing
 - > Regardless of which model, some investment in the education of people served is necessary to help them progress to increasing levels of independence
 - > Remember that not everyone goes through progression – Housing can be therapeutic – “Housing First” model

3. In addressing the permanent housing needs of the homeless in Pitt County should our immediate priority be to focus on the homeless population broadly or should we target specific populations
 - > Each class of situation had different needs and how to make them ready should be looked at by each class
 - > Hard not to look at the homeless broadly because there is overlap between subgroups
 - > Must think in terms of progression to better and more suitable housing over time

Other Comments

- > We need to modify the training of those who work with the most vulnerable in society.

PUBLIC FORUM 4

Buddy, Can You Spare a Job?: Education, Training and Employment of the Homeless

Tuesday, April 29, 2008

Boys & Girls Club – North Campus

Presenters:

Joyce Jones, Executive Director of STRIVE

Carson Dean, Homeless Programs Coordinator, Orange County Partnership to End Homelessness

The homeless struggle to obtain and maintain employment that provides adequate income to access housing and escape homelessness. Lack of high school and college education, along with inadequate job skills often leaves the homeless trapped in the cycle of day labor, low-paying jobs, part-time work, and no benefits. This forum brought together the business sector, faith community, employment and training programs and private citizens to brainstorm ways to tackle this obstacle. What programs current exist to train/retrain the homeless? What programs exist nationally that have proven successful (highly successful at a reasonable cost) that we should consider? How can we maximize regional resources to improve in this area? This forum included an informative presentation followed by community comment and a question and answer session.

Small Group Discussion Questions

1. What would it take for employers to hire homeless individuals? What are some effective employment strategies for hiring individuals with criminal records?
2. Are the obstacles and challenges facing the homeless unique enough that we as a community should develop a training, placement, and employment program targeting the homeless? Are there existing entities that can handle the specific challenges or are there public/private possibilities to explore?
3. With strong concerns from employers regarding substance abuse and drug screening, what needs to happen for businesses to feel comfortable hiring people who are homeless and have a history of substance abuse? Would services and support need to follow potential hires to the workplace?
4. How do we make job skills training and education accessible and affordable for individuals so that they can maintain a home while improving their skills?

Participants' Comments and Recommendations – (Group #1)

- > Third person/support person to help mediate for the employer with the employee
- > Create a “Human Resource Development” program to help build self-esteem for homeless so they are job ready
- > Provide education and awareness for employer to understand the criminal record (difference between arrest, conviction and dismissed)
- > Need to develop personal relationships with employers (to encourage employing the homeless). There needs to be a sense of trust between the employer and the agencies working with placing homeless.
- > Matching the employer with the employee; employers want to know what the value/assets “you” bring to the job
- > Criminal records
- > Need to ensure employee is not assigned to an inappropriate job(e.g. drug addict should not work at a pharmacy)

- > Need to involve legislators to change public policy on documentation of criminal record
- > Community needs a plan to help chronic homeless get employment. The plan needs to include follow-up as it relates to case management
- > Need to know what programs are available in communities and determine what pieces are missing
- > Can we really employ chronically homeless?
- > Many people with mental illness are not being helped, so how can they work?
- > Education and collaboration with all agencies and people dealing with work and homelessness
- > Are we really assessing the individuals' needs? Intake is important; need to know what serves the individual needs to received employment.
- > There are problems with mental health service delivery – mental health professionals are not qualified
- > Lack of communication and collaboration is a problem
- > One-Stop place where all agencies are connected is needed; all information is shared between agencies to help individual; need partners such as vocational rehab, Pitt County Community College, etc.
- > Raise awareness; outreach into and throughout communities
- > Involve the faith-community. Faith Community can be part of the “hiring network”
- > Help build the individuals' self-esteem
- > Involve legal and medical community
- > Support service person to help mediate work with the employer and employee
- > Trust between agency and employer is critical
- > Agencies must be truthful with employer about the individuals' situation (previously incarcerated, mental illness, etc.) to build trusting relationship
- > Job skills training and how to maintain home are needed
- > Public assistance for individual to pay for housing is needed
- > We need a step program that moves people from shelter to transitional housing to permanent housing
- > People need to make a living wage
- > Ultimate “service center” (again this is the one-stop idea of providing all services in one place)
- > Need dwelling (housing), even if the person can't work; needs training
- > Partner with employers like Grady White. Grady White has good record in working with employing at risk but skilled people
- > Develop a business venture within shelter to employ the hardest to employ
- > Have business on-site where funds go back into the organization, but also provide income for homeless individuals
- > There are programs/facilities that serve senior citizens and those with disabilities (autism, mental retardation) that have business venture programs
- > Child-care services are needed; how can you seek employment or keep employment if you have not daycare for your children?

