NC-504

GUILFORD COUNTY CONTINUUM OF CARE
2026-2028 STRATEGIC PLAN

Prepared by:

GUILFORD COUNTY CONTINUUM OF CARE

In partnership with:

CSH

HOW TO USE THIS DOCUMENT

1. Take a moment to check in with yourself.

- Who are you? What role do you play?

2. Review the Key Terms

3. Look over the Table of Contents & Read the Executive Summary

- *Each of the lines in the Table of Contents is a link to the referenced topic*
- What questions do you have?

4. Check out the Needs & Gaps Analysis and SWOT-O

5. Interact with this Document

- Take your time to engage with the provided resources to strengthen your understanding and practical use of this Strategic Plan

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ABOUT NC-504

Executive Summary

The Guilford County Continuum of Care (CoC) is the planning body in Guilford County, North Carolina, that coordinates the community's policies, strategies, and activities on preventing and ending homelessness. The CoC is comprised of government, nonprofit and for-profit organizations, community advocates, and individuals who are dedicated to preventing and ending homelessness in Guilford County.

The CoC's work includes gathering and analyzing information to determine the local needs of individuals and families experiencing homelessness, implementing strategic responses, educating the community on homelessness, providing guidance and input on the operations of homeless services, and measuring CoC and program performance to ensure transparent operations. The Guilford County CoC centers this work around implementing evidence-based and best practices throughout every level of service within the continuum from prevention and emergency shelter to Permanent Supportive Housing. This includes the implementation of written standards, Housing First principles, and adherence to low-barrier and harm reduction practices that are proven to enhance prevention and provide a quick resolution to experiencing homelessness.

