



**GUILFORD COUNTY CONTINUUM OF CARE**

Working to End Homelessness in Guilford County

# **Guilford County Continuum of Care NC-504 *Needs and Gaps Analysis***

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## ■ Acronyms

<b>CE</b>	Coordinated entry
<b>CoC</b>	Continuum of Care
<b>ESG</b>	Emergency Solutions Grant
<b>FMR</b>	Fair market rent
<b>HMIS</b>	Homeless Management Information System
<b>HUD</b>	U.S. Department of Housing and Urban Development
<b>PHA</b>	Public housing authority
<b>PSH</b>	Permanent supportive housing
<b>RRH</b>	Rapid rehousing



## **GUILFORD COUNTY CONTINUUM OF CARE**

Working to End Homelessness in Guilford County

As the Continuum of Care for Guilford County, we realize and recognize that homelessness is a complex community issue. It has become one of the highest-priority issues in our country. Prior to the pandemic, our nation was experiencing an increase in the number of individuals and families who were becoming displaced in our communities. Fast forward to post-pandemic, and the numbers have increased exponentially due to the rising cost of rents and the decreasing number of available units. Our systems are in crisis, requiring a thorough examination of the needs of the citizens of our community in a transparent and unbiased review, arriving at objective and evidence-based recommendations to remedy homelessness in the county.

The Guilford County Continuum of Care, in partnership with the Guilford County government and Greensboro and High Point municipal governments, recognized that homelessness in the county requires a unified approach to resolving chronic issues that impact this problem. To that end, the Continuum of Care conducted a gaps analysis to determine the true status of homelessness in the county as well as discover our strengths and weaknesses, along with system-based issues that exist in our communities.

This report contains the findings from the gaps analysis conducted by Cloudburst, a technical review organization, which reviewed our system of intake, the services provided by our shelter providers, input from private sector businesses, and interviews with individuals and families currently experiencing homelessness in Guilford County. The results in this report will inform how we address homelessness in our county and its root causes. The report will show that homelessness is systemic and we must address racial injustices, a lack of affordable housing, economic inequalities, behavioral health (including mental health as well as substance misuse), domestic violence, child abuse, and many other socio-economic factors if we are committed to ending homelessness in Guilford County. To support this, we must also address the entire system of care in our community.

To achieve our goals, we must work in partnership with strong service providers that act as boots on the ground, tirelessly serving vulnerable individuals and families that require assistance. By incorporating the guidance of people with lived experience who provide areas of improvement to more effectively serve our homeless neighborhoods, utilizing county and municipal management that provides the infrastructure necessary to coordinate funding, and integrating the leadership of the local Continuum of Care, we can attain our goals. This leadership body, Guilford County Continuum of Care, sets the policy and creates the vision that is needed to make our county a thriving place to live for all its citizens, including the most marginalized.

We acknowledge the input of our stakeholders and partners in this report, which include shelter providers, community agencies, municipal and county governments, and the public and private housing sectors.

**Guilford County Continuum of Care—Chair, Bernita Sims**

**Continuum of Care Board of Directors, committees, membership, and shelter and service providers**

**Guilford County Board of Commissioners—Chairman Skip Alston**

**City of Greensboro—Mayor Nancy Vaughn**

**City of High Point—Mayor Jay Wagner**

**Collaborative Applicant of the Continuum of Care—Guilford County**

**Coordinated Entry Lead Agency—Partners Ending Homelessness**

**Homeless Management Information System Lead Agency—Partners Ending Homelessness**

**Community partners, including Guilford County non-profits, faith-based organizations, healthcare providers, public safety, educational institutions, and private sector contributors**

## ■ Executive Summary

This analysis highlights the landscape of homeless services in Guilford County, areas in which the county is successfully serving people experiencing homelessness, and current system gaps that create barriers for clients and providers. It was conducted with oversight from the Guilford County Continuum of Care (CoC) and Guilford County as the Collaborative Applicant to create an equitable, coordinated homeless service system. This report organizes system gaps by key areas of improvement with strategies and recommendations for improvement. Where appropriate, the needs of specific subpopulations are highlighted.

### Areas of success for the CoC

- **Engagement from the business community:** The business community expressed a strong desire to coordinate with homeless service providers, advocate on their behalf, and help keep outreach workers informed.
- **Programs for veterans:** These programs are successful at serving clients and achieving positive outcomes with short wait times.
- **Engagement and full membership meetings:** CoC members are kept informed by the Collaborative Applicant and the committee structure presents an opportunity to quickly implement recommendations and new strategies.
- **Dedication of county staff:** Guilford County has been willing to hire staff and support the CoC through other funding processes, supporting the growth of Guilford County as a reliable and trusted partner.

### Recommendations to close key system gaps

- **Improve access to the crisis system:** Providers and clients both expressed difficulties accessing the “front door” of homeless services. Recommendations include coordinating outreach programs, establishing consistent policies of prioritization through coordinated entry (CE), and tracking shelter beds.
- **Increase data-informed decision-making:** Planning and other strategic decisions in the CoC should be informed by data on the needs of clients. Recommendations include increasing overall Homeless Management Information System (HMIS) participation, developing and regularly reviewing reports, and improving data quality.
- **Center lived experience of homelessness:** Authentically engaging people experiencing homelessness can improve the CoC’s homeless

response system. Recommendations include creating a compensation plan for people experiencing homelessness that participate in the CoC, creating a support structure for that work, and ensuring that they have decision-making power.

- **Strengthen partnerships for supportive services:** Many people experiencing homelessness in Guilford County have health conditions or have experienced trauma. Recommendations include drawing on health agencies, providing mental health crisis training, and including service partners in CoC meetings or workgroups.
- **Increase affordable housing inventory:** Rents in Guilford County have steadily increased while vacancies have decreased. Recommendations include establishing coordinated landlord engagement, building the capacity of housing agencies, investing in homelessness prevention, and working with local government to increase investments in new affordable housing units.

## ■ Introduction to the Needs and Gaps Analysis

This analysis provides context on the overall landscape of homeless services in Guilford County, as well as resources available to address homelessness. While the Guilford County CoC provides leadership over many of these programs, fully addressing the needs of people experiencing homelessness and preventing housing loss for those at risk requires a spectrum of important partnerships. The role of the CoC and its partners is a central theme in this report.

There are several areas where the county is excelling at addressing homelessness: partnerships with the business community, programs for veterans, and engagement among CoC members. Each of these areas is described in the report section titled [Building on What Works Well](#).

There are also gaps within the Guilford County homeless service system that should be addressed by the CoC and partners in future initiatives and investments. These gaps are organized in the report as core needs for improvement and are: improving access to the crisis response system, increasing data-informed decision-making, centering the experiences of people with lived experience of homelessness, strengthening partnerships for supportive services, and increasing investments in permanent housing. Each of these, along with recommendations for addressing needs, are described in the section titled [Closing System Gaps](#).

The next section of this report provides an outline of the methodology used to collect and analyze the data presented in this report.

## ■ Methodology

This section describes the sources of data used to form this analysis. The system gaps presented here were informed by qualitative and quantitative data derived from the following sources.

- **Roundtable listening sessions:** Guilford County held one listening session each with elected and government officials, the business community, and one combined session with supportive service providers and homeless service providers to receive input on the goals of this analysis and key system gaps for further analysis.
- **Semi-structured interviews with providers:** Consultants conducted 20 interviews with homeless and support service providers to garner feedback on current homeless and support services offered and needed in the county, as well as coordination throughout the continuum. All participants were employees of organizations who are current members of the CoC. One interviewee had lived experience of homelessness.
- **Semi-structured interviews with past or present clients of homeless services:** Consultants conducted 18 interviews with people currently experiencing homelessness or who were recently housed. These clients represent five local homeless service agencies. Interview questions focused on the clients' experiences with local service providers.
- **Provider survey:** Consultants sent a survey to all CoC agencies and received 70 responses. Topics included coordination with other providers, resources, and access to system support.
- **Business survey:** Consultants sent a survey to local business contacts and Chambers of Commerce for distribution to business owners throughout Guilford County. There were 19 total responses. Questions focused on the impacts of homelessness on businesses and coordination with homeless service providers.
- **Data from HMIS:** Partners Ending Homelessness, the HMIS administrator for Guilford County, provided enrollment data for all clients between January 1, 2019 and August 30, 2022.

While this report represents a thorough attempt at data collection, there are some limitations to this analysis. First, the client interviews did not include anyone who was currently unsheltered, so reasons for refusing services or not entering a shelter from a client perspective are beyond the scope of this report. Second, the HMIS data included some missing elements, HMIS is not integrated with CE (see section [Closing System Gaps](#)), and there are current data discrepancies under review, which limits the scope of this analysis. Finally, while consultants contacted providers who do not currently engage with the CoC for interviews, none participated. This analysis does not explore reasons why providers are not engaged with the CoC or what actions may encourage broader participation.

## ■ Homelessness and Housing Instability in Guilford County

This section provides an overview of homelessness and housing instability in Guilford County to provide context for the overall need for homeless services. The section opens with an overview of rent burden and housing costs in the county, followed by trends in the number of people who are experiencing homelessness and the demographics of those individuals. It includes a subsection on resources used to combat homelessness, including overall CoC funding, the number of units and shelter beds funded through the CoC, and a comparison of the resources within Guilford County to those in similar jurisdictions.

Guilford County is in central North Carolina and has a population of approximately 550,000 residents. It is the third most populous county in the state. Greensboro (population 298,263<sup>1</sup>) is the largest city in the county, though High Point (population 114,086<sup>2</sup>) is also an urban area within the county boundaries. The CoC for homeless services includes the entire county and makes active efforts to coordinate with the city governments of Greensboro and High Point.

Like many places across the U.S., there is a shortage of affordable housing in Guilford County. The median household income in Guilford County is \$60,734 compared to \$69,717 nationally. Approximately 13 percent of Guilford County residents are living under the poverty line. According to data from the U.S. Department of Housing and Urban Development (HUD), 84,085 households in Guilford County are renters. The majority of these renters earn below the area median income, increasing the likelihood of experiencing rent burden and housing instability.

<sup>1</sup> 2021 American Community Survey.

<sup>2</sup> Ibid.

**Table 1. Renters by Income Distribution**

Percent of Area Median Income	Number of Renters in Guilford County	Percentage of Guilford County Renters
0–30%	17,685	21%
30–50%	14,605	17%
50–80%	18,435	22%
80–100%	8,940	11%
Over 100%	24,420	29%

Source: [HUD Comprehensive Housing Affordability Strategy, 2015–2019 5-Year Estimate](#)

HUD collects data on housing problems renters may experience, such as inadequate household facilities (e.g., a functioning kitchen), cost burden, and overcrowding. Nearly half of renters in Guilford County are experiencing at least one housing problem. Further,

one in every five households in Guilford County paying rent is paying more than half of their income toward housing. These issues may put households at greater risk of homelessness in the future.

**Table 2. Cost Burden and Housing Problems for Renters**

Category	Number of Renters in Guilford County	Percentage of Guilford County Renters
Renters with at least one housing problem	39,810	47%
Renters with severe housing problems	21,685	26%
Renters paying more than 50 percent of their income toward rent	17,345	21%

Source: [HUD Comprehensive Housing Affordability Strategy, 2015–2019 5-Year Estimates](#)

Housing issues have been exacerbated by a rapid rise in rental prices in Guilford County. As of June 2022, the Zillow Observed Rent Index for Guilford County was \$1,505 per month, averaged across unit sizes. HUD data on fair market rent (FMR) and 50th percentile (median rent) for 2022, which set payment limits for housing

assistance programs administered by the county, are displayed in the chart below. For all unit sizes, FMR is below the Zillow Observed Rent Index amount. This negatively impacts housing availability for people exiting homelessness, as many subsidy programs are limited to FMR.

**Table 3. FMR and Median Rent**

	Efficiency	One-Bedroom Unit	Two-Bedroom Unit	Three-Bedroom Unit	Four-Bedroom Unit
2022 FMR	810	836	952	1243	1424
2022 50th Percentile Rent	871	898	1023	1335	1530

Source: [HUD Office of Policy Development and Research](#)

These conditions have led to homelessness being a persistent issue in Guilford County. According to local point-in-time (PIT) count data, unsheltered homelessness rose sharply in 2020, while fewer households were in a shelter. Like many communities across the country,

Guilford County did not conduct an unsheltered PIT count in 2021 due to COVID-19, though reports from service providers indicate the unsheltered population has continued to increase.

**Table 4. PIT Count Trends**

Year	Households Without Children			Households With Children			Households That Are Only Children		
	In Shelter	In Transitional Housing	Living Unsheltered	In Shelter	In Transitional Housing	Living Unsheltered	In Shelter	In Transitional Housing	Living Unsheltered
2017	249	42	104	118	33	0	25	2	0
2018	311	48	104	137	32	8	12	5	0
2019	344	43	61	107	19	0	8	4	0
2020	249	52	180	100	20	0	10	3	10
2021	238	38	—	136	2	—	5	0	—
2022	196	51	80	83	6	3	7	0	0

Source: HUD PIT Count

There are significant racial disparities in who experiences homelessness in the county. The White population is the largest racial group in Guilford County but comprises less than a quarter of people experiencing homelessness. Conversely, people who identify as Black

or African American represent a little over one-third of the county population but nearly three-quarters of people experiencing homelessness. Veterans and people with disabling conditions are also overrepresented.