Other ideas – create jobs and offer:

- > street cleaning jobs
- > a partnership with the Salvation Army (organizing donations)
- > internships for homeless
- > community gardening opportunities
- > apprenticeships – provides opportunity to learn job skills while working
- > and earning wages. Examples are programs in Atlanta where they run
- > a restaurant and employ the homeless who become cooks.
- > another program is construction training, etc.

Participants' Comments and Recommendations (Group #2)

Question #1

- > Educate employers to see beyond the stigma of homelessness.
- > Educate/encourage homeless persons to act positively and demonstrate how they have changed to balance off prior negative behavior. Be honest in applications and interviews.
- > There should be evidence that the homeless person is actually connected to a support system – the mentor or counselor should be known to the employer.
- > Provide incentives for employers – e.g. recognition for being involved in the community, part of an innovative approach. Understand the business' needs and interests and show how their participation would address these needs (Carson gave an example of a new, small business that wanted name recognition – they got it and continue to employ homeless).
- > Ending homelessness is good for economic development.

Question #2

- > Consensus that there are enough unique characteristics/barriers that special programs need to be available, including:
- > Using the Shelter address on applications – can impact whether there is even an interview

- > Transportation – limited routes, or NO routes if you are outside Greenville, limited hours – a big problem if you are on 2nd or 3rd shift
- > Support services, especially day care (again 2nd & 3rd shift an even bigger issue)
- > Bad credit is now a barrier, usually for “big box” retailers (these are the employers that are on the bus routes). Smaller businesses can be more willing to “take a chance” if there is a relationship built
- > Life style of the chronically homeless – a culture – as much as behavior
- > Be sure training and placement make the “right match”, e.g. persons with certain mental illnesses may be better suited for outdoor or constant activity vs. a desk job.
- > There should be tiers of support that taper off as the person has more success – an intensive “boot camp” of support in multiple areas to start, then adjusts as needed.
- > Public/private partnerships are a must.
- > Faith-based could do more, be creative (rather than cooking meals) – provide transportation to/from work, serve as mentors, be volunteer trainers to help persons improve skills, etc..
- > We need a comprehensive transportation plan!

Question #3

- > Support needs to follow the employee (mentor or case manager idea). Educate employers about incentives such as tax credits or subsidies, or protections such as the federal bonding program that protects employers. “Visible” support (e.g. on-site mentor, case manager or approved time off for appointments), is a two-edged sword as it may jeopardize a person's confidentiality/privacy.
- > Is the upcoming Business Round Table going to get all the right people involved? (question from participant). It is a start at education and awareness. Need to start with a core group of employers committed to the community.
- > Provide peer mentors – persons who were homeless and have made it – to support those just starting.
- > Churches could offer support circles. Comment: there are homeless adults (males) who have never experienced an adult “getting up every morning to go to work”.

Question #4

- > Training needs to be affordable and accessible (transportation) so a person can participate and have a home.
- > Volunteer operated training centers that use volunteer trainers (based on the volunteer's assessed strengths/skills) and could be located where the persons in need of training are – e.g. smaller communities outside of city.
- > Educate employers that hiring homeless is a win-win – they will have the employees they need.
- > Big question of the night: HOW DO WE GET BUSINESSES INVOLVED?
- > Absence of business community from the forum noted.
- > Job mentors.
- > Establish satellites that are located in outlying communities.

Other comments from index cards:

- > STRIVE works in conjunction with the Shelter but the Strive was never mentioned to me while I was there. Are we doing enough to make sure the homeless are aware of the variety of services offered?
- > Hold a fundraiser “The Long Journey Home” – a walk/rely (ex. Relay 4 Life) and other fundraisers
- > The parks and recreation used to have vans or trailers that went to the parks shelters on certain days. The concept could be used to conduct job and resource fairs and forums.
- > Day care including transportation included in the benefits package. Carpooling advance throughout the city (use gas process to market this and solicit more church involvement
- > Addressing the financial aspects such as budgeting would help a great deal because that's part of the problem. To help save money or put aside for a period of time to invest in something that would be essential.
- > Training and education for those at various states of homelessness >One place that serves as a clearinghouse. This place will know all of the services available in the community.
- > Need physical dwellings for people at various stages of homelessness; have a dwelling in which they can abide.
- > I think it is important to have dwellings, services, and support for individuals and families, and employers support so that we can address the needs of the diverse populations. For example, If on average we have 100 people who are chronically homeless and half are employable take them to the next step – job training, etc. If the other have are severely mentally ill we do what we can to employ them on their level.