Strategic Goals

GOVERNANCE

PARTNERSHIPS

PERFORMANCE

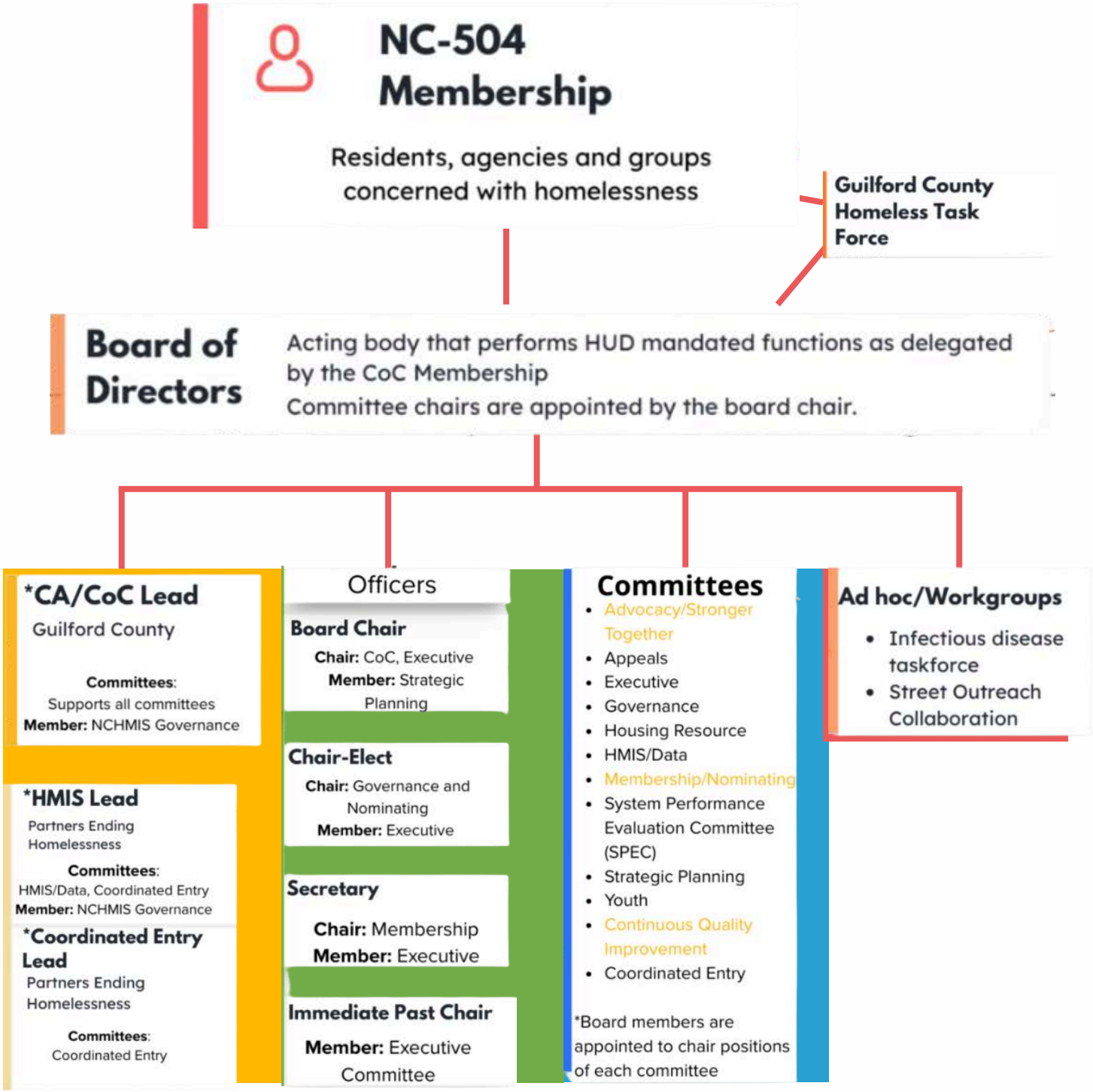
CULTURE & COMMUNICATION

PROGRAMS & INITIATIVES

FUNDING

NC-504 GOVERNANCE

Organizational Structure



Committees

Name	Overview
Appeals Committee	The Appeals Committee will meet as needed to review appeals for grant applications not included in the final CoC or ESG listings. The CoC Chair will convene the committee after receiving a timely appeal submitted according to the established process in effect since June 11, 2020.
Continuous Quality Improvement (CQI) Committee	The CoC Continuous Quality Improvement (CQI) Committee serves as a guiding resource for organizations supporting unhoused individuals in Guilford County. Its mission is to foster a county-wide understanding quality care and support, defined by the lived experiences and voices of those receiving services. To achieve this, the Committee is developing a comprehensive CQI Framework that establishes a clear baseline for evaluating and improving service delivery. This Framework will help providers assess the effectiveness of their policies, procedures, training, and daily interactions. Grounded in community feedback and driven by community-led solutions, the Framework aims to ensure that care is responsive, respectful, and aligned with the needs populations experiencing homelessness.
Coordinated Entry Committee	This committee oversees the planning and improvement of the coordinated entry system for homeless and prevention services, with a focus on housing-first, low-barrier access, rapid re-housing, prevention, and diversion. It recommends standards for eligibility, assessment, and prioritization across CoC and ESG programs. The committee aims to include representatives from each jurisdiction in the Guilford CoC and ensure all subpopulations are represented.
Executive Committee	The Executive Committee provides leadership between Board meetings and includes key officers, committee chairs, and up to five at-large members. It ensures communication with CoC stakeholders, oversees planning and compliance with HUD and legal requirements, and makes urgent decisions when needed. All actions are reported at the next full Board meeting.
Governance Committee	The Governance Committee supports board effectiveness, ensures compliance with policies and conflict of interest rules, and recommends board development and new members. It also reviews governance documents and ensures the charter is updated annually per HUD regulation 24 CFR part 578.7(5).
Housing Resource Committee	It is the responsibility of this committee to recruit and train landlords and property managers and to develop new housing resources.
HMIS/Data Committee	The HMIS Committee sets policies, oversees the HMIS Lead Agency, and ensures data quality, privacy, and security. It handles grievances, reviews agency performance annually, and leads the Point-in-Time Count.

Committees Continued

Membership Committee	The Membership Committee develops outreach plans, reviews the membership process and dues annually, and creates materials to inform and engage current and potential members.
Nominating Committee	The Nominating Committee recruits qualified CoC members for board and committee roles, ensuring diversity and compliance with federal and state guidelines, including the HEARTH Act. The Board must include representatives from United Way of Greater Greensboro, United Way of High Point, the cities of Greensboro and High Point, and Guilford County, plus at least five CoC members. The committee evaluates nominees, prepares an annual slate for Board approval, and allows floor nominations with prior consent. It is appointed by the Board Chair and meets as needed.
Stronger Together Taskforce	This task force includes Guilford CoC members who meet regularly to discuss homelessness, policy changes, and funding opportunities for CoC agencies in Guilford County.
System Performance and Evaluation Committee	This committee sets and reviews performance standards for CoC and ESG-funded projects, develops evaluation tools and dashboards, and recommends improvements for underperforming programs. It also ranks funding applications (excluding scoring by applicants) and submits recommendations to the Board and CoC membership for approval.
Strategic Planning Committee	This committee is responsible for developing goals, plans and strategies to carry out the mission of the CoC. It is responsible for gathering information or conducting needs assessments related to ending homelessness, including the annual gaps analysis required by HUD.
Youth Committee	The initial goal for the Youth Committee will be set goals and action steps that will generate a more accurate count of homeless youth in Guilford County to more accurately access the needs for services. Going forward, the committee will annually set goals and action steps, to be reviewed by the CoC Board and ultimately approved by the CoC Membership.

OUR PROCESS

Since the COVID-19 pandemic and the previous strategic plan, the Guilford County CoC has made significant strides in strengthening its infrastructure and expanding resources to meet the evolving needs of people experiencing homelessness. The pandemic brought increased attention to housing instability, prompting a shift in local priorities and recognition of homelessness as a countywide issue. In response, the Guilford County Homelessness Taskforce was established with direct support from elected officials, providing strong policy alignment. Additionally, the Community Foundation of Greater Greensboro launched a dedicated task force to drive community-led solutions, philanthropic investment, and innovation.

As the designated CoC Lead and Collaborative Applicant, Guilford County has contributed substantial capacity, funding, and coordination to the system. These efforts have enhanced data governance, service delivery, and cross-sector partnerships which has marked a turning point in the CoC's ability to drive systemic change and measurable progress toward ending homelessness.

Recent data underscores the urgency of this work. The 2024 Point-in-Time (PIT) count recorded 641 individuals experiencing homelessness, a notable increase from 426–482 in prior years. This rise reflects both improved data collection and growing need. System performance metrics, including HMIS and HUD benchmarks, highlight strengths in areas like rapid rehousing, while revealing persistent gaps in permanent supportive housing.

Housing affordability remains a major challenge. In North Carolina, 71% of extremely low-income (ELI) renters are severely cost-burdened, spending over half their income on rent and utilities. This financial strain limits access to essentials like food and healthcare, increasing vulnerability to homelessness. Additional barriers include rising demand, high housing costs, limited affordable and supportive housing stock, and misaligned resources

Since the last strategic plan, the CoC alongside PEH as Coordinated Entry and HMIS lead has strengthened its data infrastructure. Partner agencies now receive regular HMIS training and technical support, and Coordinated Entry processes such as VI-SPDAT assessments and housing-by-name prioritization have become more robust. These improvements support streamlined assessments, better data governance, and more informed decision-making.

The CoC has also deepened partnerships and expanded cross-sector collaboration. Through coordinated entry, data sharing, and outreach, the system is engaging stakeholders to align advocacy and services, demonstrating stronger community integration and reinforcing the strategic planning effort.

However, challenges remain. Conflicting stakeholder priorities, limited transparency, and resistance to innovation hinder progress. While there is broad recognition of the need for a cultural shift, gaps in understanding of supportive housing, systemic causes of homelessness, and collaborative leadership continue to impede alignment and decision-making. Building trust, fostering transparency, and promoting shared accountability are essential to strengthening the system's effectiveness.