**Table 5. Demographics of the General Population and People Experiencing Homelessness**

	General Population*	People Experiencing Homelessness**
<b>Race and Hispanic Origin</b>		
American Indian or Alaska Native	0.2%	0.07%
Asian	5.2%	0.04%
Black or African American	34.6%	71.3%
Native Hawaiian or Pacific Islander	0%	0.03%
White	48.3%	23.5%
Two or more races	7.5%	3.7%
Hispanic or Latino (of any race)	8.9%	4%
<b>Gender</b>		
Male	47.5%	54.3%
Female	52.5%	45.2%
Trans/Non-binary	—	0.5%
<b>Additional Demographics</b>		
Under age 18	22.2%	26%
Aged 65 and over	15.9%	4%
Veteran	5.9%	9%
Disabling condition	11.5%	33.4%

\*Source: 2009–2021 American Community Survey 5-Year Estimates

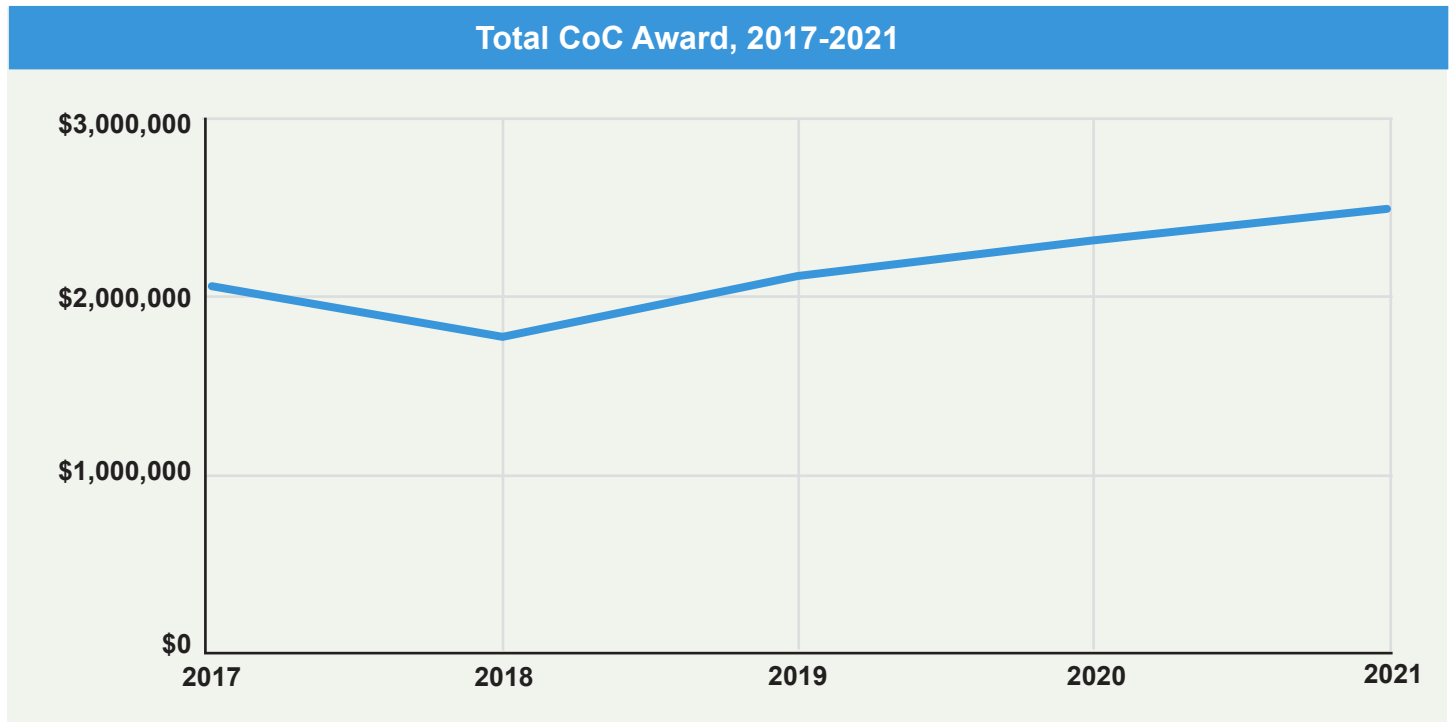
\*\*Source: HMIS, January 1, 2019–August 30, 2022

## Resources to End Homelessness

The Guilford County CoC oversees the allocation of HUD's CoC funding. These funds are awarded by HUD each year and are the CoC's primary resource for ending homelessness. Since 2018, the total amount of

CoC funding awarded to Guilford County has increased each year. This is a result of ongoing efforts from government and local service providers to create long-lasting partnerships and a coordinated response to homelessness.

Figure 1. CoC Award 2017–2021



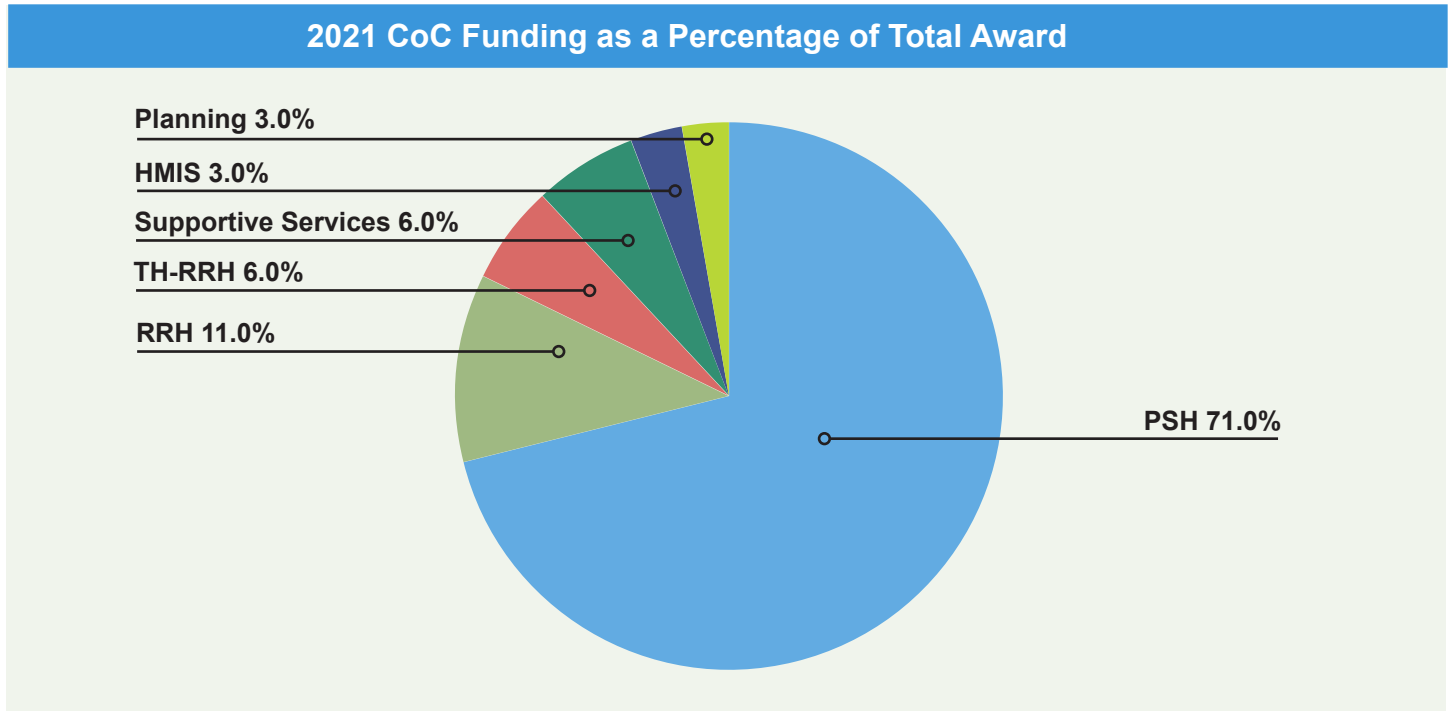
Source: [2017–2021 HUD CoC Award Summary Reports](#)

CoC funds are awarded in specific categories:

- Annual planning grant to the Collaborative Applicant to help cover the cost of administrative and coordination responsibilities.
- HMIS funding to pay for data collection and reporting.
- Supportive services.
- A joint transitional housing and rapid rehousing (RRH) project that provides temporary housing for people exiting homelessness and rental assistance for permanent housing.
- RRH, a time-limited rental assistance program for people exiting homelessness.
- Permanent supportive housing (PSH) to provide long-term rental assistance for people living with a disabling condition.



Figure 2. 2021 Guilford CoC Award by Component



Source: [2021 CoC Program Funding Award](#)

Some service providers in the county have additional funding available to address homelessness. The City of Greensboro, which falls within the CoC boundaries, receives approximately \$200,000 per year in Emergency Solutions Grants (ESG) program funding that is directly awarded by HUD. According to the city’s consolidated plan,<sup>3</sup> all of this money is invested in homelessness

prevention. Service providers in the county received an additional \$250,000 in ESG funding through the state government, which is displayed in the table below. Additionally, The Servant Center received approximately \$360,000 in Veterans Affairs grants to operate a 21-bed grant per diem transitional housing program for homeless veterans with disabilities.

Table 6. State ESG Funding in Guilford County

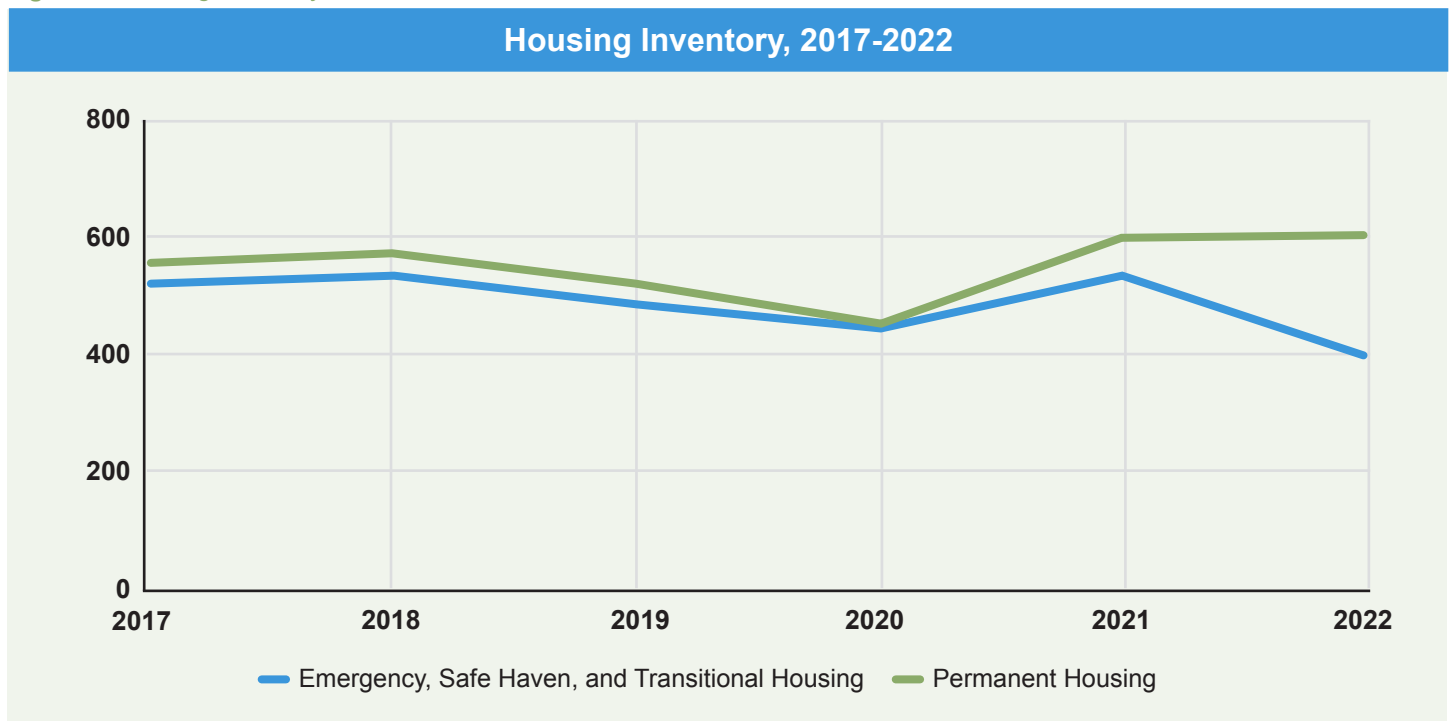
Activity	Amount
Rapid Rehousing	\$45,000
HMIS	\$35,000
Street Outreach	\$41,913
Emergency Shelter	\$33,740
Operations	\$55,860
Financial Assistance	\$65,204

According to the Housing Inventory Count for Guilford CoC, both temporary and permanent housing available for people experiencing homelessness decreased during the pandemic but recovered in 2021. While permanent housing remained flat in 2022, emergency shelter, safe

haven, and transitional housing decreased sharply. Without adequate permanent housing options, the shelter system in Guilford County will continue to be pressured, regardless if more shelter is created.

<sup>3</sup> [Greensboro Housing & Neighborhood Development 2022–2023 Annual Action Plan](#)

Figure 3. Housing Inventory<sup>4</sup>



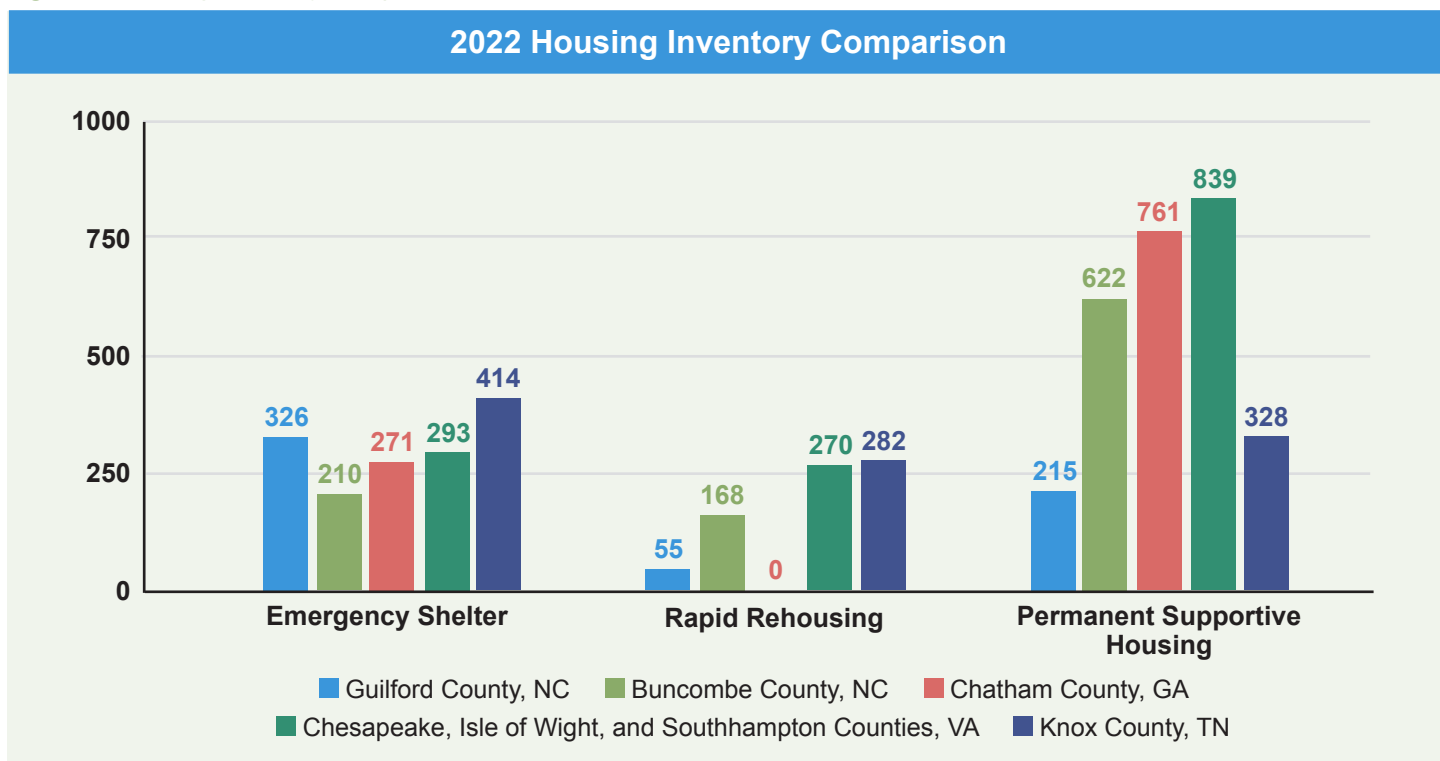
Source: 2017–2022 [HUD Housing Inventory Count Reports](#)

Overall, **homeless services in Guilford County have fewer permanent housing resources** available when compared to areas with a similar number of people experiencing homelessness and funding available. Within the comparison areas in the chart below, Guilford County has the fewest PSH units and few RRH units

when compared to counties in Virginia, Tennessee, and North Carolina that operate CoCs. Guilford County has the second-highest number of emergency shelter beds among the comparison areas. These permanent housing resources are crucial to be able to effectively move people through shelter and into stable housing.