Business Roundtable Summary

Our Journey Home: 10-Year Plan to End Chronic Homelessness in Pitt County

July 1, 2008

Greenville Hilton, Greenville, NC

The Pitt County 10-Year Plan Management Advisory Team held a business roundtable meeting. Approximately 15 business representatives in attendance learned about *Our Journey Home 10-Year Plan* planning process, the economic impact of homelessness and begin discussing how the business sector can get involved in the planning and implementation of *Our Journey Home 10-Year Plan*.

The following ideas and thoughts presented at the business roundtable meeting will require further examination and discussion at subsequent meetings with business leaders and the 10-Year Plan Management Advisory Team.

- > Participants identified STRIVE as a likely partner to assist with job placement of homeless individuals. The organization community help assist with employment with It was recommended that the 10-Year Plan strategies include a partnership with STRIVE because the organization already has partnerships with the business community.
- > Seek funding from the City and County for STRIVE.
- > Having a dedicated case worker to assist newly hired individuals who are homeless; STRIVE could serve as the contract agency that provide the case worker.
- > Key to successfully hiring individuals who are homeless will be an assessment of their skills and ensuring job readiness.

- > Matching the individual with the job in advance will be necessary.
- > Businesses respond to statistical data and economic cost data, but it is also critical to humanize the issue and make it personal and present testimonials.
- > Reaching businesses will also require providing statistical data and the economic costs of homelessness.
- > It is important to recognize the contribution that companies are currently making in the community. DSM for example is providing job readiness programs, resume building, and computer classes.
- > Companies may not be able to hire individuals who are homeless, but can provide volunteers, offer skills building training and make financial contributions.
- > Issues to be addressed:
 - + Transportation – how will individuals get to work?
 - + Mental health system – making sure the individual to be hired receives proper mental health services.

Description of Current Services and Service Providers in Pitt County

National and State Groups

Center for Responsible Lending

www.responsiblelending.org

The Center for Responsible Lending is a nonprofit, nonpartisan research and policy organization dedicated to protecting homeownership and family wealth by working to eliminate abusive financial practices. CRL is affiliated with Self-Help, one of the nation's largest community development financial institutions.

Legal Aid of North Carolina

www.legalaidnc.org

Legal Aid of North Carolina is a statewide, nonprofit law firm that provides free legal services in civil matters to low-income people in order to ensure equal access to justice and to remove legal barriers to economic opportunity.

National Alliance to End Homelessness

www.endhomelessness.org

The National Alliance to End Homelessness is a nonpartisan, mission-driven organization committed to preventing and ending homelessness in the United States.

National Law Center on Homelessness & Poverty

www.nlchp.org

The mission of NLCHP is to prevent and end homelessness by serving as the legal arm of the nationwide movement to end homelessness.

North Carolina Coalition to End Homelessness

www.ncceh.org

The North Carolina Coalition to End Homelessness is a statewide membership nonprofit created to secure resources, encourage public dialogue, and advocate for public policy change to end homelessness.

United States Interagency Council on Homelessness

www.ich.gov

The Interagency Council on Homelessness, established by Congress in 1987 is responsible for providing Federal leadership for activities to assist homeless families and individuals.

Local Groups

Ayden Housing Authority

The Agency's mission is to insure safe, decent, and affordable housing while encouraging high quality family life, create opportunities for economic self sufficiency, establish a drug and crime free environment, and ensure physical integrity in all programs without discrimination for all eligible residents.

Ayden Police Department

www.ayden.com/ayden-nc-police-department.asp

To provide the community with an alternative manner of solving community based problems by encouraging the interaction and cooperation of the Police Department and citizens of the community.

Bethel Police Department

www.bethelnc.org

Bernstein Community Health Center

www.greenecountyhealthcare.com

The Bernstein Center is operated by Greene County Health Care, Inc. provides medical and dental care to adults and children with minimal or no insurance on a sliding fee scale.

Bernstein Education Center

www.pittcc.edu/experience-pcc/community-programs/Bernstein_Center.html

The education facility is operated by Pitt Community College which offers curriculum, continuing education, and community programs and allows the college to be more accessible to residents in the North Greenville/Pitt County area.