These factors make this strategic planning moment critical. The plan responds to urgent needs, expanded data capabilities, and community concerns about housing and homelessness. As noted in the 2025 SWOT-O analysis: "Existing affordable housing stock does not meet current community needs; specifically, high acuity populations, local workforce, and multi-generational families."

METHODOLOGY

Overview of Methodology

1

Inclusive & Transparent Engagement
Strategic planning was guided by transparency and thought partnership, incorporating broad stakeholder input through listening sessions and committee collaboration.

2

Data-Driven & Locally Aligned
The multi-year process integrated needs assessments, jurisdictional strategies, and local priorities to ensure evidence-based and community-relevant planning.

3

Collaborative & Iterative Development
From 2021 to 2025, consultants and committees worked together to refine goals, culminating in the SWOT-O framework to address homelessness and housing.

Efforts in drafting the updated strategic plan were completed through a multifaceted approach, garnering feedback by exercising transparency and inviting thought partnership. The multi-year collaboration involved both data-driven analysis and stakeholder engagement.

This process began with the CoC focused Needs and Gaps Analysis conducted by a consulting firm in 2021, followed by strategic planning continued support from a local consultant in 2023–2024. In 2025, in partnership with local priorities and alignment, the Strategic committee collaborated with an additional consultative team focused on jurisdictional strategies to promote thriving community. A final document entitled the SWOT-O provided strengths, weaknesses, threats, and additional opportunities to address homelessness and housing, and was inclusive of Guilford County CoC-related support and focal areas.

Beginning in April 2025, strategic planning committee meetings were held regularly to review findings, refine goals, and align priorities. Additional input was gathered through a listening session with CoC membership (August 2025), ensuring that member voices remained central. Together, these efforts created an inclusive, data-informed process that grounds the Strategic Plan in both evidence and community-driven insight.

Themes & Considerations

There were several resounding themes consistent throughout the stakeholder engagement process. Diverse perspectives shaped themes for consideration in the new Strategic plan.

LEVERAGING EXTERNAL COLLABORATION

A strong homelessness response system requires coordinated efforts with community partners, including local governments and organizations that serve individuals/ families experiencing housing instability. Building the current momentum to strengthen cross-municipality coordination and collaboration is essential to driving cohesive, inclusive, and targeted solutions that are both sustainable and impactful. Community-level insights and input, including those with lived experience, are invaluable and necessary in addressing the unique needs and challenges within the community.

NAVIGATING FUNDING UNCERTAINTY

Currently, the funding landscape creates uncertainty in the continuity of resources for CoC services. Taking inventory of current resources is pertinent in understanding programs risks and threats. This proactive exercise could assist in evaluating local support and resources and engage in collaborative scenario planning with jurisdictional partners.

PROMOTING TRANSPARENCY

In continuously promoting a culture of trust and inclusion, transparency efforts should be intentional. Transparency starts with educating Coc membership and board members, about CoC operations and processes, to understand how decisions are made. Providing adequate time for correspondence and feedback could help CoC members make connections around operational components, inviting a collaborative atmosphere overall.

STRENGTHENING CAPACITY & SUPPORT

The CoC membership encompasses an array of multi-sector municipal partners and service providers, with local insights and invaluable community expertise. With the CoC continuously expanding, understanding the autonomy of the membership is an opportunity to help members maximize their contribution to the work of the CoC through committee support. There is an acknowledgement that familiar faces often show up, and due to that, capacity constraints exist in being able to fully execute operations. However, if the membership is strengthened and empowered to connect their expertise through commitment and contribution, capacity is increased, allowing for progressive, efficient CoC operations where the work is evenly distributed, and the risk of input fatigue is low.

With these considerations in mind and following a review of the current strategic plan, including an assessment of progress made and the work that remains, priorities have been identified to guide focus during the 2026–2028 period.

STRATEGIC ACTIONS

GOAL 1: GOVERNANCE

Improve CoC operations and promote consistency, clarity, and effectiveness.

Strategy 1.1

Continuously educate CoC members to reduce knowledge gaps and improve understanding of operations.

Task	Responsible Parties	Reporting Party	Timeline	Status
Conduct a listening session or survey with CoC members to assess understanding of governing documents, structure, and operations.	CoC Board, Governance Committee, CoC Lead/CA, CQI Committee	Membership Committee	January 2026 – March 2026	
Review results and report to CoC members verbally and in writing within 1 month.			April 2026 – May 2026	
Create routine learning opportunities in existing forums, including CoC Membership meetings, on CoC operations, HUD guidelines, system flow, and prioritization.			June 2026 - December 2028	

Strategy 1.2

Align all CoC documentation and adhere to current standards and legal requirements

Task	Responsible Parties	Reporting Party	Timeline	Status
Appoint volunteers or an ad hoc committee to review and recommend updates to existing governing documents.	CoC Board, Governance Committee, Membership Committee, CoC Lead/CA, CQI Committee, Ad Hoc Committee (if applicable)	Governance Committee	March 2026 – May 2026	
Review revisions and implement changes to all documentation			June 2026 – September 2026	
Share updated documents with CoC Membership			September 2026	

Strategy 1.3

Establish clear mechanisms to hold all CoC members accountable to established CoC expectations

Task	Responsible Parties	Reporting Party	Timeline	Status
Draft and approve onboarding guidelines for CoC members to ensure consistent information and smooth staff transitions	CoC Board, Governance Committee, CoC Lead/CA, Executive Committee, Membership Committee	Membership Committee	January 2026 – June 2026	
Draft and approve clear guidelines for expectations around CoC participation			January 2026 – June 2026	
Communicate guidelines to CoC			August 2026	

STRATEGIC ACTIONS

GOAL 2: PARTNERSHIPS

Enhance the community's ability to effectively house individuals and families by building new and leveraging existing partnerships.