<sup>4</sup>The Housing Inventory Counts for Guilford County prior to 2022 are currently under review for data discrepancies. The CoC is actively taking steps to work with HUD to review and correct bed and housing counts.

Figure 4. Housing Inventory Comparison



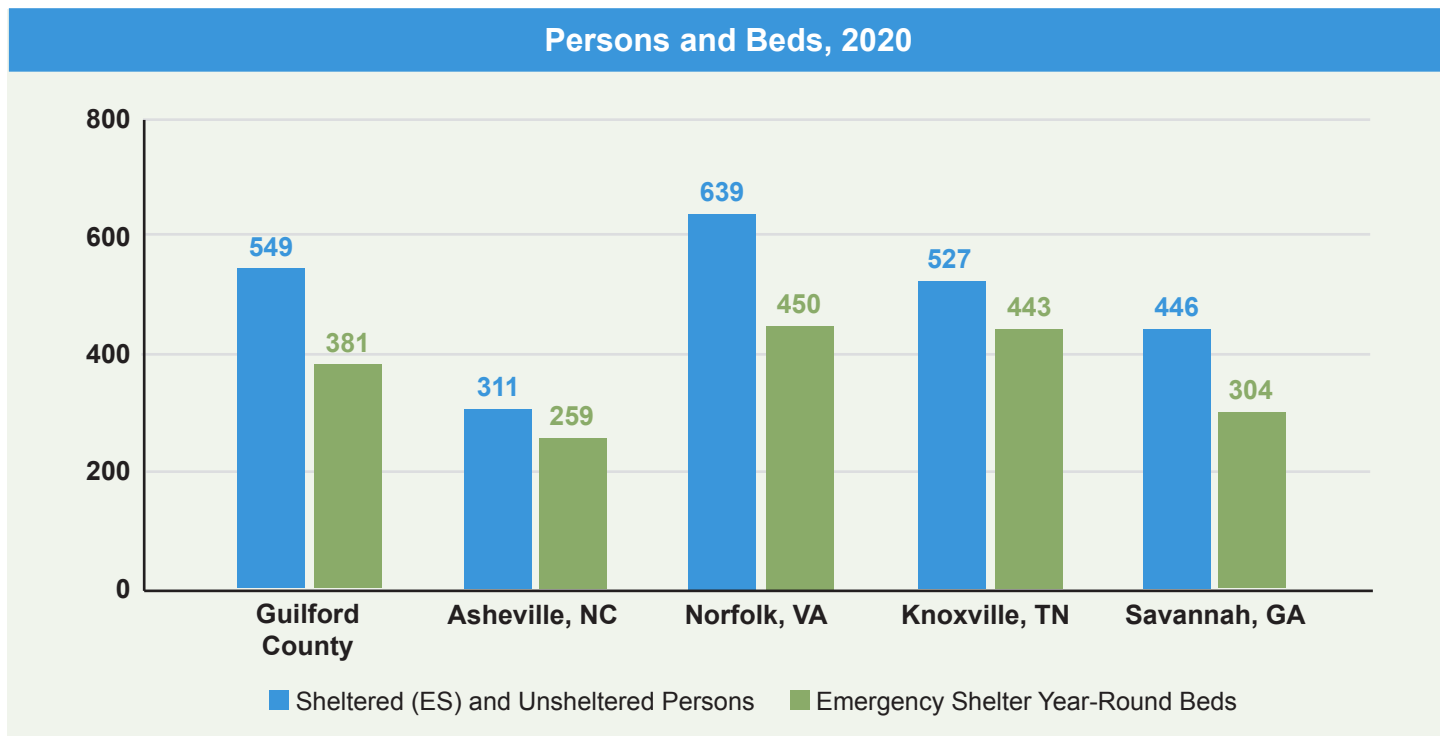
Source: 2022 [HUD Housing Inventory Count Reports](#)

Emergency shelter is an important resource for people experiencing homelessness, as it provides safety from the elements and access to case management and other services. Figure 5 below displays the number of people counted in the PIT count who were either staying in emergency shelter or unsheltered and the number of emergency shelter beds available year-round.

Emergency shelter is not a permanent solution and, to be effective, there must be an adequate number of permanent housing units and case managers to help

move people into stable living situations. When compared to similar cities, Guilford County has similar emergency shelter resources available when considering the number of people experiencing homelessness. Guildford County agencies reported not having a sufficient number of case managers for the number of clients they were serving. HUD suggested [case management ratios](#) depend on the population being serviced, but are generally no more than 30 individuals seeking housing per case manager.

Figure 5. Persons and Shelter Beds



Source: 2020 [HUD PIT and Housing Inventory Count Reports](#)

## ■ Coordination and Local Partnerships

No one organization, agency, or person can prevent and end homelessness alone. It takes organizations and leaders from all different sectors to create policies and programs and bring funding to move our most vulnerable neighbors into housing. The following sections describe best practices for communities to create sustainable partnerships with providers, ESG recipients, businesses, public housing authorities (PHAs), elected officials, and local governments. They are intended to provide context on how the CoC participates in partnerships with other local entities.

### Providers

Homeless service providers should have regular forums and opportunities to submit feedback to their funders, which includes the CoC Collaborative Applicant. Providers should have access to regular training to provide current information on practices funders are encouraging, as well as programs being funded. The CoC should staff or facilitate learning collaboratives for providers implementing similar programs (e.g., RRH) to learn CoC standards and engage in peer learning opportunities.

The CoC can also use its annual local monitoring process as an opportunity to learn about successful practices in local programs and to bring those practices

to other programs. Annual monitoring visits are a great time to work with struggling programs to adopt more successful practices or ensure compliance with regulatory requirements.

### ESG Recipients

Federal government funding through the CoC and ESG awards is simply not enough to house everyone experiencing homelessness or at risk of homelessness. Therefore, the CoC must work closely with local and state ESG recipients to make sure that the funding streams are not duplicative or working in opposition to each other. Instead, if the CoC and the ESG recipients work in conjunction with one another, they can make their limited dollars go further. The following are some of the ways the entities can work collaboratively.

- **Written standards:** Although ESG recipients are not explicitly required to consult with CoCs on the development of written standards for providing ESG assistance, recipients that do coordinate with CoCs on standards for assistance are likely to achieve more effective results. CoCs and ESG recipients should coordinate to align their written standards and ensure that all households eligible for assistance are assessed and prioritized for assistance as consistently as possible.

- **CE:** ESG recipients must work with the CoC to ensure the screening, assessment, and referral of households in a CoC's CE system are consistent with ESG written standards.
- **Homeless strategy:** ESG recipients must consult with the CoC in order to prepare both their homelessness strategy and plan for the allocation of resources to address the needs and gaps of households experiencing homelessness and at risk of homelessness.
- **Performance standards:** ESG recipients must consult with the CoC when developing performance standards for, and evaluating the outcomes of, projects funded by ESG. Standards should be tied to each eligible ESG activity to increase the performance of the homeless response system in the community.

Coordination and consultation between the ESG recipients and CoC could occur in meetings between the entities, presentations from the CoC on their needs and gaps in the homeless response system, sharing of draft documents such as written standards or performance standards for review and comments, creating a work group with representation from both entities, or allowing the CoC to participate in co-monitoring ESG recipients in their geographic area.

## Businesses

Local businesses and communities thrive when everyone in the neighborhood has housing. Working in partnership with the business community such as a downtown merchant association or chamber of commerce can return households to stable housing while also improving the downtown district where the businesses operate. The business sector can bring financial expertise, funding, and assistance with political or community engagement. Educating the business community on the work the CoC is doing and giving businesses specific tasks or ways that they can contribute to the effort often helps those entities that are not involved in the day-to-day work combatting homelessness.

In San Luis Obispo, California, the CEO of the nonprofit business association Downtown SLO has served on the county's Homeless Services Oversight Council along with local homeless service providers. This partnership has allowed the business association to learn about homelessness in the city while creating relationships with local agencies. The city partnered with Downtown SLO and the local Community Action Agency CAPSLO on a grant to create a Downtown Ambassador Program

that funded 20 hours of outreach in the downtown area to address the needs of unsheltered individuals and connect them to resources. Through this program, the outreach worker recruited individuals experiencing homelessness for basic cleaning duties as part of a job-readiness program.

## Public Housing Authorities

Local housing authorities can and should play a big part in the CoC as they bring much-needed permanent rental subsidies into the homeless response system. PHA staff should serve on the CoC board or the CoC should have a standing seat on the board for a local PHA representative. This helps PHA staff become knowledgeable about the CoC and the various partners that work in the homeless response system and allows for PHAs to think creatively about how they can contribute to ending homelessness. PHAs can participate in case conferencing to discuss missing documents from applicants or how PHAs can adjust requirements or processes to minimize challenges for homeless applicants. To mutually support rehousing efforts, the CoC and PHA should share landlord lists and hold joint landlord engagement events.

To improve CoC data, PHAs should contribute to reporting and data analysis in partnership with the CoC. PHAs should use HMIS and receive all CoC training, especially if the PHA contributes Housing Choice Vouchers to people experiencing homelessness. This provides the CoC with data on client outcomes after receiving a voucher, improving planning processes.

PHAs and the CoC should engage in mutual training on each other's organizations, structures, and regulations. PHAs should provide training on PHA policies and procedures so that CoC providers can understand the process and how best to support their clients. CoCs can provide training to PHAs on the homeless response system to best understand local needs and how policies may be implemented.

CoCs and PHAs that had existing collaborations and relationships tended to have a faster implementation of the Emergency Housing Voucher program, a new program born out of the Coronavirus Aid, Relief, and Economic Security Act funding. HUD required both entities to work together to determine the best use and targeting of the vouchers, to enter into a memorandum of understanding, and to receive all referrals through the CoC's CE system. Currently, the Housing Authority of Greensboro is serving 21 households out of 40 total Emergency Housing Vouchers.

Creating regular check-ins with local PHAs ensures that housing opportunities for people experiencing homelessness are not missed. As of October 2022, the following special-purpose vouchers had vacancies:

- Housing Authority of Greensboro
  - Mainstream vouchers—81 percent utilization (162 out of 200 leased up)
  - Family Unification Program vouchers—64.6 percent utilization (73 out of 113 leased up)
  - Non-Elderly Disabled vouchers—72 percent utilization (288 out of 400 leased up)
  - Veterans Affairs Supportive Housing vouchers—86.4 percent utilization (108 out of 125 leased up)
- Housing Authority of the City of High Point
  - Mainstream vouchers—84.46 percent utilization (125 out of 248 leased up)
  - Family Unification Program vouchers—93.18 percent utilization (41 out of 44 leased up)
  - Veterans Affairs Supportive Housing vouchers—88.57 percent utilization (31 out of 35 leased up)

Once a CoC builds a solid relationship with local PHAs, efforts may include implementing a Moving On strategy to transition clients in PSH who no longer require intensive case management but still need an ongoing rental subsidy. The Moving On initiative can build flow in the CoC system by opening up PSH vacancies. For more information on how a PHA can implement a Moving On initiative, please review the [Public Housing Agency Moving On How-To Guide](#). Additionally, the CoC can review what went well and what could be improved with the Emergency Housing Voucher program and apply those lessons to other collaborations such as a homeless preference.

### Elected Officials

It is often scary for CoCs to have elected officials involved in CoC business. CoCs need to educate officials as to the different funding streams, CoC structure, and national best practices so that all parties are headed in the same direction. Elected officials often get pressure from constituents or businesses around visible homelessness, so meeting the needs of households experiencing homelessness can not only reduce costs to local taxpayers but also improve the quality of life for all persons in a community.

Officials can bring political support to ideas and projects. They can also bring funding and facilitate cross-agency coordination. For example, in Chicago, the mayor created a homeless task force that included 15 city departments and agencies, including the Chicago Police Department, Chicago Public Schools, Chicago Public Libraries, Chicago Transit Authority, Chicago Housing Authority, and the Park District. All of the agencies engage in some aspect with households experiencing homelessness. The task force created a chronic homelessness pilot and the mayor played a key role in bringing stakeholders to the table. In addition, the mayor's office sent a city-wide letter to landlords using contact lists from the Housing Authority and Department of Buildings, successfully encouraging over 300 landlords to rent to people exiting homelessness.

### Inter-Local Coordination

Providers believed that coordination could be improved at the CoC and local government levels. In the provider survey, nearly two-thirds (65 percent) said they were dissatisfied with the current coordination of homeless services in the county. Multiple providers in interviews expressed that they felt in competition rather than partnership with each other for resources and that programs should be evaluated transparently to determine funding allocations. In interviews, they also cited a need for the CoC board and policymakers to open channels of communication so that homeless services providers and people experiencing homelessness can inform decision-making and policies. In the survey, providers expressed optimism that Guilford County could lead the coordination of providers, act neutrally for funding decisions, and bridge the gap between providers and the local governments of Greensboro and High Point.

The provider survey asked which areas local providers were not currently coordinating, but would like to. The top three responses are in the table below. Providers expressed strong interest in working with the county to improve services for priority populations, homeless outreach, and landlord engagement.

**Table 7. Top Areas for Collaboration Identified in Provider Survey**

Area of Collaboration	Percentage of Survey Respondents
Improving services for priority populations (e.g., veterans)	33%
Homeless outreach	33%
Landlord engagement	33%

The majority of providers interviewed (11 out of 20) cited difficulties working with PHAs, particularly in High Point. Issues these providers encountered included barriers to access, limited vouchers, long waitlists, landlords not accepting vouchers due to stigma, cumbersome paperwork, and/or rents that exceed FMR estimations. In addition, clients cited barriers to participating in PHA programs. Specifically, clients struggled with rules pertaining to shared housing, long waitlists and lack of follow-up, and a lack of support while searching for housing.

One way PHAs and local service providers often collaborate is through PHA policies that provide homeless preferences for resources. High Point does not have a homeless preference. Greensboro has seven preferences, one of which is for families who are current participants in a CoC-sponsored homeless program and were referred by the CoC or for veterans referred by Veterans Affairs. These families must be receiving documented supportive services and must have been defined as chronically homeless individuals or families.