Catholic Charities

www.dioceseofraleigh.org/home

The mission of Catholic Charities is to assist the parishes, communities and Diocese of Raleigh in accomplishing the social mission of the church. Catholic Charities serves people in need through advocating for social and economic justice as well as addressing immediate needs with emergency resources or direct services.

City of Greenville - Department of Community Development

www.greenvillenc.gov/departments

The mission of the Community Development Department is to administer and implement policies, programs, and services authorized by the Greenville City Council that shape the physical environment of the City and provide services to the citizens of Greenville.

Department of Social Services

www.co.pitt.nc.us/depts

Pitt County Department of Social Services provides financial assistance and social services to all County residents who meet eligibility criteria. Its purpose is to enable individuals to function at their maximum capacity, to become self-sufficient, to improve their standard of living, to learn to cope adequately with their problems, and to provide preventive services that will avoid family breakup and enable individuals to remain in their own homes.

Department of Social Services Work First Employment

www.dhhs.state.nc.us/dss/workfirst/index.htm

North Carolina 's Temporary Assistance for Needy Families (TANF) program, called Work First, is based on the premise that parents have a responsibility to support themselves and their children. Through Work First, parents can get short-term training and other services to help them become employed and self-sufficient, but the responsibility is theirs, and most families have two years to move off Work First Family Assistance.

Disabled American Veterans, Chapter #37

www.davmembersportal.org/chapters/nc

Since its founding more than 80 years ago, the Disabled American Veterans (DAV) has been dedicated to a single purpose: building better lives for America's disabled veterans and their families.

East Carolina Behavioral Health, LME

www.ecbhlme.org

East Carolina Behavioral Health works in partnership with people who face significant challenges related to substance abuse, mental illness, and/or developmental disability. Our commitment is to provide consistently excellent, person-centered, family-oriented services within a recovery based system that is flexible, accessible, and respects the individual's freedom of choice.

East Carolina University Psychiatry Outpatient Center

www.ecu.edu/cs-dhs/psychiatry/outpatient.cfm

The ECU Physicians Psychiatric Outpatient Center is dedicated to improving the quality of care by providing access to cost-effective treatment in the eastern region of North Carolina.

East Carolina Vocational Center

www.ecvcinc.com

East Carolina Vocational Center (ECVC) is a private not-for-profit corporation whose mission is to help persons with disabilities attain a higher quality of life through achievement of their vocational goals.

Family Violence Program, Inc in Greenville

www.pittfvp.org

The mission of the Family Violence Program is to break the cycle of domestic violence and promote healthy family relationships in Pitt County. We are dedicated to providing safe housing and supportive services to individuals in domestic violence situations.

Farmville Housing Authority

www.farmville-nc.com/government_boards.htm

To ensure safe, decent, and affordable housing; create opportunities for residents' self-sufficiency and economic independence; and assure fiscal integrity by all program participants.

Farmville Police Department

www.farmville-nc.com/departments_police.htm

The Farmville Police Department is committed to assisting the community in providing a safe and secure environment.

First Born Community Development Center

www.fbcdc.us

To provide basic life essentials for individuals and families who meet the eligibility requirements, and to be a guidance and referral center for the community.

Flynn Christian Fellowship Home for Men

Provides a halfway house and support for men recovering from alcohol and drug addictions.

Food Bank of Central & Eastern North Carolina

www.foodbankcenc.org

The mission of the Food Bank of Central & Eastern North Carolina is to harness and supply resources so that no one goes hungry in central and eastern North Carolina.

God's Love

To feed the hungry, clothe the naked, and share the love and good news of Jesus.

Greenville Area Transit (GREAT)

www.greenvillenc.gov/departments

Greenville Area Transit (GREAT), part of the City of Greenville Public Works Department, operates fixed-route service for the City of Greenville, including service to Pitt Community College.

Greenville Community Shelter

www.greenvillecommunityshelter.org

The mission of the Greenville Community Shelter is to serve the poor and the homeless in a continuum of care from basic shelter to prevention that empowers clients to achieve and maintain lives of self-sufficiency.

Greenville Housing Authority

www.ghanc.net

The mission of the Greenville Housing Authority is: provide stable, quality affordable housing for low and moderate income persons; deliver these services with integrity and mutual accountability; create living environments which serve as catalysts for the transformation from dependency to economic self-sufficiency.