Strategy 2.1

Develop new cross-sector partnerships including the healthcare system, justice-legal system, and other crisis-response systems

Task	Responsible Parties	Reporting Party	Timeline	Status
Inventory existing cross-sector partnerships and identify opportunities for new cross-sector partnerships	CoC Board, CoC Lead/CA, Membership Committee	CoC Board	January 2026 – March 2026	
Develop marketing materials and campaign that communicate the CoC's mission, vision, purpose, and values to share with cross-sector partners			March 2026 – December 2026	
Explore shared values and interests with new cross-sector partners			December 2026 – December 2028	

Strategy 2.2

Develop partnerships with local businesses

Task	Responsible Parties	Reporting Party	Timeline	Status
Inventory existing business partnerships and identify opportunities for new business partnerships	CoC Board, Governance Committee, Membership Committee, CoC Lead/CA, CQI Committee, Ad Hoc Committee (if applicable)	CoC Board	January 2026 – February 2026	
Host a business listening session to gather concerns, then share a summary of findings with participants within one month.			March 2026 – April 2026	
Share updated documents with CoC Membership			April 2026 - January 2027	
Explore shared values and interests and opportunities for partnership and collaboration with business partners			February 2027 – December 2028	

Strategy 2.3

Leverage existing cross-sector relationships and value alignment

Task	Responsible Parties	Reporting Party	Timeline	Status
Coordinate monthly meetings with NC CoC Leads to address shared concerns and build advocacy structures and report out to CoC Board.	CoC Lead/CA	CoC Lead/CA	January 2026 – December 2028	

STRATEGIC ACTIONS

GOAL 3: PERFORMANCE

Improve performance by increasing data quality, leveraging partnerships, and successfully moving individuals and families into housing.

Strategy 3.1

Maintain data quality metrics for agencies using HMIS

Task	Responsible Parties	Reporting Party	Timeline	Status
Create communication plan to share data quality metrics to all agencies using HMIS on a monthly basis	HMIS Lead, CoC Lead/CA, HMIS Data Committee, SPEC Committee	HMIS Lead	January 2026 – March 2026	
Implement HMIS data quality monitoring tools as standard practice for the CoC			January 2026 – August 2028	
Offer both routine and on-call technical assistance to agencies using HMIS			January 2026 – December 2028	
Establish routine schedule for evaluating agencies using HMIS against established quality metrics				
Link agency performance to CoC funding decisions				

Strategy 3.2

Improve functionality of the Coordinated Entry System

Task	Responsible Parties	Reporting Party	Timeline	Status
Assess and revise CES policies that follow the No Wrong Door approach for accessing CES	CE Team, CE Committee	CE Committee	January 2026 – August 2026	
Increase number and improve consistency of CES access points	CE Team, CE Committee, CoC Membership Agencies		January 2026 – December 2026	
Identify and implement improved CES assessment tool				
Establish a housing target for all individuals and families in the CE			January 2026 – December 2028	

Strategy 3.3

Increase compliance monitoring frequency based on HUD and NC-504 risk scores

Task	Responsible Parties	Reporting Party	Timeline	Status
Expand CoC Lead team capacity to conduct risk-based compliance monitoring more frequently.	CoC Lead/CA, CoC Committees, SPEC Committee	CoC LeaD/CA	January 2026 – June 2026	
Streamline compliance monitoring using a continuous quality improvement framework to reduce burden on CoC committees and member organizations.			January 2026 – December 2028	
Educate CoC members on the monitoring process and expectations to promote transparency before each cycle.	CoC Lead/CA, SPEC Committee			

Strategy 3.4

Increase frequency of community and CoC feedback

Task	Responsible Parties	Reporting Party	Timeline	Status
Host quarterly town halls and anonymous annual surveys; restructure CoC meetings to include agency updates and discussion time	CoC Lead/CA, CoC Board, Stronger Together Taskforce, Homeless Taskforce, Executive Committee, Membership Committee	Executive Committee	January 2026 – December 2028	
Convene the entire CoC twice annually in person				
Review feedback and report to CoC Membership and community, as relevant, within 1 month of each event				
Implement feedback, where possible, within 6 months of each event				

Strategy 3.5

Improve functionality and accessibility of the By Name list

Task	Responsible Parties	Reporting Party	Timeline	Status
Move By Name list to HMIS	HMIS Lead, CE Team, CoC Lead/CA, CE Committee	HMIS Lead	January 2026 – December 2026	
Establish a routine to update and clean the By-Name List, reviewing entries 45+ days old and contacting individuals and famalies			January 2026 – June 2026	
Improve coordination and timing of housing referrals for individuals and families.			January 2026 – December 2028	

Strategy 3.6

Decrease the individual and family recidivism rate into the homelessness system

Task	Responsible Parties	Reporting Party	Timeline	Status
Assess current recidivism rates	CE Committee, CE Team, CoC Lead/CA, HMIS Lead	CE Committee	January 2026 – March 2026	
Establish goal to decrease the percentage of individuals and families who reenter the homelessness system			April 2026 – June 2026	
Create and/or improve homelessness prevention and diversion services for individuals and families			January 2026 – December 2028	

STRATEGIC ACTIONS

GOAL 4: CULTURE AND COMMUNICATION

Align values to improve CoC culture, communication, transparency, and accountability.