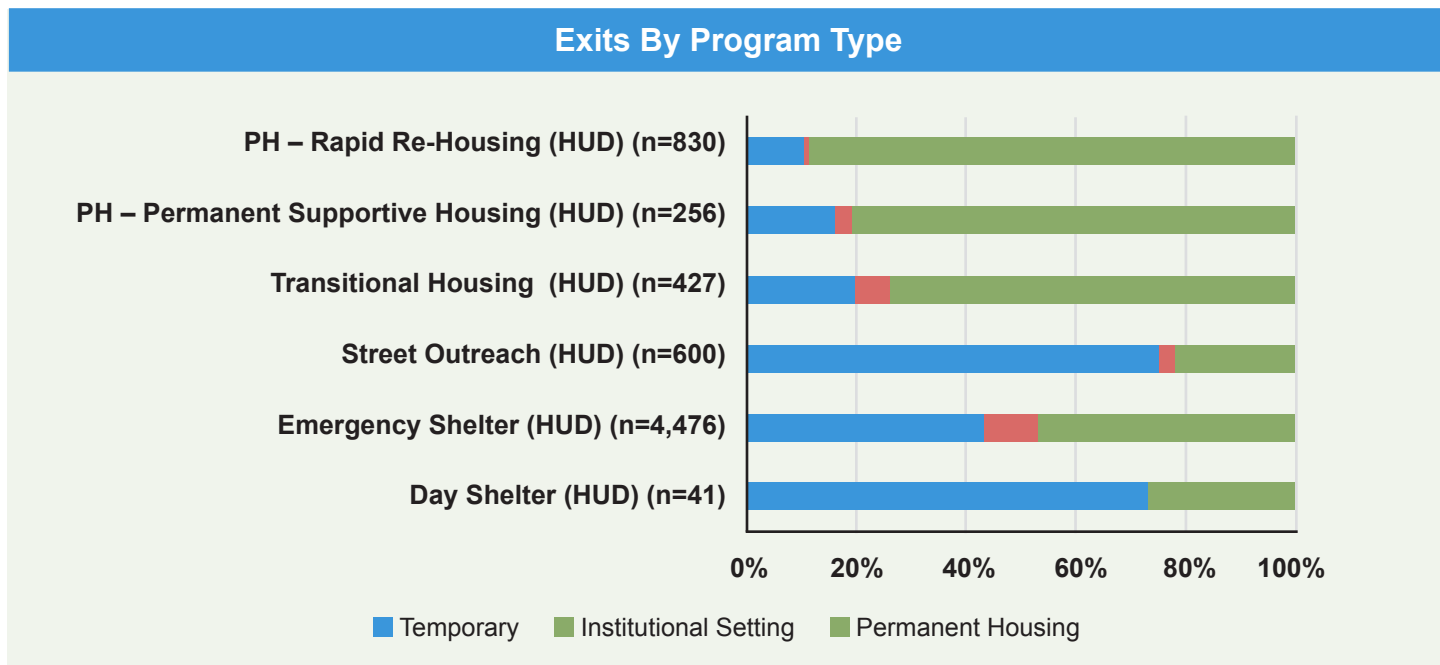
## ■ System Outcomes

This section presents the analysis of HMIS data from Guilford County. It summarizes data on exits to permanent housing from CoC programs, including differences and disparities between subpopulations (e.g., people with disabilities). This provides evidence and context for existing system gaps and disparities.

Overall, 9,006 clients accessed a range of Greensboro, High Point CoC homeless programs and housing resources from January 2019 through August 2022. These programs and resources include emergency shelter, homelessness prevention, PSH, RRH, supportive services, transitional housing, day shelter, CE, and street outreach. In 2021, it took an average of 112 days to house someone after they were enrolled in homeless services. This wait was slightly longer for families with children (136 days).

A majority of enrollments exited to homelessness or institutional settings from emergency and day shelters (see Figure 6). When speaking to homeless services providers about individuals and families transitioning out of emergency shelters into permanent housing, most were unaware or had limited knowledge of programs that were having successful outcomes. Transitional housing has been relatively more successful at intervening to ensure clients move into permanent housing destinations as they exit the program. In interviews, a couple of providers highlighted that certain RRH and PSH programs have been effective at producing positive outcomes for clients.

Figure 6. Exits by Program Type



Source: Local HMIS Data

A couple of homeless service providers expressed that addressing chronic homelessness and recidivism has been a challenge. Data suggest that over the long term, returns to homelessness from permanent housing in Guilford County are relatively high. According to 2021 data, approximately one in every five households who are permanently housed will become homeless again within two years. This high return rate among people that moved into permanent housing suggests a need for support to ensure clients can remain stably housed in the long term.

### Specific Populations: Outcomes and Disparities

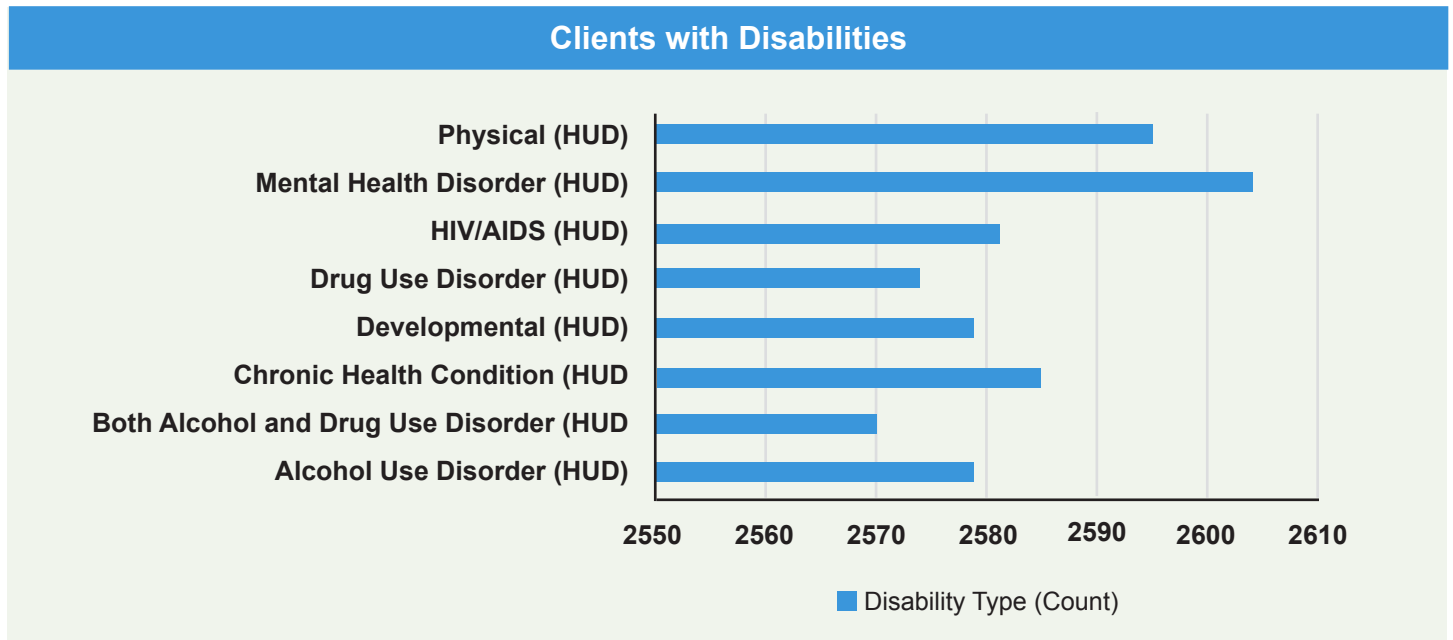
The following section provides an overview of outcomes for the following subpopulations experiencing homelessness: clients with disabilities, youth, veterans, families, and racial disparities. This section provides insights into the representation of these groups among people experiencing homelessness and tracks disparities in outcomes within the homeless assistance system.

### Clients With Disabilities

People experiencing homelessness have a disabling condition (physical, mental health disorder, developmental, etc.) at a higher rate than the overall (housed) population in Guilford County. Many homeless service providers mentioned mental health and drug use disorders as major contributors to homelessness in their area. Data collected in HMIS suggest that the prevalence of disabling conditions was approximately evenly distributed across types of disabling conditions, ranging from 2,550 individuals to slightly over 2,600 (see Figure 7). Over the past three years, the prevalence of drug use disorders has been skewed toward older age groups compared to youth (i.e., 24 or younger—see Figure 8).

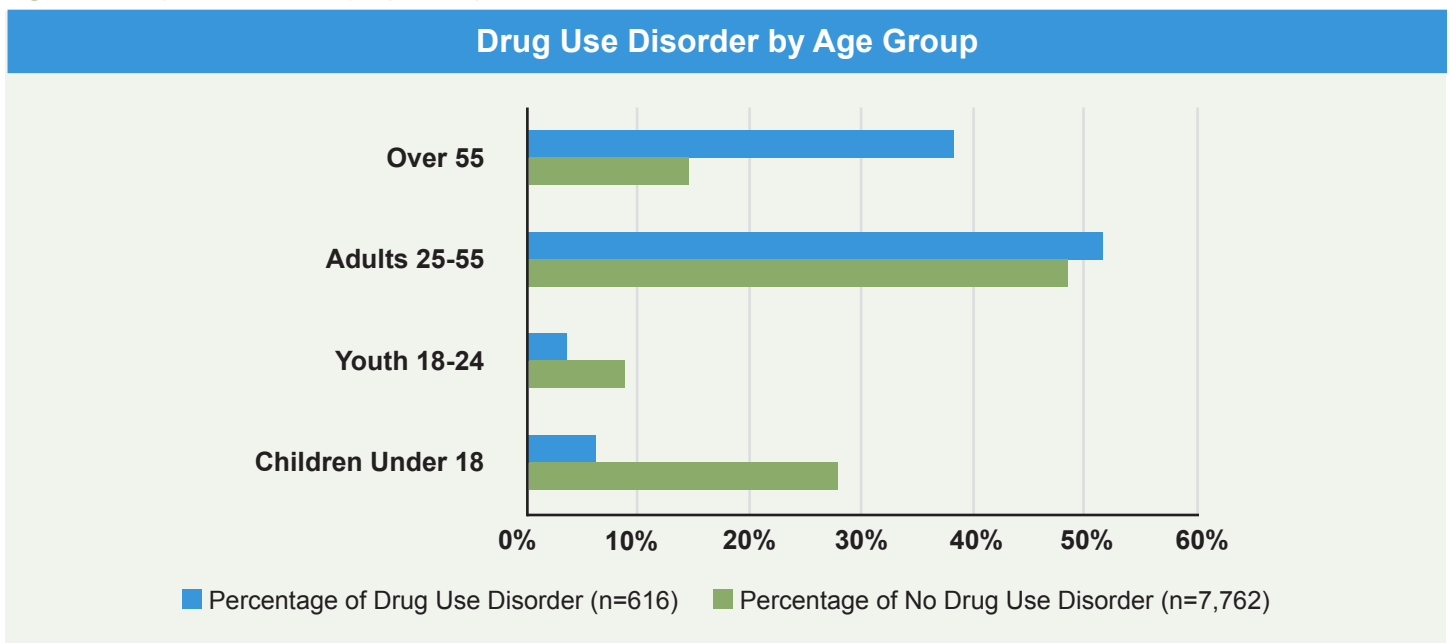


Figure 7. Clients with Disabilities



Source: Local HMIS Data

Figure 8. Drug Use Disorder by Age Group

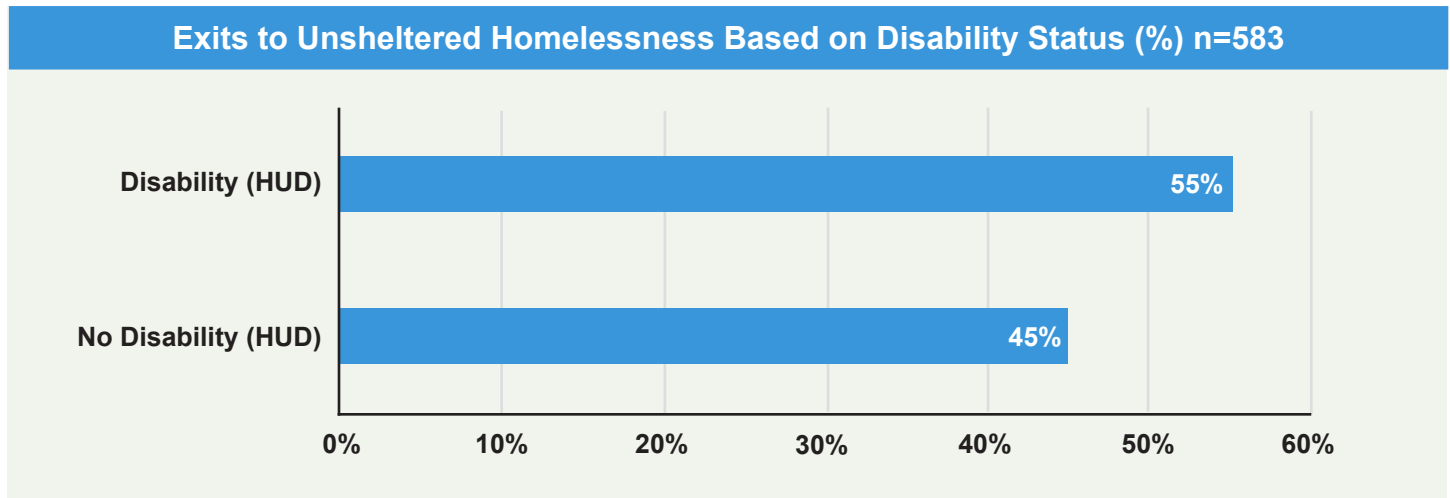


Source: Local HMIS Data

HMIS data from the past three years indicate that outcomes for people with a HUD-defined disability were worse than for clients without a HUD-defined disability.

Specifically, clients that had a disability exited at a higher rate into unsheltered homelessness (i.e., places not meant for human habitation—see Figure 9).

**Figure 9. Rate of Exits to Unsheltered Homelessness by Disability Status**



Source: Local HMIS Data

### Youth

Of clients experiencing homelessness or at risk of homelessness, 2,933 were younger than 25 years old and 28 percent (825) of these clients belonged to a single-person household. Furthermore, Black, African American, or African youth are overrepresented compared to older age groups. Specifically, Black, African American, or African clients made up 69

percent of clients aged 25 and older, while Black or African American clients made up 79 percent of youth experiencing or at risk of homelessness. Multiracial youth were also overrepresented compared to older clients (i.e., aged 25 and older). Of youth aged 18–24, 23 percent had a disability of some kind and 1 percent identified as transgender.