Greenville Police Department

www.greenvillenc.gov

The mission of the Greenville Police Department focuses upon the protection of lives and property; the provision of programs and services that foster community crime prevention awareness and participation; the repression and reduction of criminal activity; the identification and apprehension of offenders; the maintenance of public order; and the protection of the constitutional rights of all people.

Grifton Police Department

www.grifton.com/gpd.htm

To perform our duties and fulfill our responsibilities of enforcing the law, preserving the peace and providing police services so that we improve the quality of life for all citizens within our jurisdiction consistent with the goals and missions of the town of Grifton.

Habitat for Humanity of Pitt County

www.habitatpittco.org

Guided by Christian principles in partnership with people of all faiths from all walks of life, Habitat of Humanity of Pitt County transforms lives, families, and communities through building affordable homes while creating opportunities for responsible homeownership.

Hope of Glory Ministries

www.hope-of-glory.org

Our mission is to stand in the gap between our community of believers and the church and between the church and the lost. We will come alongside these three groups to proclaim the glorious gospel of Jesus Christ and minister through Christian resources, evangelism, discipleship and community outreach.

HOPE Station Recovery Education & Peer Support Center

www.peersupportedrecovery.org

To promote the reality that wellness and recovery are possible for everyone by offering hope, education, and peer support.

JOY (Jesus, Others and You) Soup Kitchen

Helping people help themselves and others to lead productive healthy lives.

Martin/Pitt Partnership for Children

www.mppfc.org

The mission of the Martin/Pitt Partnership for Children is to improve the quality of life for children and families through facilitating a trusted and coordinated community system of education, health, and family support services.

Mental Health Association

www.mha-nc.org/english

Our mission is to promote mental health, prevent mental disorders, and eliminate discrimination against people with mental disorders.

Mid-East Housing Authority

www.mideasthousing.com

The mission of the Mid-East Regional Housing Authority is to provide safe, quality and affordable housing to low and moderate-income families and to promote personal responsibility and self-sufficiency of residents while maintaining the fiscal integrity of the Housing Authority.

Oxford House

www.oxfordhousenc.org

Oxford House has as its primary goal the provision of housing and rehabilitative support for the alcoholic or drug addict who wants to stop drinking or using and stay stopped.

Pitt Area Transit System (PATS)

www.ncdot.org/transit/nctransit/download/counties/Pitt.pdf

Pitt Area Transit System (PATS) is a non-profit organization that operates human service and Rural General Public (RGP) transportation in Pitt County. In addition, PATS provides ADA Paratransit Service for Greenville Area Transit (GREAT).

Pitt County AIDS Service Organization (PICASO)

www.picaso.org/newsite

The mission of the Pitt County AIDS Service Organization is to prevent the transmission of HIV through educational outreach to Pitt County and the surrounding counties of Eastern North Carolina and to provide culturally sensitive, individually focused, physical, social, emotional, and financial assistance to those living with, and affected by HIV/AIDS in our community.

Pitt County Community Development

www.co.pitt.nc.us/depts/planning

Pitt County Community Development, a division of the Planning Department, offers programs that rebuild and repair homes for lower-income citizens.

Pitt County Employment Security Commission

www.ncesc.com/splash.asp

The mission of the Employment Security Commission is to promote and sustain the economic well being of North Carolinians in the world marketplace by providing high quality and accessible workforce-related services.

Pitt County Health Department

www.pittcountync.gov/depts/health

The mission of Public Health in Pitt County is to protect, promote, and assure the health of all people in Pitt County.

Pitt County JobLink

www.regionqwdb.org/PittJL.htm

We provide our citizens and employers with the highest quality of customer focused and user-friendly career planning, training, and placement services.

Pitt County Memorial Hospital

www.uhseast.com/body.cfm?id=26

To enhance the quality of life for the people and communities we serve, touch and support.

Pitt County Sheriff's Office

www.co.pitt.nc.us/depts/desc.asp?Dept=sheriff

The Pitt County Sheriff's Office is responsible for enforcing criminal and civil law County-wide, maintaining order in the courts, and operation of the County Jail.

Pitt County Veteran Services

Pitt Resource Connection

www.pittresource.org

Pitt Resource Connection (PRC) was created in an effort to help our community during times of need, to rise above the hardships and make our community stronger. Our group is dedicated to the collaboration of organizations committed to sharing information and linking resources to meet our community needs.

PORT Human Services

www.porthumanservices.org

Our mission is to help individuals and families effectively navigate through life's challenges by providing effective and efficient substance abuse and mental health services and support.