Strategy 4.1

Improve partnerships with people with lived experience

Task	Responsible Parties	Reporting Party	Timeline	Status
Establish a lived experience advisory committee to support planning, decision-making, and implementation	CoC Board, CoC Lead/CA, Executive Committee, Governance Committee, CQI Committee	Executive Committee	January 2026 – March 2026	
Recruit 5-7 members with lived experience to serve on committee			April 2026 – August 2026	
Provide financial compensation to each lived experience member in a timely manner		Governance Committee	April 2026 – December 2028	

Strategy 4.2

Create a strong mission, vision, purpose, and values for the CoC

Task	Responsible Parties	Reporting Party	Timeline	Status
Engage CoC members via survey or listening session to develop mission, vision, purpose, and values.	CoC Lead/CA, CoC Board, CoC Committees, CoC Membership, Stronger Together Taskforce	CoC Board	June 2026 – September 2026	
Regularly communicate mission, vision, purpose, and values in CoC Board, Membership, and Committee meetings.			September 2026 – December 2028	

Strategy 4.3

Improve efficiency in number of and content of communications

Task	Responsible Parties	Reporting Party	Timeline	Status
Assess all communication to CoC that occurs monthly	CoC Lead/CA, CoC Board	CoC Lead/CA	January 2026 – February 2026	
Identify areas to reduce the number of emails and newsletters while still communicating all necessary information			March 2026 – June 2026	
Improve communication efficiency by sending meeting notifications via calendar invitations			January 2026 – December 2028	
Create consistent and transparent communication and accountability plan			July 2026 – August 2026	
Ensure all CoC Members and relevant parties receive the same communication at the same time			August 2026 – December 2028	

Strategy 4.4

Improve partnerships with people with lived experience

Task	Responsible Parties	Reporting Party	Timeline	Status
Deploy twice annual survey to CoC Membership to better understand their interests and needs	CoC Lead/CA, Membership Committee, Stronger Together Committee Taskforce, Executive Committee, CQI Committee	Membership Committee	January 2026 – December 2028	
Review and report results to CoC Membership within 1 month of each survey			January 2026 – December 2028	
Implement feedback, where possible, within 6 months of each survey			January 2026 – December 2028	

Strategy 4.5

Create a strong mission, vision, purpose, and values for the CoC

Task	Responsible Parties	Reporting Party	Timeline	Status
Assess frequency of Board, Membership, and Committee meetings	CoC Lead/CA, CoC Board, CoC Committees, CoC Membership, Stronger Together Taskforce	CoC Board	January 2026 – December 2028	
Coordinate to meet in person where possible				

STRATEGIC ACTIONS

GOAL 5: PROGRAMS AND INITIATIVES

Coordinate data-driven, person-centered programs and initiatives that promote housing stability and equal access to resources.

Strategy 5.1

Improve functionality of outreach teams and ensure consistent provision of outreach services

Task	Responsible Parties	Reporting Party	Timeline	
Increase the capacity for interested agencies to provide consistent street outreach services	CoC Lead/CA, CoC Membership, Street Outreach Collaboration, SPEC Committee, CoC Board, CoC Executive Committee	Street Outreach Collaboration	January 2026 – December 2028	
Allocate adequate funding to agencies providing outreach services		CoC Board		
Standardize CoC street outreach practices across agencies providing outreach services		Street Outreach Collaboration		

Strategy 5.2

Understand and improve the flow of services to increase quality and decrease duplication

Task	Responsible Parties	Reporting Party	Timeline	
Map the service journey that individuals and families go through from experiencing homelessness to being housed	CoC Lead/CA, CoC Board, CoC Committees, CoC Membership, CE Committee, SPEC Committee	CQI Committee	January 2026 – June 2026	
Identify areas on this journey where services provided are being duplicated, are untimely, are creating unintended barriers and/or consequences, or where there is a services gap			July 2026 – September 2026	
Create an improved map of the service journey that reduces redundancies and decreases time to access services and housing			October 2026 – December 2026	
Coordinate CoC agencies in necessary ways to more effectively and efficiently serve those experiencing homelessness			January 2027 – December 2028	

STRATEGIC ACTIONS

GOAL 6: FUNDING

Implement fund development and fundraising strategies to increase available funding to reduce instances of homelessness.

Strategy 6.1

Create crisis and funding scenario planning processes for CoC

Task	Responsible Parties	Reporting Party	Timeline	Status
Engage in crisis strategy and funding scenario planning	CoC Chair, CoC Board, Governance Committee, CoC Lead/CA SPEC Committee, Stronger Together Taskforce	Stronger Together Taskforce	January 2026 – February 2026	
Engage in funding scenario planning to discuss funding priorities, including programming, and contingencies			March 2026 – December 2027	

Strategy 6.2

Develop a consistent funding strategy with support from municipalities, the county, and partners

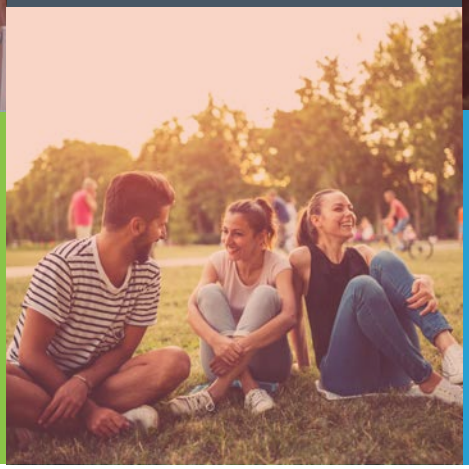
Task	Responsible Parties	Reporting Party	Timeline	Status
Leverage municipal, county, and partner interest to reduce instances of homelessness to secure recurring funding that both responds to municipal, county, and partner interests and remains flexible to cover populations denied eligibility to use federal funds	CoC Board, Stronger Together Taskforce, Executive Committee	Stronger Together Taskforce	January 2026 – August 2027	

Strategy 6.3

Improve relationships with philanthropic funders to secure consistent funding to the CoC

Task	Responsible Parties	Reporting Party	Timeline	Status
Develop marketing materials that speak to the CoC's mission, vision, purpose, and values to share with philanthropic funders	CoC Board, Stronger Together Taskforce, Executive Committee	Stronger Together Taskforce	January 2026 – August 2027	
Develop a marketing campaign to solicit philanthropic partners' interest in supporting and contributing to the CoC			January 2026 – December 2028	

APPENDIX



Glossary of Key Terms

By Name List
- A real-time list of people experiencing homelessness in the community, used to prioritize housing and services.