**Table 8. Gender Counts and Percentages Among Youth Aged 18–24**

Gender	Count	Percentage
Cis Female	404	56%
Cis Male	309	43%
Transgender	5	1%
A gender other than singularly male or female	2	<1%
Total	720	100%

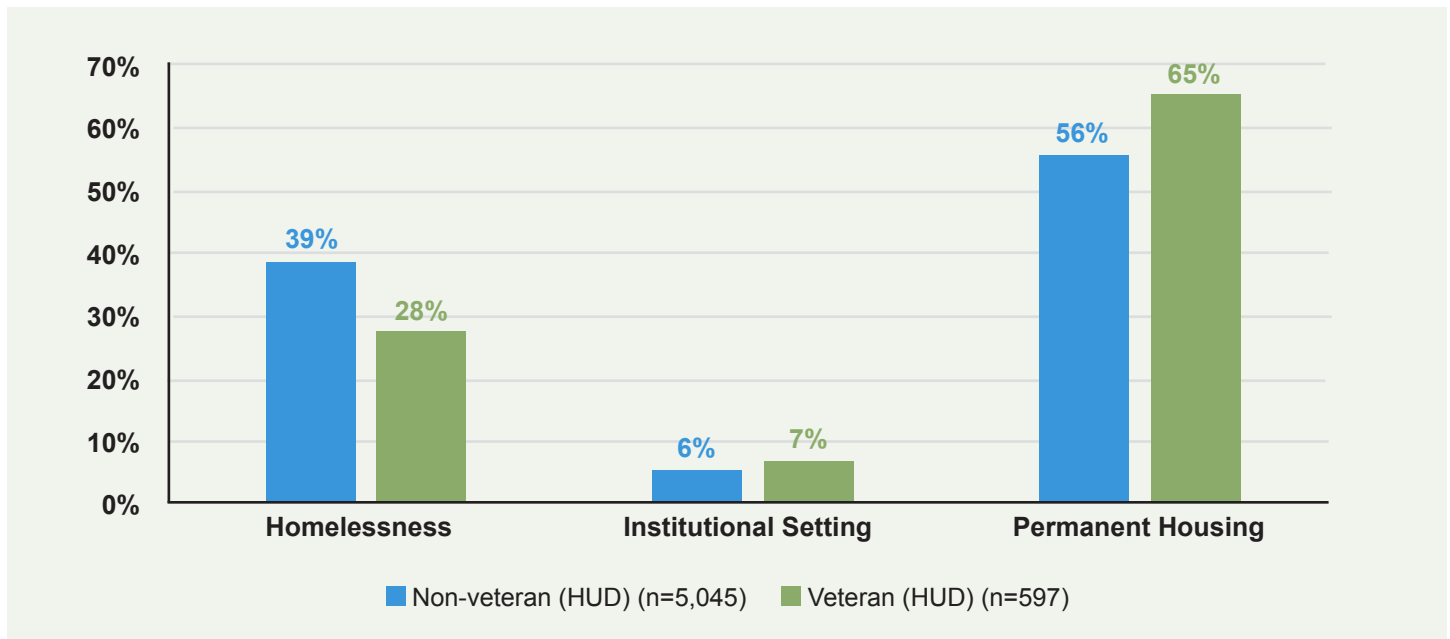
Source: Local HMIS Data

### Veterans

The majority of veterans experiencing homelessness (55 percent) were over the age of 55 years old. Veterans experienced positive outcomes at a higher rate than non-veterans while accessing homelessness assistance. Specifically, veterans exited into permanent housing at a slightly higher rate than non-veterans and exited into

temporary housing or homelessness at a slightly lower rate than non-veterans (see Figure 10). However, veterans made up a notable portion (17 percent) of clients returning to homelessness from permanent housing and had a very high rate of disability compared to non-veterans (60 percent).

**Figure 10. Known Exits Based on Veteran Status for Permanent Housing (RRH and PSH), Day Shelter, Emergency Shelter, Safe Haven, and Transitional Housing Programs**



Source: Local HMIS Data

### Families

Of all clients, 39.21 percent belonged to family households and 35.2 percent belonged to families with children. The vast majority of families with children were Black, African American, or African (85 percent).

From January 2019 to August 2022, 1,621 families accessed homelessness assistance. The average size of families at entry was 3.1 people. Most families accessed emergency shelter and/or homelessness prevention services; 82 percent of families that accessed homeless services and programs exited to a permanent housing destination.

### Racial Disparities

Black, African American, and African people are overrepresented among people experiencing homelessness compared to the overall (housed) population. Specifically, Black, African American, and African people make up approximately 71 percent of people that accessed homeless programs and services in Guilford County but represent only an estimated 36 percent of the overall (housed) population in Guilford County.

In terms of known outcomes,<sup>5</sup> Black, African American, and African clients exited programs to permanent housing at a higher rate (59 percent) compared to White clients (45 percent). White clients exited to an institutional setting at three times the rate (15 percent) of Black, African American, or African clients (5 percent). On the other hand, Black, African American, or African clients returned to homelessness from permanent housing at a higher rate (6 percent) than White clients (4 percent).

<sup>5</sup>Outcomes reflect emergency shelter, permanent housing (RRH and PSH), safe haven, and transitional housing programs

**Table 9. Percentage by Race of People Experiencing Homelessness**

Race Category	Count	Percentage
American Indian, Alaska Native, or Indigenous (HUD)	62	0.74%
Asian or Asian American (HUD)	29	0.35%
Black, African American, or African (HUD)	5,970	71.32%
Multiracial	316	3.77%
Native Hawaiian or Pacific Islander (HUD)	28	0.33%
White (HUD)	1966	23.49%
Total	8,371	100.00%

Source: Local HMIS Data

## ■ Building On What Works Well

This section outlines the elements of Guilford County’s successful homeless response systems, detailing how these accomplishments can be built upon. These are: engagement from the business community, programs for veterans, CoC engagement, and staff support.

### Engagement From the Business Community

The business community of Guilford County is impacted by homelessness in the area. Business owners who participated in the survey and listening session described a great deal of sympathy for people experiencing homelessness, often helping people call for services, providing food or water, and engaging people in conversation regularly. Despite supporting people experiencing homelessness as individuals, business owners also expressed that the large number of people experiencing unsheltered homelessness also negatively impacts their livelihoods because of people not wanting to travel downtown and safety issues sometimes caused by mental health crises.

Nearly all business owners and managers who participated in this analysis were supportive of the CoC and expressed interest in further engagement. All listening session participants stated they would be willing to advocate for homeless services and 94 percent of survey respondents said they would partner with local providers to address homelessness in Guilford County. This base of engagement presents a unique opportunity for partnership with businesses as advocacy partners and a resource for outreach workers seeking to engage people.

Despite this willingness, only 50 percent of business survey respondents said they call service providers when they need assistance with someone experiencing homelessness, instead opting to contact the police or local healthcare providers. Of those who had engaged with services providers, 60 percent said they were very unsatisfied with homeless services and outreach teams’ responses. Reasons for dissatisfaction included no one arriving or a lack of resolution to the situation. Of those who did not contact homeless services, the most common reason was not knowing how to get in touch with service providers.

The CoC should take the following steps to build engagement with the business community.

- **Meet regularly to provide information and hear concerns.** Invite business owners and managers to regular forums to hear concerns and needs among people experiencing homelessness, engage in advocacy opportunities and let businesses know how they can support homeless services, and provide up-to-date information on shelters and outreach teams that can be contacted when needed.
- **Provide training and connections for Downtown Ambassadors.** During the business listening session, Downtown Ambassadors described frequently needing to address incidents involving people experiencing homelessness. These workers should receive training in how to engage with people experiencing homelessness while waiting on assistance, as well as ways to contact homeless services and mental health providers who can respond to these events.

## Programs for Veterans

Many clients spoke highly about their experiences working with the U.S. Department of Veterans Affairs in connecting them to entitlements (Social Security Disability Insurance, Medicare, etc.) and housing. Three clients expressed gratitude for the Veterans Affairs Supportive Housing program and felt that the apartments they were housed in met their needs in terms of neighborhood, safety, proximity to services, and accommodation for families. One client expressed that they would highly recommend accessing services and programs through the U.S. Department of Veterans Affairs and the Servant Center, and multiple clients expressed that they did not have to wait long to get help and get connected to services. Veteran clients moved into permanent housing destinations compared to non-veterans at a higher rate (see Figure 10) but also had a disabling condition at a higher rate than non-veterans. In addition, the majority of veterans were older adults (aged 55 and older). Veterans with disabling conditions face more barriers to maintaining their permanent housing and would benefit from ensuring connections to mainstream benefits, supportive services, and medical care.

## Engagement and Full Membership Meetings

Currently, the Guilford County CoC holds monthly meetings for the general membership of the CoC. This is unusual for CoCs, as a continuum will often only have a full membership meeting twice a year to meet the HUD requirement. While holding a full membership meeting twelve times a year adds additional work for the Collaborative Applicant and potentially other members of the CoC Board, it does allow for stronger engagement and understanding of the CoC structure, annual requirements, and current issues. Ensuring that people with lived experience of homelessness are engaged, in positions of power on the CoC board, and potentially compensated for their time is paramount to making decisions that will impact households experiencing homelessness.

In addition to robust membership engagement in CoC Board meetings, the Collaborative Applicant has reported strong engagement from CoC members on the CoC's committees and workgroups. This engagement also allows for many CoC members to be knowledgeable about CoC fundamentals in addition to issues and challenges. Using the current committees and workgroup structure may be a good way to prioritize and start working on recommendations from this report.

## New CoC Staff at Guilford County

CoC funding from HUD often does not cover the operation and staffing needs of a CoC. As the new Collaborative Applicant, Guilford County quickly realized that more staff were needed to meet and exceed annual HUD CoC requirements. Adding staff to engage with the community, work on compliance and monitoring issues, and work on housing programs will free up the CoC Lead to do the “big-picture” system work that is critical to moving a CoC forward.

## ■ Closing System Gaps

This section outlines the key gaps that were identified through this analysis. These gaps impact the overall ability of Guilford County to effectively shelter and rehouse people experiencing homelessness. These gaps should be considered by county and CoC leadership for future funding and strategic priorities.

### 1. Improve Access to the Crisis Response System

Both providers and clients felt that it could be difficult to access crisis services, including shelter, outreach, and CE. Providers recounted difficulty with referrals and connecting clients to needed services. Clients expressed frustration with needing to call multiple places, sometimes with calls going unanswered, to meet their basic needs. In the survey, nearly half (46 percent) of providers said they “never” or “rarely” know the outcomes of their referrals.

One set of challenges revolved around outreach. Clients expressed that outreach services in Guilford County are limited outside of Downtown Greensboro. This created difficulty regularly connecting with case managers and learning of opportunities to move into shelters or housing or participate in other services. Additionally, providers noted that outreach is not adequately connected to CE. One provider noted that this causes clients to “fall through the cracks” and providers to “lose credibility” with the people they are serving. One-third (33 percent) of survey respondents said they are not currently coordinating with other providers on outreach but would like to.

Another gap was the availability of shelters. Providers reported that shelters were not exiting people in a timely manner, creating a bottleneck for people seeking to enter shelter programs. Clients reported that they often had to call multiple agencies directly (rather than be connected through CE or a case manager) to find an open shelter bed. Often, their phone calls went unreturned or no one at the agency answered. In the

provider survey, nearly half (40 percent) of respondents said that the shelter system has the greatest need for improvement in Guilford County. One provider commented, “The existing shelter system functions in a highly carceral manner.” Many other providers noted requirements to enter shelters, including payment, identification, or sobriety. Clients who were able to access shelters generally described positive experiences, including with case management services offered.

Finally, providers noted several issues with the current CE system in Guilford County. Providers noted that CE is not universally available for every person experiencing homelessness and that providers select people for housing and services in uncoordinated ways. They also noted that the shelter and outreach systems are not fully connected to CE, making them ineffective front doors to the homeless service system.

The CoC recommends the following strategic actions to address these gaps:

- **Strengthen coordination across outreach programs.** Outreach must be coordinated to ensure consistent access across the county and regular coverage of different areas. Outreach teams must be connected to CE to help build relationships and trust to encourage clients to engage with services and seek medical care. These teams should be trained in assessment to help meet people where they are to begin collecting required documentation and other information.

*“We need more advocates on the street. A lot of homeless people don’t want to be outside.”*  
—Client interview

- **Establish consistent ways of prioritizing clients.** CE policies should outline how clients will be prioritized for housing and this policy should be followed by all CoC-funded providers. All providers should be drawing from established lists for housing resources.

*“The by-name list is not equitable. African American women with children are discriminated against on the list.”*

—Provider interview

*“The CoC CE process is broken.”*

—Provider survey

- **Improve tracking of shelter beds.** While the lack of permanent housing resources creates a shortage of shelter beds, existing resources are not used in a coordinated way. This leaves clients to call multiple shelters to find vacancies. Shelters should be part of CE and vacancies should be real-time to improve client access. CoC shelter standards should emphasize removing barriers to programs.

## 2. Increase Data-Informed Decision-Making

Planning and funding processes should be grounded in data that can describe the size, demographics, and needs of people experiencing homelessness. One of the best sources for this information is the local HMIS. This report partially relies on HMIS data to understand the outcomes of the homeless service system in Guilford County. However, the county strives to make several important improvements to how HMIS data is collected and used by homeless service providers:

- **Increase overall HMIS participation.** HUD encourages HMIS participation from all homeless service providers. For providers who receive CoC or ESG funding, participation is often mandatory. Currently, CE is not incorporated into the Guilford County HMIS and some shelter programs also do not participate. All programs should be integrated into the HMIS system and have their staff trained on the system.
- **Support the HMIS Lead to develop regular reports that can be used to assess homelessness in the county.** The CoC should work with the HMIS Lead to determine reports, such as current exits, returns, and other system performance indicators, that can be reviewed regularly to assess current operations and initiatives. The HMIS Lead may be supported by the Michigan Coalition Against Homelessness, which assists North Carolina with implementing HMIS. The Michigan Coalition Against Homelessness should be leveraged for all available technical assistance.

- **Improve data quality.** HMIS data provides an important resource for understanding outcomes and performance of the overall homeless system and disparities. It is important, then, that HMIS Lead Agencies plan to guarantee the reliability and quality of their HMIS data. An HMIS data quality plan should cover all steps in the data life cycle, spanning from data collection to analysis, and at a minimum “identify the responsibilities of all parties within the CoC that affect data quality; establish specific data quality benchmarks for timeliness, completeness, and accuracy; describe the procedures that the HMIS Lead Agency will take to implement the plan and monitor progress to meet data quality benchmarks; and establish a timeframe for implementing the plan to monitor the quality of data on a regular basis.”<sup>6</sup> HUD has developed an [HMIS data quality plan toolkit](#) to help Lead Agencies set and achieve their data quality benchmarks and goals. Although not required, HUD has also recently published an [HMIS data quality monitoring tool](#) to check the validity and completeness of local HMIS exports. This tool applies logical checks to determine which values for data elements are valid, identify patterns in data entry errors, and check that required data elements are complete. Guilford County does not currently have a data quality plan in place.