REAL Crisis, Inc

www.realcrisis.org

To provide free confidential counseling, information and referral to Pitt County Citizens twenty-four hours a day.

Red Cross of Pitt County

www.pittredcross.org

The American Red Cross, a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disasters and help people prevent, prepare for and respond to emergencies.

Self-Help Credit Union

www.self-help.org

Creating and protecting ownership and economic opportunity for people of color, women, rural residents and low-wealth families and communities.

Simpson Police Department

It is the mission of the Village of Simpson Police Department to provide professional law enforcement services to the citizens of the Village by high visibility patrols; respond to and investigate all complaints for service and address all concerns that the citizens of Simpson have. Apprehend and prosecute all violators within the Village of Simpson limits.

STRIVE North Carolina

www.strivenc.org/background.html

To help men and women achieve financial independence.

The Philadelphia House

The Salvation Army

www.salvationarmyusa.org

The Salvation Army, an international movement, is an evangelical part of the universal Christian Church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

United Way of Pitt County

www.unitedwaypittcounty.com

The United Way of Pitt County will mobilize resources and leadership to build a stronger community.

The Village

www.robessonhealthcare.com

Our mission is to improve the health status of our communities by providing an integrated system of high quality primary and preventive health services to all we serve.

Veterans Outreach Center

www1.va.gov/directory/guide/vetcenter_flsh.asp?

We are the people in Veteran Affairs who welcome home war veterans with honor by providing quality readjustment counseling in a caring manner. Vet Centers understand and appreciate Veterans' war experiences while assisting them and their family members toward a successful post-war adjustment in or near their community.

Walter B. Jones Alcohol and Drug Abuse Treatment Center

www.dhhs.state.nc.us/MHDDSAS/jones.htm

The Walter B. Jones Alcohol and Drug Abuse Treatment Center (WBJADATC) opened its doors in June 1969 as a 76-bed, short term, residential treatment center. The center serves 33 counties in the Eastern Region and five counties in the South Central Region.

Winterville Police Department

www.wintervillepd.com

Our mission is to provide unsurpassed law enforcement and public safety services for all citizens and visitors in the greater Winterville area.

Zoë House

www.zoehouse.org

The Zoe Restoration House for Women & Children is a faith-based residential program which provides support services to femals who are rebuilding their lives following the deveastation of homelessness, chemical dependency, incarceration, and other conditions that render their lives out of control.

Glossary of Terms

- > **Affordable Housing** – Housing for which the occupant is paying no more than 30 percent of gross income for total housing costs, including rent, mortgage payments, condominium fees, utilities, taxes, and insurance, as applicable for rental or owned housing units.
- > **Assertive Community Treatment Team (ACTT)** - a service provided by an interdisciplinary team that ensures service availability 24 hours a day and is prepared to carry out a full range of treatment functions wherever and whenever needed. A service recipient is referred to the Assertive Community Treatment Team service when it has been determined that his/her needs are so pervasive and/or unpredictable that they can not be met effectively by any other combination of available community services. Typically this service should be targeted to the 10% of the MH/DD/SA service recipients who have serious persistent mental illness or co-occurring disorders, dual or triply diagnosed and the most complex and expensive treatment needs.
- > **Chronically Homeless** – The U.S. Department of Housing and Urban Development currently defines chronically homeless as “an unaccompanied, disabled individual who has been persistently homeless for more than a year or who has been homeless for four or more episodes over a period of three years. This definition, after extensive debate within the Federal government, appears to acknowledge that chronically homeless people are highly likely to “cycle” in and out of housing, the streets, emergency shelters, hospitals, mental health facilities, and jail for varying periods of time.
- > **Community Land Trust** – A community land trust is an organization (nonprofit housing organization or municipality) established to hold land and to administer use of the land according to the charter of the organization, i.e. for affordable housing.
- > **Community Support Team** - a service that consists of mental health and substance abuse rehabilitation services and supports necessary to assist the person in achieving and maintaining rehabilitative, sobriety, and recovery goals. The service is designed to meet the mental health/substance abuse treatment, financial, social, and other treatment support needs of the recipient.
- > **Continuum of Care (CoC)** – A local or regional system for helping people who are homeless or at imminent risk of homelessness by providing housing and services appropriate to the whole range of homeless needs in the community, from homeless prevention to emergency shelter to permanent housing. CoC is designed to provide the resources required to move a homeless person to self-sufficiency. The CoC has the following components—outreach and assessment, emergency shelter, transitional housing, appropriate supportive services, permanent supportive housing, and affordable permanent housing.
- > **Disability** - Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment." In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism and other substance abuse, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.
- > **Doubled-Up** – A situation in which persons are living with relatives or friends, on a temporary basis, for economic or other reasons, and they have a host/guest relationship. These persons are not on a lease or mortgage and could be asked to leave at any time. The overcrowding often jeopardizes the housing stability of the host family when it violates occupancy loads or terms of their lease, such as under Section 8. This does not include legal arrangements such as foster care.