CES (Coordinated Entry System)
- A system that helps people experiencing homelessness get matched to housing and services based on their needs.

CoC (Continuum of Care)
- A group of organizations working together to prevent and end homelessness in Guilford County.

CoC Board
- The leadership group that makes decisions and oversees the CoC's strategic direction.

CoC Lead
- The main organization responsible for coordinating the CoC's work and ensuring goals are met.

CoC Membership
- All individuals and organizations that are part of the CoC and contribute to its mission.

Collaborative Applicant (CA)
- The agency that submits funding applications to HUD on behalf of the CoC and manages compliance.

Cost-Burdened
- When someone spends more than 30% of their income on housing.

Diversion Services
- Help provided to prevent someone from entering the homeless system, often by finding alternative housing.

ELI (Extremely Low Income)
- Households earning very little money, often struggling to afford basic needs like housing.

HMIS (Homeless Management Information System)
- A shared computer system used to track services and outcomes for people experiencing homelessness.

HMIS Lead
- The organization responsible for managing the HMIS system, ensuring data quality and privacy.

HUD (Housing and Urban Development)
- A U.S. government department that provides housing assistance and sets rules for homeless programs.

NC-504
- The specific Continuum of Care region covering Guilford County, North Carolina.

Glossary of Key Terms Continued

No Wrong Door Approach
- A system where people can get help from any agency or entry point, no matter where they start.

Permanent Supportive Housing
- Long-term housing with support services for people with disabilities who have experienced homelessness.

Point-in-Time (PIT) Count
- A yearly count of people experiencing homelessness on a single night.

Rapid Rehousing
- Short-term help (up to 24 months) with rent and support services to quickly move people into housing.

Recidivism (in homelessness)
- When someone who was housed becomes homeless again.

Reporting Party
- The person or group responsible for sharing updates or results about a task or strategy with the CoC.

Responsible Party
- The person or group assigned to carry out a specific task or strategy in the strategic plan.

Severely Cost-Burdened
- When someone spends more than 50% of their income on housing.

SWOT-O Analysis
- A planning tool that looks at Strengths, Weaknesses, Opportunities, Threats, and desired Outcomes.

VI-SPDAT
- A tool used to assess a person's needs and help prioritize them for housing.

2023
NEEDS & GAPS ANALYSIS

GUILFORD COUNTY CONTINUUM OF CARE

Working to End Homelessness in Guilford County

Guilford County Continuum of Care NC-504

Needs and Gaps Analysis

Table of Contents

Acronyms

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

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

Thisanalysis 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

Thisanalysis 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 298,2631) is the largest city in the county, though High Point (population 114,0862) 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.

[1] 2021 American Community Survey.
[2] 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 Guildford 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 or African American represent a little over one-third of homelessness in the county. The White population is the the county population but nearly three-quarters of people largest racial group in Guilford County but comprises less experiencing homelessness. Veterans and people with than a quarter of people experiencing homelessness. disabling conditions are also overrepresented. Conversely, people who identify as Black

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

	General Population*	People Experiencing Homelessness**
Race and Hispanic Origin		
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%
Gender		
Male	47.5%	54.3%
Female	52.5%	45.2%
Trans/Non-binary	–	0.5%
Additional Demographics		
Under age 18	22.2%	26%
Aged 65 and over	15.9%	4%
Veteran	5.9%	9%
Disabling condition	11.5%	33.4%

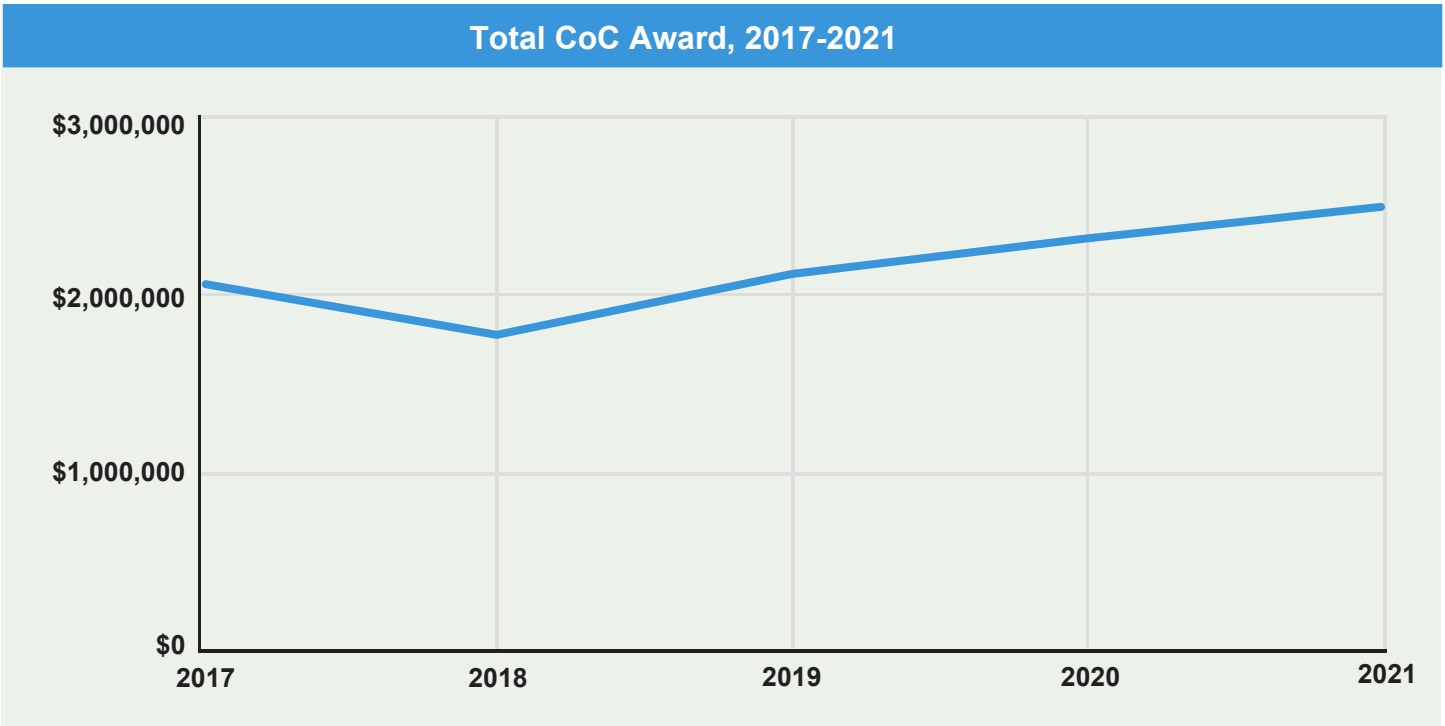
***Source:** *2009–2021 American Community Survey 5-Year Estimates*