### 3. Center the Experiences of People With Lived Experience of Homelessness

Across the country, CoCs are starting to more meaningfully engage people with lived experience and expertise of homelessness in their homeless response systems, as they have the most information about the system and how it operates. In addition to sharing valuable insight, bringing people with lived experience into decision-making positions can lead to more equitable outcomes in the homeless system. In the provider survey, only 11 percent of respondents identified as people with lived experience. Additionally, some clients who participated in interviews had done homeless advocacy work in the past or were interested in doing this work to improve programs. HUD, as a CoC funder, has strongly emphasized and incentivized authentic engagement of people with lived experience.

People who do not know where they are going to sleep or eat likely have high rates of stress, trauma, sleep deprivation, or behavioral health concerns. They also may have been historically marginalized or stigmatized, which can cause some reluctance to share their experiences and voices. One client expressed that they

have been ridiculed and also turned away from services at a business because they were perceived as experiencing homelessness. Engaging people experiencing homelessness may be a bit more challenging, but there are ways to mitigate the challenges.

- **Create structure and supports for people with lived experience.** The CoC must create the budget and staff time for authentic engagement. The CoC should create a compensation plan so people with lived experience attending a CoC meeting, workgroup, or focus meeting are compensated for their time. People with lived experience may need either additional funds built into their hourly rate or a stipend on top of their payment in order to pay for transportation to get to in-person meetings or technology needs to attend virtual meetings. Assigning staff to onboard people with lived experience, explaining the CoC structure and acronyms, and helping them to prepare for workgroups or meetings is paramount. Ensuring that more than one person with lived experience is part of a working group can assist against tokenization and also help to create community agreements for people to feel safe to voice their opinions. Authentic engagement should also be written into CoC governing documents such as the governance charter.

- **Create genuine participation and leadership.**

Historically, CoCs have not listened to people that have used the homeless response system or have used them to participate in one-off collaborations such as focus groups or surveys with no follow-up to the results. Authentic engagement requires the participation of people with lived experience from the beginning of projects instead of as a reviewer at the end for a perfunctory approval. It also requires sharing or relinquishing power and decision-making authority.

### 4. Strengthen Partnerships for Supportive Services

Many people experiencing homelessness in Guilford County have co-occurring health issues or experiences linked to trauma. Both providers and clients felt that current partnerships between homeless services and healthcare, including mental health, were inadequate. These connections were particularly important for youth and families. Providers expressed that the lack of health services made it difficult to fully serve people experiencing homelessness with appropriate referrals and supportive services. Clients with disabling conditions felt their circumstances added additional challenges to finding and maintaining housing.

<sup>6</sup>[From Intake to Analysis: A Toolkit for Developing a Continuum of Care Data Quality Plan](#)

**Table 10. Co-Occurring Issues or Traumatic Experiences**

Co-Occurring Issue	Percent of Clients in HMIS January 2019–August 2022
History of domestic violence	9.13%
Mental health challenge	15.89%
Physical disability	11.59%
Developmental disability	28.16%
Alcohol abuse	28.37%
Drug abuse	28.33%
Both alcohol and drug abuse	28.27%

Source: Local HMIS Data

Providers expressed an interest in strengthening collaboration with mental health and substance use disorder services and programs. This includes expanding outreach among Projects for Assistance in Transition from Homelessness (PATH) teams and other providers to bring people into shelters and services. In the provider survey, client mental health was the top

challenge providers noted to working with unsheltered clients (70 percent of respondents). Providers noted that there are not enough homeless system employees trained to manage the unique needs of people experiencing disabilities, including mental health disabilities, which often leads to clients disengaging from services or being removed from shelters.

**Table 11. Returns by Subpopulation**

Subpopulation	Rate of Return
HUD disabling status	9.34%
Domestic violence	9.85%
White	3.97%
Native Hawaiian or Pacific Islander	0%
Multiracial	4.75%
Black/African American	6.03%
American Indian/Alaska Native	9.68%
Chronically homeless	11.10%
Transgender or gender non-conforming	2.38%
Veteran	11.48%
Unaccompanied youth under the age of 24	2.65%

Source: Local HMIS Data

Additionally, there are not enough services to refer people to. While providers praised the urgent mental healthcare service in the county, they noted that there are no long-term services that help promote stability over time. This lack of ongoing support puts housing placements at risk. Some clients noted that it is difficult for them to maintain engagement in services and their

housing due to health conditions and lack of transportation to get to appointments.

Providers also noted that COVID-19 has impacted collaborations with the school system on homelessness. Youth homelessness is unique and requires a different kind of outreach to ensure that resources can reach young people. One provider noted



that they have had young clients experiencing homelessness commit suicide due to their inability to obtain appropriate mental and behavioral health support.

To promote partnerships, the CoC should take the following steps:

- **Draw on county connections to health agencies.** Guilford County, as the Collaborative Applicant, may have unique inroads to public health and other services to help convene and coordinate service providers.

*“We don’t have a frontline mental health provider.”*  
—Provider interview

*“There’s a stigma of trying to get help for people with mental health issues, and people don’t have money for insurance or a copay in a dollar-for-dollar system.”*  
—Provider interview

- **Provide training for managing a mental health crisis.** While homeless service providers may not be mental health clinicians, they may receive training in how to handle acute emergencies until a client can access a hospital, urgent mental health services, or other appropriate resources. This training may help de-escalate situations and allow more clients to maintain a relationship with a service or shelter without being banned.

*“Mental health is the reason people are losing housing and remaining unsheltered.”*  
—Provider interview

*“There are not enough service providers equipped or trained to work with substance use disorder, mental health, and disability—they get discharged from a facility into homelessness, then they get discharged in unsheltered homelessness.”*  
—Provider interview

- **Invite partners to full membership CoC meetings or other relevant committees.** Providers suggested that the school be more active in collaborating on outreach efforts and have mechanisms in place to ensure connections to housing resources and eviction prevention services, particularly programs targeted at families and youth. They also expressed a desire for healthcare providers to be more active and accessible in homelessness response.

*“There is no coordination with mental health and substance use [programs] could be better.”*  
—Provider interview

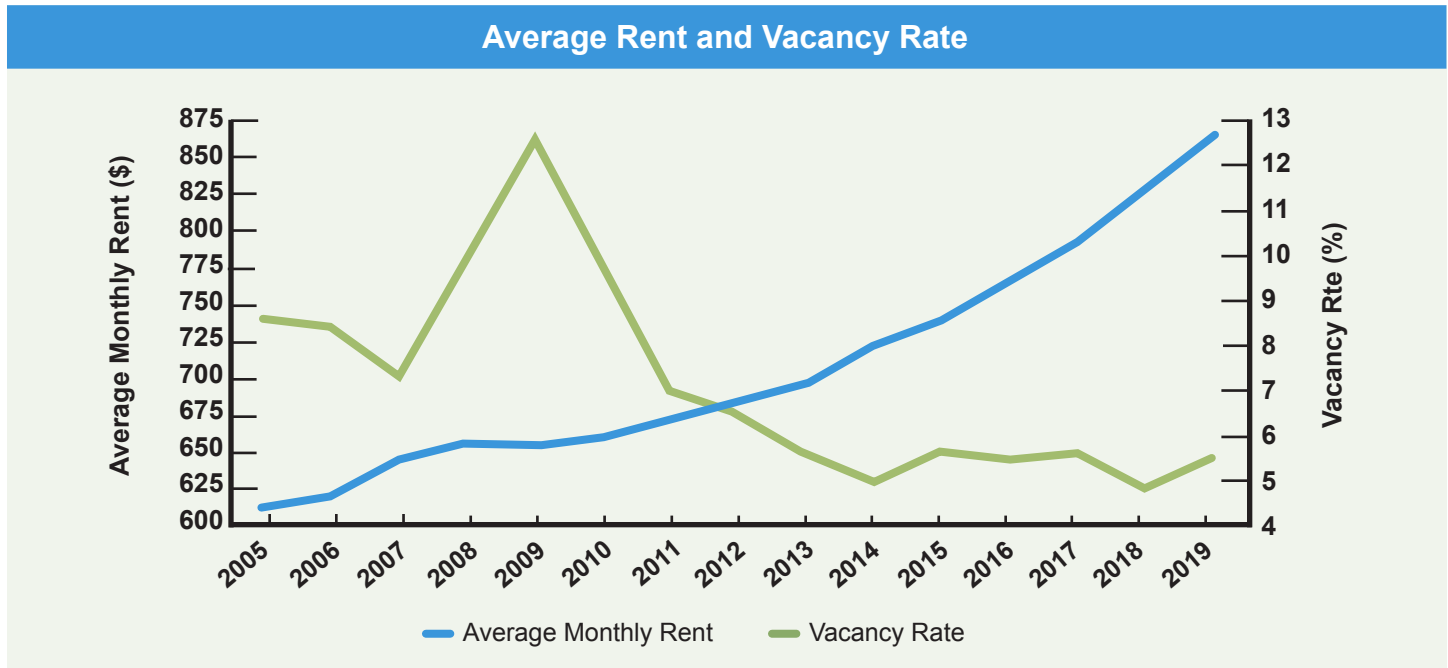
*“It’s so stressful to be homeless. We have teens committing suicide.”*  
—Provider interview

*“People in wheelchairs can’t get their meals and can’t get where they need to be—and no one is helping them.”*  
—Client interview

## 5. Increase Investments in Permanent Housing

Providers reported few rental vacancies and limited subsidies to rehouse people experiencing homelessness. With limited resources, few people can access programs like RRH, and those that do often have barriers such as poor credit that led to landlords denying their housing applications. Lack of affordable housing was cited as the top challenge for clients exiting homelessness in the survey. Compared to similar CoCs, Guilford County has fewer permanent housing resources, including both RRH and PSH (see Figure 4. Housing Inventory Comparison). Providers explained that this creates a bottleneck in the shelter system, leading to a lack of shelter space because clients are not moving into permanent housing. Many clients who participated in interviews had been living in shelter for more than one year, with some expressing concern that their eligibility for shelter or transitional housing programs would be ending without a permanent option identified. Data compiled by HUD shows that even prior to the pandemic, rent in Guilford County has been steadily increasing and rental vacancies have remained at historic lows.

Figure 11. Average Rent and Vacancy Rate



Source: Reis, Inc

Chart source: [Comprehensive Housing Market Analysis: Greensboro-High Point, North Carolina](#)

The CoC can take the following actions to improve the availability of permanent housing:

- Establish a coordinated landlord engagement effort.** Intentional, proactive engagement with landlords is an excellent way to increase the availability of units and create community partnerships. In the survey, only 45 percent of providers said their agency was currently engaging in any landlord outreach efforts. However, this was a top response for areas that providers would like to coordinate. Within the interviews, providers stated they would like to improve coordination with landlords and property management companies. Landlord engagement was perceived as particularly important for the success of RRH programs that help to stabilize people experiencing homelessness. While some providers had good working relationships with property managers, many voiced that bringing in new landlords and property management companies is a priority for them. Barriers to implementing landlord engagement programs for agencies included a lack of administrative or staff capacity, an area where the county’s collective resources and ability to coordinate workgroups may help reduce this challenge.

- Build the capacity of agencies interested in RRH or PSH funds.** The CoC should convene knowledge-sharing opportunities for agencies currently implementing housing programs, as well as those who may be interested in applying for funds in the future. In communities such as Oakland, California, and Indiana, the CoC has supported specific capacity-building opportunities for providers not currently receiving this funding to receive technical assistance, training, and other support to be competitive CoC and ESG applicants. This may increase the overall amount of funding available in the county for housing.
- Invest in targeted homelessness prevention.** Many providers interviewed were not aware of any prevention efforts in the county. In the survey, nearly half (44 percent) of respondents said they would recommend new funding be invested in homelessness prevention. Providers noted that during the pandemic, a workgroup and funding for prevention was established and operating well but was later disbanded and the funding was diverted.

**Table 12. Living Situation at Entry**

Living Situation At Entry Category	Percentage	Count
Temporary setting/homelessness	57%	6,436
Institutional setting	8%	902
Permanent housing	35%	4,014
Total	100%	11,352

Source: Local HMIS Data

**Table 13. Entries From Permanent Housing**

Subpopulation	Percent Entering From Permanent Housing (of total entries)
Domestic violence	27.43%
Disabling condition	21.87%
Veterans	24.52%
Chronically homeless	20.06%
Transgender or gender non-conforming	28.00%
Unaccompanied youth (ages 24 and under)	34.45%

Source: Local HMIS Data

*“Homelessness prevention is secretive—no one shares a lot of information.”*  
—Provider interview

*“Prevention is not a priority in Guilford County.”*  
—Provider interview

## ■ Appendices

### Appendix A: Client Interview Guide

1. Can you walk us through your living situation over the last two years?
2. (Asked if client was housed) Can you tell us about your current housing situation?
  - a. How long have you been there?
  - b. What is your neighborhood like?
  - c. Where were you living before you lived in your current housing?
  - d. What are your future housing plans?(Asked if the client was in shelter.) How long have you been living in the shelter?
3. Tell us about your major sources of support through this timeline.
  - a. (Asked only if client was housed) Are you receiving any kind of financial support for your house?
  - b. What were your sources of social support at each housing point?
    - i. (Financially, childcare, errands, etc.)
4. Are you currently working?
5. What do you think is the main reason you lost your housing?
6. Did you have difficulty accessing housing support services?
  - a. How long did you have to wait to get help from the agency?
  - b. What was your experience like?
7. Do you feel supported by homeless service providers?
  - a. Were there any supports or services that you wanted but just weren't available to you?
  - b. What was the most helpful information you received from homeless service providers?
  - c. What kind of barriers did you run into while homeless (access to services, personal barriers, structural barriers)?
    - i. Do you have a disability? If yes, do you feel that your disability has made it difficult to gain stable housing?
  - d. How could community services/case managers/services workers have better supported you?
8. Do you feel like you have a voice in shaping how programs are run?
9. In your opinion, what are the main causes of homelessness in Guilford County?
  - a. What could be done to address these causes?
10. Drawing on your experience, does homelessness differ across racial/ethnic groups?
11. To the extent that you feel comfortable discussing this, has racial discrimination played a role in your experience of homelessness? Do you feel like racial discrimination occurs in homeless programs in Guilford County?
12. When you think of other disenfranchised groups (for example, people who identify as LGBTQ or have a disability), what barriers do they face related to homelessness in the county?
13. If you were to talk to someone going through a similar experience, what advice would you give them?
14. What advice do you have for the service provider as it tries to address homelessness?
15. Is there anything else you'd like to share with me?