- > **Emergency Shelter** – Temporary shelter provided as an alternative to sleeping in places not meant for human habitation. Emergency shelter provides a place to sleep, humane care, a clean environment and referrals to other agencies. Length of stay may be limited, such as to 60 days and criteria for admission may vary, i.e. restricting to a particular sub-population (men or women with children only) or individuals in active addiction being ineligible, etc. Shelter is usually free for some period of time, though in some cases clients are required to pay for additional nights of shelter depending on income and circumstances.
- > **Episodically Homeless** – Individuals and families experiencing one or more episodes of homelessness over the course of a stated period of time. For example, an individual or family may spend one or more nights in an emergency shelter twice over the course of three years.
- > **Group Home** – A dwelling unit in which special needs persons reside with supervisory personnel.
- > **Harm Reduction** – A term that covers activities and services that acknowledge the continued drug use of individuals, but seek to minimize the harm that such behavior causes (verses the arguably ineffective blanket prohibition of the drug use).
- > **Homeless** – The HUD definition is: (a) an individual or family which lacks a fixed, regular, and adequate nighttime residence; or (b) an individual or family which has a primary nighttime residence that is:
 - (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness);
 - (2) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (vehicles, abandoned buildings, etc.).
 - (3) The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

In addition, the HUD definition includes persons who will be discharged from an institution, such as a jail or mental health hospital, within 7 days, yet that person does not have an identified place to live upon discharge.

- > **Homeless Management Information System** – A software application mandated by the federal government and designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their clients.
- > **Housing First/Housing Plus** – A new model of homeless services that involves moving persons directly from the streets and placing them into permanent housing accompanied by intensive services. Initially a research project, this model has been shown to be very effective with persons who are chronically homeless and cost neutral to communities. This model has also been shown to work well with families and young adults who are homeless. It often employs a Harm Reduction model, not requiring sobriety for participation. –

Programs may be constructed in a number of ways, but share the following features:

- > The direct, or nearly direct, placement of targeted homeless people into permanent housing. Even though the initial housing placement may be transitional in nature, the program commits

- to ensuring that the client is housed permanently.
- > While supportive services are to be offered and made readily available, the program does not require participation in these services to remain in the housing.
 - > The use of assertive outreach to engage and offer housing to homeless people with mental illness who are reluctant to enter shelters or engage in services. Once in housing, a low demand approach accommodates client alcohol and substance use, so that “relapse” will not result in the client losing housing (Marlatt and Tapert, 1993).
 - > The continued effort to provide case management and to hold housing for clients, even if they leave their program housing for short periods.
 - > **HUD** – United States Department of Housing and Urban Development; a key funder of homeless services nationwide.
 - > **Individual Risk Factors** – Conditions or characteristics that make it difficult for an individual to function well enough to independently meet his or her housing needs or meet the housing needs of children in their care, and often lead to homelessness which include:
 1. Substance abuse/addiction
 2. Severe and persistent mental illness and mental disorders, such as post traumatic stress +disorder, that impair an individual’s ability to function well enough to work and/or remain +appropriately housed without supportive services
 3. Histories of abuse as children and/or as adults
 4. Learning disabilities
 5. Low educational levels
 6. Poor financial management and resultant bankruptcy/credit issues
 7. Poor job skills
 - > **Interim Housing** – Short-term housing that offers transitional, integrated accommodations to persons as they move from homelessness to permanent housing.
 - > **Living Wage** - The level of income sufficient to allow workers to support their families without dependence upon outside (public) assistance. A more narrow definition suggests that it is the income level necessary to pull a family of four above the poverty threshold, adjusted for local economic variables, with a range of \$7.60 to \$12.00 per hour.
 - > **Mainstream Resources** – Includes entities such as Social Security Administration, Department of Social Services that homeless clients can be connected with to increase income and address other needs.
 - > **Median Income** – That income level at which an equal number of families/households have incomes above the level as below. The median income is based on a distribution of the incomes of all families/households.
 - > **Outreach Services** – An array of services which are therapeutic and delivered directly to the individual outside of traditional service delivery locations, as well as connecting individuals to existing service providers. It typically focuses on those mentally ill individuals who are not aware of vital services or who are mentally or emotionally prevented from accessing mainstream homeless services.
 - > **Permanent Supportive Housing** – Permanent housing, of any kind, from a single family home to a large apartment building that combines the housing with supportive services, such as case management and counseling, so that people who have been homeless or been in institutional care can get the help they need to live independently with dignity. The type of services depends on the residents. Services may be short-term, sporadic, or ongoing indefinitely. The housing is usually “affordable”, or intended to serve persons who have very low incomes. It is “permanent” because there is no limit set on length of residency.
 - > **Safe Haven** – A low-demand facility that provides shelter and services to hard-to-engage persons, especially the chronically homeless with serious mental illnesses and who are on the streets and have been unable or unwilling to participate in supportive services. Safe Havens usually follow a “harm reduction” model of services.