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

Resources to End Homelessness

The Guilford County CoCoverseesthe 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

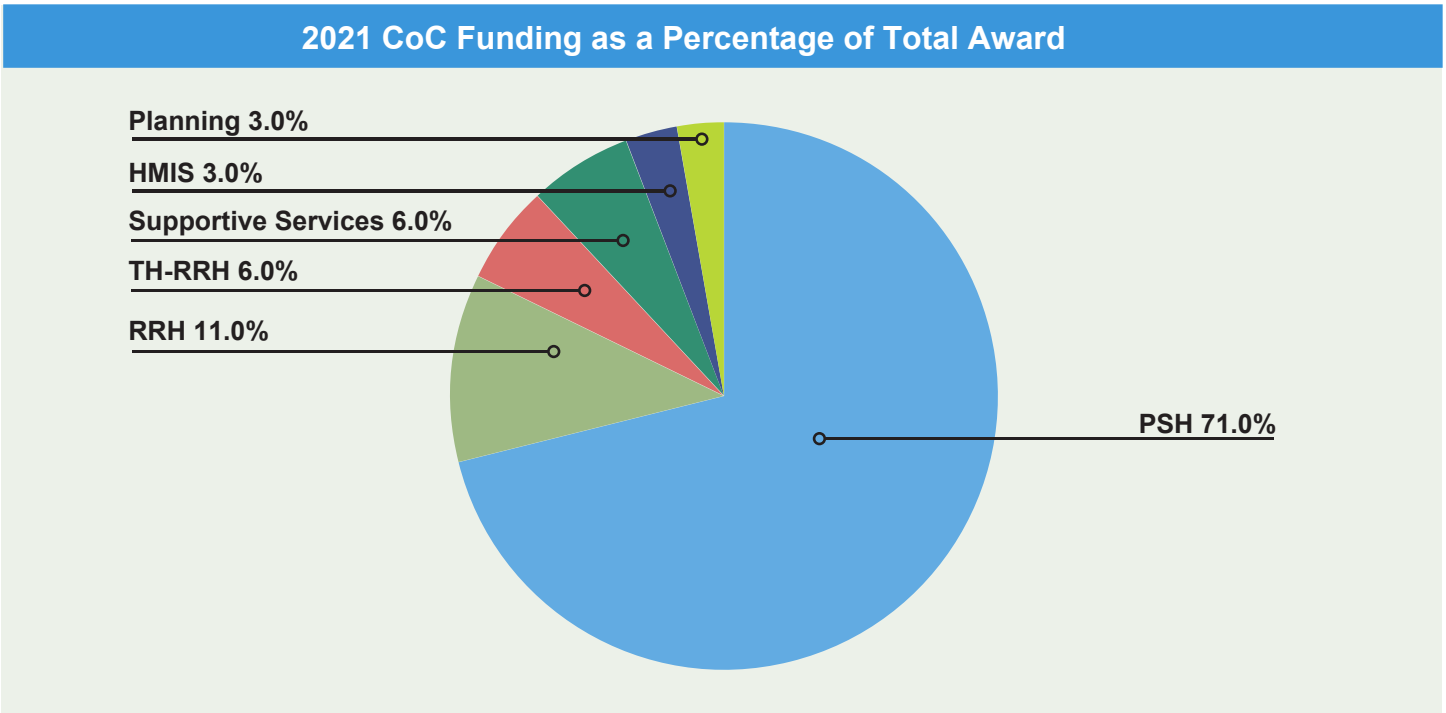


Source: *2017–2021 HUD CoC Award Summary Reports*

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,3 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.