## Appendix B: Provider Interview Guide

1. Can you tell me what agency you work for and the population that you serve?
2. What is your role at the agency and how long have you been there?
3. How do you identify your race, ethnicity, and gender?
4. Do you have lived experience of homelessness?
5. Given your knowledge of homelessness and homeless programs, who is at the greatest risk for homelessness in your area?
6. In your opinion, what are the main factors leading to unsheltered homelessness in your area?
  - a. What do you think could be done to end or prevent unsheltered homelessness?
7. Do you think it is possible to end or prevent homelessness? What would it take?
  - a. What homelessness prevention support services are available in Guilford County currently?
  - b. What efforts to house people are currently happening?
8. Do you think people have difficulty accessing housing support services and navigating the housing landscape?
  - a. What challenges do you see people experience? What could be done to mitigate those?
  - b. Do you think there are any supports or services that would be beneficial to those experiencing homelessness, but just aren't available to them at this time?
9. Are there any housing programs that are working very well that you'd like to highlight?
10. Do you coordinate with Coordinated Entry? How often?
11. Do you coordinate with the Street Outreach Teams? Which teams?
12. Do you coordinate with faith-based organizations? Which ones?
13. Do you have enough resources to meet the needs of the area you serve?
  - a. What is missing?
14. How are service providers in Guilford County currently coordinating?
  - a. How do you coordinate with your PHA or other affordable housing providers? Are those connections effective?
15. What would you like to coordinate further on? What would the outcomes be?
16. Who would you like to see come to the table but hasn't yet?
  - a. Other providers
  - b. Political leadership
  - c. Community leaders
  - d. Faith-based organizations
17. Is there any coordination with related agencies, like those providing mental health or substance use services?
18. How does coordination for services differ between Greensboro and High Point? How could resource allocation throughout the county be improved?
19. Is there anything else you'd like to share with me?

## Appendix C: Provider Survey

Q1: What type of agency do you represent?

Response	Percentage
Behavioral health provider (including substance use services)	14%
Domestic violence service provider	19%
Hospital or other health clinic	9%
Housing provider	9%
Shelter provider	4%
Support service provider	20%
Other	25%

### Other (verbatim):

- Public Health Care Manager
- Local government
- City staff
- Health Department
- Advocacy for homelessness
- University housing center for resources/mediation
- Financial and housing counseling
- Forensic Interviewing
- Department of Health and Human Services-Public Health
- Public Health
- Public Health
- Health Department
- Support Service Provider & Housing Provider
- Health Department
- County
- Health Department
- transitional housing
- We Bridge in the Gaps by providing everyday necessities: food, clothing, personal hygiene items. We also pick up and delivery food from local food pantries when clients don't have transportation.

Q2: How do you identify your role as it relates to the Guilford County homeless service system? (Check all that apply)

Response	Percentage
Outreach worker	11%
Navigator	13%
Case manager	23%
Oversight and policy	7%
Housing specialist	10%
Coordinated entry	9%
Other	51%

**Other (verbatim):**

- Shelter Director
- Day Resource Center provider
- We are parallel providers. Not connected, but we rely heavily on the homeless service system.
- Senior Leadership -Housing Agency
- Partner
- Funder
- I do not currently work within the homeless service system
- Advocate who works with victims who may be homeless
- Nursing Manager
- NA
- Substance Abuse & Outpatient Counselor, LCMHC
- Adult Victim Advocate
- Night Shelter Facilitator
- Counselor
- Mediation program coordinator
- Housing counselor
- Therapist
- Advocate
- Advocate
- Administrative
- NA
- Healthcare provider
- Referral Source
- work with people experiencing homelessness
- Outpatient therapist
- Therapist
- Resource
- Registered nurse at public health department
- Advocate, Resource, Link, Refer, pay for legal documents, and furniture referral fees
- Help homeless with public health issues
- Director of Housing and Emergency assistance
- Support
- Administrative
- RN
- Billing Services
- HMIS

**Q3: Which part(s) of the existing system serving homeless people works best?**

Response	Percentage
Outreach	26%
Assessment and prioritization	28%
Shelter system	26%
Prevention resources	21%
Diversion resources	4%
Housing subsidies	34%
Permanent supportive housing	38%
Landlord engagement	15%
Other	6%

### Why did you choose this? (Responses verbatim):

- There is not one single answer for people experiencing homelessness. It takes a combination of different efforts listed above to address the varying needs.
- The COC is working well together and trying to bridge the gaps.
- Only thing I know about
- PATH street outreach is out most successful community resource
- To my knowledge, these services seem to work but I do understand work still needs to be done to address and prevent homelessness.
- Supportive transitional housing - It creates the best opportunities for folks to stabilize and get everything aligned necessary to be successful once they are living on their own
- I don't feel any of the items listed are aiding the homeless.
- It is important for shelters to be in place especially during extreme weather conditions
- Long-term solution to problem of homelessness.
- we work to find housing for persons with disabilities
- Some people are resistant to seek help, connecting is important.
- Immediate impact
- To assess for barriers to housing stability such as substance abuse and mental illness.
- Permanent supportive housing combines the most cost-effective with the best long term outcomes.
- None of them, here in Greensboro, we continue to have high numbers and not enough resources
- Well established shelter system
- First line contact on the street - very helpful if you cannot find a client or need help establishing rapport with someone. They also help the clients from the beginning get IDs and other critical documentation that can help with housing.
- Actually - I can't truly say I know. I wish I knew what worked best so it could happen
- Seems like you would be able to help people who need help the most by prioritization
- Unsure about programs
- Because the CoC CE process is broken and is not designed to serve the needs of the homeless population in our community but rather focuses on the imagined need of a very few homeless individuals who refuse shelters, motels, or who are even housing-ready.
- Outreach allows folks who would not normally be connected to services, to build relationships with staff that have a housing-focused approach. Permanent Supportive Housing reduces recidivism and ensures success of housed clients who are transitioning from a survival mindset.
- While I am not fully aware of the systems serving the homeless, I feel that assessment and prioritization may be the best option due to the opportunity to examine where resources are being allocated, and if they are being allocated with equity in mind, and if they are indeed working.
- The agencies within the CoC are collaborative and make the best of the resources that are available.

### Q4: Which part(s) of the existing system have the greatest need for improvement?

Response	Percentage
Outreach	13%
Assessment and prioritization	33%
Shelter system	40%
Prevention resources	35%
Diversion resources	0%
Housing subsidies	52%
Permanent supportive housing	40%
Landlord engagement	33%
Other	4%



**Why did you choose this? (Responses verbatim):**

- I chose this option because I feel if we come across an individual in a homeless situation and we are wanting them to be housed, we should make sure housing is something that they want and then prepare them for being in housing and what it takes to maintain that housing (which is included in CSH’s housing first model). If we are to do this, there may not be such a great need for prevention services or landlord engagement and there may be more opportunities for housing.
- We need to identify landlords that will accept Affordable housing.
- People need affordable housing.
- Affordable housing is an issue. RRH providers have a number of deficiencies
- Affordable Rent
- All of these are needed with positive results. We have all the classes but limited resources to really help the homeless based on what they needed rather than what we feel they needed. This includes homeless and the “working poor.” Rent is at an all time high and \$15/ hr. does not stretch at all
- It feels like Guilford Co is really lacking in housing resources. We can identify people who are in need, but have very limited options for shelter to offer.
- There is a great need for outreach to determine the needs
- I’m not aware of this being done or by whom.
- there is no low income housing for these people
- I know only of Partners Ending Homelessness and this was recently. (I have been working in this agency for 10 years and had not).
- Shelters need to be improved and expanded.
- Shelters need to stop focusing solely on the issues of white cis women, and currently landlords do little to assist with a problem that they exacerbate.
- We do not have flexible funding, nor a defined and coordinated system for prevention.
- Existence of affordable housing
- if we could provide information to help avoid homelessness, it would hopefully cut down on the number of people who become homeless
- Not enough resources
- The existing shelter system functions in a highly carceral manner. Permanent supportive housing options are inadequate to meet the need. Robust policies serving the needs of tenants and those seeking housing—rather than landlords—should be a greater priority than they are currently.
- Because the current CE process is largely responsible for shelter beds not being freed up for those needing shelters and causes a backlog of people who could actually transition to permanent housing AND MAINTAIN that housing beyond the end of their RR housing financial assistance.
- Shelters must focus more on life skill training and preparing folks for housing during the search rather than just being a sleeping place.
- The CoC could always use more financial resources and more housing options.

*Q5: When you make referrals to other providers, how often do you know the outcome of those referrals? (e.g., client received housing or service)*

Response	Percentage
Never	18%
Rarely	28%
Sometimes	36%
Often	14%
Always	4%

**Q6: In what ways do you coordinate services with other agencies? (Select all that apply)**

Response	Percentage
Case conferencing	62%
Committees	34%
Regional or local planning groups	26%
Agency cross-training	28%
Other	30%

**Other (verbatim):**

- assist clients in finding information about ways to apply
- CoC Membership, Board, Task Force, etc. meetings
- Collaboration Events
- coordination of services
- direct 1 to 1 communication with other providers
- Events
- Make referrals
- Meetings, research about their services and matching them up with the appropriate client
- minimal case conferencing
- Providing supportive counseling services
- Referral forms or direct calls to agencies.
- Referrals
- Sending referrals
- Them calling me w/a release of information or me contacting them for client assistance on their behalf.

**Q7: On which topics do you currently coordinate with other agencies? (select all that apply)**

Response	Percentage
Improving services for priority populations (e.g., veterans)	36%
Policy	19%
Homeless outreach	32%
Coordinated entry	38%
Community engagement	51%
Funding and allocation decisions	13%
Individual service plans	38%
Rural services	4%
Mental and behavioral health needs	62%
Sheltering options	57%
Landlord engagement	26%
Other	6%

### Other (verbatim):

- Education or referrals
- HMIS
- Housing educational programs

Q8: On which topics do you NOT currently coordinate with other agencies, but would like to? (select all that apply)

Response	Percentage
Improving services for priority populations (e.g., veterans)	33%
Policy	29%
Homeless outreach	33%
Coordinated entry	0%
Community engagement	27%
Funding and allocation decisions	31%
Individual service plans	18%
Rural services	31%
Mental and behavioral health needs	16%
Sheltering options	31%
Landlord engagement	33%
Other	0%

Q9: Ideally, how would you like for coordination in the county to be structured? Who should be leading this effort? (Responses verbatim)

- I would like to see the county and the city lead this effort together. I think this would bring all the agencies to the table fully invested in the outcome they have input on.
- It has not benefited our community in the past to have an agency handle pass through funds. It would be extremely helpful to have a non-biased, structured protocol for decisions and funding to be no tutored through the County directly.
- For Greensboro and High Point to work together more.
- A group with varied disciplines/agencies. Housing Authority, mental health professionals, employment agencies, Public Health staff.
- Guilford County should lead the effort in coordination with Greensboro and High Point. Coordinated entry should be restructured and led by a direct service organization so that it is effective
- Experts, including professionals who work with those who experience or have experienced homelessness, but also including people who have or are currently experiencing homelessness, should be involved in coordinating efforts in the county. I include those who have or are experiencing homelessness as we need to hear from affected persons what they truly need, rather than us just using our knowledge we've gained as professionals in our respective fields.
- no idea
- People who can and want to make the change should be leading the effort along with other programs, employees serving the residents who need assistance. Financial backers, strategists, social workers, mayor, data analyst, case managers, landlords
- Unsure
- Someone with experience with veterans and also general structure of homelessness
- Guilford County representatives from various shelters and housing authority work together as a team w/input from us mental health workers.
- not sure but what is out there is not working

- County
- The county should be leading this effort.
- Never have seen this approach work.
- Through primary care providers and behavioral health care providers.
- For the homeless population, I think the Interactive Resource Center should lead.
- Non-profit agencies
- Some type of database that holds all these resources and information states wide instead of having to search high and low for what it is that will service the population or individual
- CoC
- Unsure
- I want to ensure that the COC Board and Membership continues to be the decision-making bodies for the COC. The County should handle the administrative and support functions - collaborative applicant, HMIS, etc.
- I don't know. It is so overwhelming that I don't have a handle on it
- We honestly have to look at offering funding and leadership roles to all organizations, and all people instead of consistently giving to the same places. Even small organizations pack a mighty punch!
- it would be nice to have a cross referral system to help citizens apply for all eligible services at one time
- We need better coordinating services for clients with severe and persistent mental health concerns. Some clients are referred to Rapid Rehousing which is clearly a disaster as the process only exacerbates their mental health.
- Information sharing between programs
- I would like to have a point of contact to confirm application process and request for application received if I am permitted to help a client with the housing programs in Guilford County.
- Our homeless service collaboration efforts need to have business-minded and outcome-minded people involved in the design of processes, especially when it comes to prioritizing and allocating resources. For example: Our CoC needs more available shelter beds and more available affordable housing. EVERY SHELTER in this county works with their residents to remove barriers and to assist them in obtaining the skills necessary to MAINTAIN their housing once they are housed. These homeless but sheltered families SHOULD NOT BE DISADVANTAGED in the CE process that prefers homeless and unsheltered homeless individuals who need IMMEDIATE housing and case management support. If those homeless but sheltered persons and families were prioritized for RR Housing services, they are more likely to actually find landlords willing to house them as well as maintain their housing after their RR Housing services are ended. Prioritizing them not only would vastly improve the overall outcomes for the entire CoC but also free up EXISTING shelter beds for those who are homeless and unsheltered. Currently, the CE process results in poor CoC outcomes and less available shelter beds. COUNTERPRODUCTIVE!
- I believe the CoC should continue coordinating its agencies as it allows for accountability and avoiding duplicating services. I like the structure of scheduled meetings and open transparency.
- Agencies who provide housing should communicate and work together more. Long term housing solutions need to be the priority to free up housing space for emergency needs.
- Coalition made up of individuals with lived experience and/or organizations representing individuals experiencing homelessness
- One main resource place
- Guilford county
- Housing Coalition. policy makers
- The current committee is sufficient, however more representation is needed from local government such as mayor, police department, county representative.
- Ideally, all efforts should be structured through the CoC. This is a reminder that Guilford County Public Health is NOT the CoC, but serves as the Collaborative Applicant. All decisions should go through the entire CoC, not just the Guilford County Public Health as the CA. PEH should remain as Coordinated Entry and HMIS leads.
- The Governor

**Q10: How satisfied are you with the coordination of homeless services in the county?**

Response	Percentage
Very satisfied	0%
Somewhat satisfied	35%
Somewhat unsatisfied	45%
Very unsatisfied	20%

**Q11: If you are unsatisfied, do you have suggestions to improve the coordinated system and service for the county? (responses verbatim)**

- I think more input from the agencies who are on the front line would bring more buy-in from the agencies when it comes to policy and procedures.
- It would be helpful to have the coordinated system a mandatory requirement for all members and monitored by the County directly.
- A clear strategic plan and funding that is targeted to specific plan goals must be implemented. The quality of services must be improved to meet the needs of people experiencing homelessness.
- I don't, but I am willing to help in any way that I can.
- rethink gendering shelters, it is not inclusive for members of the LGBTQ+ community and they are one of the largest groups to experience housing insecurity
- Having a plan for homeless pregnant women with families or families in general. Looking at the processes at the Housing Authority. A waitlist years long makes absolutely no sense at all. Build more subsidized housing.
- more outreach
- Contact one another. Reach out & communicate needs.
- more low income housing available
- More resources and easier way for people to utilize them
- No, not knowledgeable enough about possible alternative ways to operate the program.
- Dissatisfaction is more with the lack of options for folks facing housing insecurity at risk of homelessness, or who are stuck in the cycle of housing insecurity than with the process itself for navigating the options that currently exist.
- The primary need is for additional funding and spaces.
- We need to have resources for people that has substance abuse issues, mental health issues, and construct ways to help people obtain skills to be able to work. There are not many resources that helps Ex-convicts.
- More funding for permanent supportive housing, with case management
- No - i feel like the problem is much larger than a county system problem
- We need workers who are more equipped and educated to assess a client's needs more effectively.
- Not enough collaboration/sharing of information and not enough resources
- Have locations in community to have a mobile wash station with set days and times for homeless people to clean themselves and get disposable toiletries.
- There is a persistent problem with institutions in Guilford County prioritizing image above action. Instead of ensuring that funds go toward those in need, bureaucratic procedures and marketing divert resources that could be better utilized.
- Design processes with the desired outcomes in mind (plan with the end in mind) and not just with some heart-tugging theory about PERMANENTLY HOUSING THOSE MOST IN DANGER OF DYING. Those people should be prioritized for SHELTER BEDS not PERMANENT HOUSING (They probably should be prioritized for PSH vouchers, however. I am referring to RR-Housing support only).
- I feel like some agencies are more hesitant to collaborate because they see it as competition rather than working together to lessen all of our loads and avoid duplication. I would like to see more open dialogue and accountability.
- Case management needs to improve in order to help residents to succeed rather than cycling through the system over and over. We need more options for affordable, safe housing as well.
- Perhaps by making data available/more accessible to allow for better coordination of services
- Wrap around care in a one stop shop

- The requirements of being homeless, unsheltered needs to be changed. There are people/families that are homeless but seek temporary shelter with others. They need to be considered for immediate assistance.
- Shelters need to go back to full capacity and there should be a more transparent process for shelter access. Shelter staff should answer calls and return calls in a timely manner. There is a huge need for additional permanent supportive housing programs.
- More financial resources and housing options
- I just feel as though a better job can be done all around.