- > **Shelter** – Emergency housing, usually congregate, for people who are homeless. Size may vary from a handful of families to several hundred individuals. Shelters often restrict service to a particular sub-population, such as single men or families with children. Services may include assistance re-establishing identification; case management; employment, counseling, and resource referral; and assistance transitioning to transitional or permanent housing. Emergency Shelter is typically at or close to the beginning of the continuum of services for those in housing crisis.
- > **Short-term Housing** – Safe, decent, temporary housing for individuals or families who are homeless with associated supportive services, designed to assist them on obtaining and retaining permanent housing in the shortest possible time.
- > **SSI** – Supplemental Security Income. A federal income supplement program providing monthly financial payments to persons with disabilities. For most persons on SSI, this is their only source of income, and thus severely limits housing options.
- > **Step Down Facility** – A community based mental health facility that shortens an institutional stay by providing a transitional level of care. This facility is sometimes called a residential treatment center (RTC) or therapeutic residential center (RTC). Step down facilities usually provide services to help a person transition from an institutional setting to living in a community in an independent living or assisted living situation.
- > **Structural Factors** – Conditions beyond an individual or family’s direct control that act to create and/or perpetuate homelessness which include:
 1. The critical lack of affordable housing, including a significant reduction in public and subsidized housing units
 2. Fragmented under-funded mental health and substance abuse treatment system
 3. Low wage jobs that do not pay enough for a worker, working 40 or more hours a week, to afford decent housing
 4. Limited or non-existent transportation to better-paying jobs in suburbs, and
 5. An educational system that leaves many unprepared to earn a living wage in the job market
- > **Supportive Services** – Services such as case management, medical or psychological counseling and supervision, child care, transportation, and job training provided for the purpose of facilitating people’s stability and independence.
- > **System of Care** – A framework for organizing and coordinating services and resources into a comprehensive and interconnected network. Its goal is to help individuals and families who need services or resources from multiple human service agencies to be safe and successful at home, in school, at work, and in the community and through this assistance make the community a better place to live. The System of Care builds on individual and community strengths, and makes the most of existing resources to help these individuals and families achieve better outcomes.
- > **TANF Funds** - Temporary Assistance for Needy Families (TANF) provides assistance and work opportunities to needy families by granting states the federal funds and wide flexibility to develop and implement their own welfare programs. Citizens may apply for assistance at their local TANF agency.

- > **Temporarily Displaced** – Individuals and families that usually manage to maintain residential stability but are temporarily displaced from permanent housing due to a variety of factors and simply need temporary shelter/housing assistance to regain residential stability. Displacing factors may include a sudden loss of income, a medical emergency, a catastrophic illness, a fire, or other destabilizing situation.
- > **Thirty Percent of the Median Income** - Extremely low income; Pitt County Area Median income level is \$51,600; 30 percent of Median Family Income in Pitt County is \$10,850 for a single person and \$13,950 for a family of three.
- > **Transitional Housing** – A structured program that combines up to 24 months of housing with supportive services to assist homeless persons in obtaining a level of self-sufficiency and prepare for subsequent transition to permanent housing. Transitional living programs may target their services to a particular sub-population of people who are homeless, such as families, single individuals, veterans, or individuals in recovery from substance abuse.
- > **Trauma** – An event or series of events, which threatens one’s life or physical integrity and is unusual and psychologically distressing. Examples include domestic violence, sexual assault, and child abuse. Trauma results in feelings and behaviors that may lead to homelessness, such as paralyzing depression, hypervigilance, flashbacks, or avoiding independent behavior that might have precipitated past violence.

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