**Q12:** Over the last 3 years, what kind of change or trend has there been in your agency's staff resources?

Response	Percentage
Increasing a lot	2%
Increasing somewhat	47%
No change	6%
Decreasing somewhat	18%
Decreasing a lot	8%
Unsure	19%

**Q13:** Over the last 3 years, what kind of change or trend has there been in your agency's funding?

Response	Percentage
Increasing a lot	4%
Increasing somewhat	37%
No change	12%
Decreasing somewhat	14%
Decreasing a lot	12%
Unsure	21%

**Q14:** Over the last 3 years, what homeless services have decreased as a result of the decrease in resources?  
Select all that apply.

Response	Percentage
Service hours	6%
Client capacity	50%
Shelter beds	50%
Navigation services	28%
Other	6%

**Other (verbatim):**

- Staff

**Q15:** If your organization were to receive new or additional funding, what would you recommend as priorities for investment?

Response	Percentage
New shelter space	25%
Staffing	52%
Outreach or other resources for encampments	19%
Homelessness prevention	44%
Permanent housing	60%
Technology (e.g., tablets or phones for employees)	10%
Other	10%

**Other (verbatim):**

- increase in current salary
- Landlord incentives
- Resources such as gas cards, mental health workshops, food and products for families
- RR Housing support for sheltered, homeless families.
- Transitional housing

**Q16:** If your organization provides shelter, what does your organization use as requirements to allow someone entry into shelter? Please select all that apply. If your organization does not provide shelter, you may leave this question blank.

Response	Percentage
Ability to self-administer medication	30%
Sobriety from alcohol or other drugs	0%
State-issued ID	15%
Social security number	10%
Participation in treatment, if client uses alcohol or other drugs	5%
Proof of citizenship	10%
Rent/Other payment	10%
There are no requirements to enter shelter	15%
Other	65%

**Other (verbatim):**

- Abuse of female clients by significant others.
- approval of the VA
- Be willing to observe program rules related to maintaining a healthy and safe space for other clients and our staff.
- Clean TB Test, DD214 (veteran), take care of own ADLs
- current victim of dv
- must be a victim of domestic, family, sexual violence, or human trafficking
- This is for white flag emergency shelter only.
- to be a victim of Domestic Violence
- Unsafe situation (i.e., domestic violence, sexual assault, human trafficking)
- Victim of DV or SA
- Victims of Domestic Violence or other violent crime
- We are a DVSP so our clients need to be survivors of domestic violence or sexual assault.
- we don't have a shelter at our place

**Q17:** Based on your work, what are the most common challenges to engaging unsheltered clients? Please select up to three.

Response	Percentage
Resources to meet with them consistently	33%
Lack of resources to make appropriate referrals	48%
Lack of shelter space	65%
Client movement due to encampment cleanups or other forced moves	22%
Client mental health	70%
Other	9%

**Other (verbatim):**

- Don't want to leave their current situation
- Lack of affordable housing
- Lack of PH (long waits); they move around a lot or disappear
- not actually being able to help due to a lack of resources, funding, and affordable housing

**Q18:** Based on your work, what are the most common challenges faced by clients to enter housing? Please select up to three.

Response	Percentage
Lack of income	66%
Lack of affordable housing	88%
Lack of housing that meets inspection standards	20%
Lack of landlords willing to rent to clients	62%
Screening barriers (e.g., criminal record, low credit score)	68%
Other	4%

**Other (verbatim):**

- Client not able to be train properly to be responsible as well as mental health issues or substance abuse issues
- landlords not allowing pets or charging exorbitant amounts for pets to live there

**Q19:** Based on your work, what are the most common challenges faced by clients to maintain housing?

Response	Percentage
Resources to pay rent	78%
Conflict resolution skills	22%
Life skills	52%
Other	24%



**Other (verbatim):**

- budgeting
- jobs that pay a livable wage; people are choosing housing over food and other necessities
- Mental and physical health challenges
- mental health
- Mental health care
- mental illness
- Not working consistently. Quitting jobs after obtaining housing.
- On going case management supports.
- substance use
- they do not keep up with their mental/substance/physical health to be able to maintain their housing
- when living pay to paycheck and then you have an emergency that puts you behind in maintaining the home.

**Q20: Does your agency offer homelessness prevention/diversion services?**

Response	Percentage
Yes	Yes
No	No

**Q21: Why does your agency not currently offer homelessness prevention services?**

Response	Percentage
Lack of administrative or staff capacity	26%
Lack of funding	26%
Other	52%

**Other (verbatim):**

- Different primary service focus area - serve as connection to existing resources in this area.
- Not enough resources
- Not part of our programs
- Not the service that we provide
- primary focus of our services are mental health, will refer to other providers for homeless prevention
- specific services for client's
- We are a health care agency and make referrals for housing to other agencies with that are housing focused.
- We are not a homeless service provider

**Q22: How strongly do you agree or disagree with the following statements?**

Statement	Percentage Strongly Agree/Agree
Prevention is targeted to those most at risk of homelessness	37%
There are sufficient prevention resources to meet current demand	8%
Prevention is effective at stopping people from entering the homeless system	53%

**Q23: Does your agency currently engage in landlord outreach efforts?**

Response	Percentage
Yes	45%
No	55%

**Q24: What is your agency currently doing to engage landlords?**

Response	Percentage
Outreaching to individual landlords	59%
Outreaching to property management companies or associations	32%
Posting flyers on social media or in physical establishments (e.g., churches or coffee shops)	5%
Other	4%

**Q25: How effective do you think these efforts are at making units available for clients?**

Response	Percentage
Very effective	14%
Somewhat effective	72%
Not at all effective	14%

**Q26: Why does your agency not currently engage in landlord outreach?**

Response	Percentage
Lack of administrative or staff capacity	28%
Lack of funding	4%
Other	68%

**Other (verbatim):**

- Different primary focus area - connect clients to resources who provide this service
- Health Care agency
- It does not fall under our scope of services and expertise
- Knowledge
- Not a direct service provider
- not part of our programs
- Our agency's purpose is to coordinate services, not provide direct service
- out of scope of practice
- usually not appropriate for our services
- We do not focus on homelessness as an agency, primarily DV

**Q27: Has your agency experienced any community opposition to providing services or housing for clients?**

Response	Percentage
Yes	39%
No	71%

**Q28: What types of challenges have you experienced with community members?**

Response	Percentage
Encampment clearing without outreach or connection to services	17%
Harassment of people experiencing homelessness	6%
Opposition to funding homeless services	28%
Opposition to moving shelter residents into housing	17%
Opposition to shelter services being in neighborhoods	6%
Racial discrimination	6%
Other	20%

**Other (verbatim):**

- Landlords no longer taking vouchers or participating in RR.
- only allowed one choice so opposition to shelter, racial discrimination, harassment of the homeless, opposition of funding homeless services
- All
- All of the above

**Q29: How strongly do you agree or disagree with the following statements?**

Statement	Percentage Strongly Agree/Agree
My agency supports housing first	59%
The most vulnerable clients are prioritized for housing at my agency	42%
The race and ethnicity of frontline staff at my organization reflects the race and ethnicity of the people we serve	68%
The race and ethnicity of senior managers at my organization reflects the race and ethnicity of the people we serve	47%
There are services and outreach to address the specific needs of the community	51%

**Q30: Which city is your agency located in?**

Response	Percentage
Greensboro	75%
High Point	10%
Greensboro and High Point	10%
County-wide	5%

**Q31: How would you describe your gender identity? (select all that apply)**

Response	Percentage
Male	13%
Female	83%
Trans	0%
Non-binary	7%

**Q32:** How do you identify your race/ethnicity? (select all that apply)

Response	Percentage
American Indian/Alaska Native	0%
Asian	0%
Black/African American	32%
Native Hawaiian/Pacific Islander	2%
White	52%
Hispanic/Latino	7%
Other	9%

**Q33:** How many years have you worked in homeless services?

Response	Percentage
Two or fewer	20%
Three to five	10%
Six to ten	22%
Eleven or more	38%

**Q34:** How many years have you worked with your current employer?

Response	Percentage
Two or fewer	41%
Three to five	13%
Six to ten	24%
Eleven or more	22%

**Q35:** Do you have lived experience of homelessness?

Response	Percentage
Yes	11%
No	83%
Decline to state	6%

## Appendix D: Business Survey

### Q1. Where is your establishment located?

Response	Percentage
Downtown Greensboro	42%
Downtown High Point	10%
Other Greensboro	16%
Other High Point	32%

### Q2. What type of business do you own/work at (e.g., restaurant, retail)?

Response	Percentage
Retail	Retail
Restaurant	Restaurant
Grocery	Grocery
Other	Other

### Q3. Are you willing to partner with local providers to address homelessness in the community?

Response	Percentage
Yes	94%
No	6%

#### Comments (verbatim):

- Homelessness is an issue that I'm very concerned about personally and it has a tremendous impact on businesses in our area as well.
- We have a current partnership with Tiny Houses and are a part of the Coordinated Entry program.
- I already work with a non-profit to help with feeding each week.
- What does this even mean? We deal with the homeless everyday.

### Q4. Do you have any suggestions on how the community could support your business in addressing homeless issues in the community? (Responses verbatim)

- At this point, I believe that any additional efforts to address homeless issues in our community must start with the City of High Point. The community has done a tremendous job in addressing the homeless issue including group efforts like quarterly food distribution and individual efforts such as more frequent food distribution, connecting with and getting to know the homeless population in our community, and attempting to connect them with resources. The City needs a more comprehensive, robust, and coordinated plan for addressing homelessness across the city, not just in the downtown or furniture district areas, that includes mental health services, substance abuse rehabilitation services, employment preparedness training opportunities, and of course, affordable housing options.
- No
- We have donor advised funds I manage in order to fund grants to our local community. Learn how local businesses and individuals can give back to the community in a tax efficient manner.
- No
- We would love to partner with an organization to hand out supplies to the homeless. We definitely need more shelters also.
- Have bags of food/water/general hygiene available to share.
- Focus on mental health and housing.
- Yes, house them, give them recovery and mental health services and medical care.

**Q5. What is your role within the business? (Check all that apply)**

Response	Percentage
Owner	68%
Manager	26%
Other employee	21%

**Q6. On average, how many days per week do you visit your business?**

Response	Percentage
One to two days	5%
Three to four days	10%
Five days	32%
More than five days	53%

**Q7. How often do people experiencing homelessness come inside your business?**

Response	Percentage
Daily	22%
A few times a week	11%
Weekly	22%
At least once a month	6%
Every few months	11%
Never	28%

**Q8. Have you ever had an encounter with someone experiencing homelessness that required you to call for assistance? This may include a health emergency or a safety issue.**

Response	Percentage
Yes	67%
No	33%

**Q9. When you need assistance with someone experiencing homelessness, who do you call?**

Response	Percentage
Homeless service providers or outreach teams	50%
Hospitals or medical providers	8%
Police	42%

**Q10.** How satisfied are you with homeless services and outreach teams' response to homelessness in the area of your business?

Response	Percentage
Very satisfied	20%
Somewhat satisfied	20%
Very unsatisfied	60%

**Q11.** How much do you agree or disagree with the following statements: Homeless services/outreach teams...

Question	Percentage Strongly Agree/Somewhat Agree
Are able to respond promptly to my requests	100%
Connect people experiencing homelessness to the resources they need	100%
Help me understand the resources available to address homelessness to me as a business	60%

**Q12.** How helpful was the response of...

Category	Percentage Very Helpful/Somewhat Helpful
Police	40%
Hospitals or medical personnel	100%
Homeless service providers/outreach teams	60%

**Q13.** Have you ever contacted the homeless service system about someone experiencing homelessness?

Response	Percentage
Yes	41%
No	59%

**Q14.** Why have you never contacted the homeless service system about someone experiencing homelessness at your place of business? Please select all that apply.

Response	Percentage
I don't know who to contact	29%
Person experiencing homelessness did not want to engage with them	29%
Other	43%

**Other (verbatim):**

- The response is a combination of these answers, depending upon the circumstances. Often times, I am encountering the homeless in a trespassing or vandalism situation. In other situations, the homeless refuse help. There are many, however, who would like the assistance but would need our help in making the contact by phone. In that case, I'm not sure who to contact that could provide immediate/emergency assistance while the person is standing there.
- My business is open late at night when it usually happens. So idk if they are open but I also didn't know about the resource. I need the number
- Didn't know about them.

*Q15. What happened as a result of your contacting a homeless service provider? Please select all that apply.*

Response	Percentage
I called, but was never connected to anyone/no one arrived	14%
Nothing happened as a result of this connection, but I was connected to an outreach team	14%
Person in need was connected to services	43%
Unsure	14%
Other	14%

**Other (verbatim):**

- Everything- help, yelling, violence, runaway, actual beautiful experiences, great fear.



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