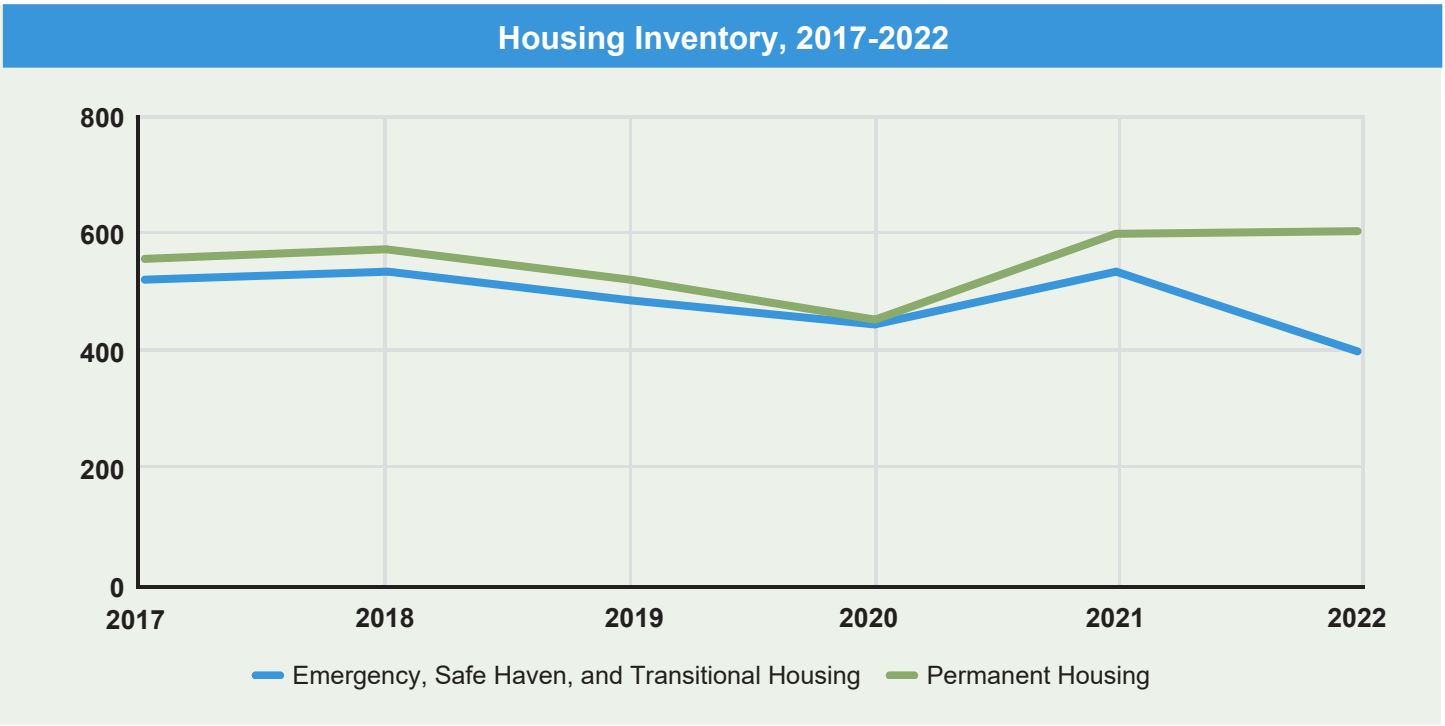
Table 6. State ESG Funding in Guilford County

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.

[3] Greensboro Housing & Neighborhood Development 2022–2023 Annual Action Plan

Figure 3. Housing Inventory4

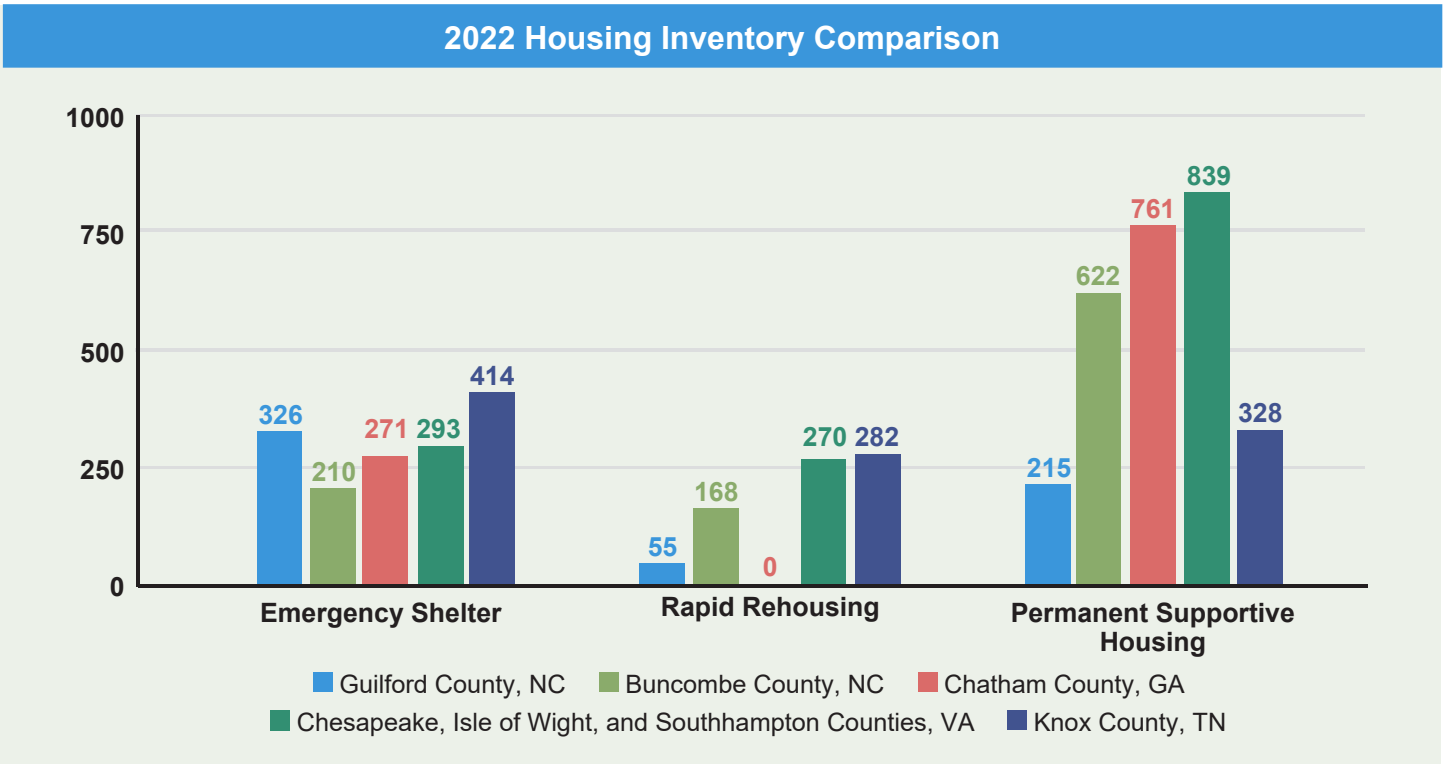


Source: *2017–2022 HUD Housing Inventory Count Reports*

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.

[4]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.

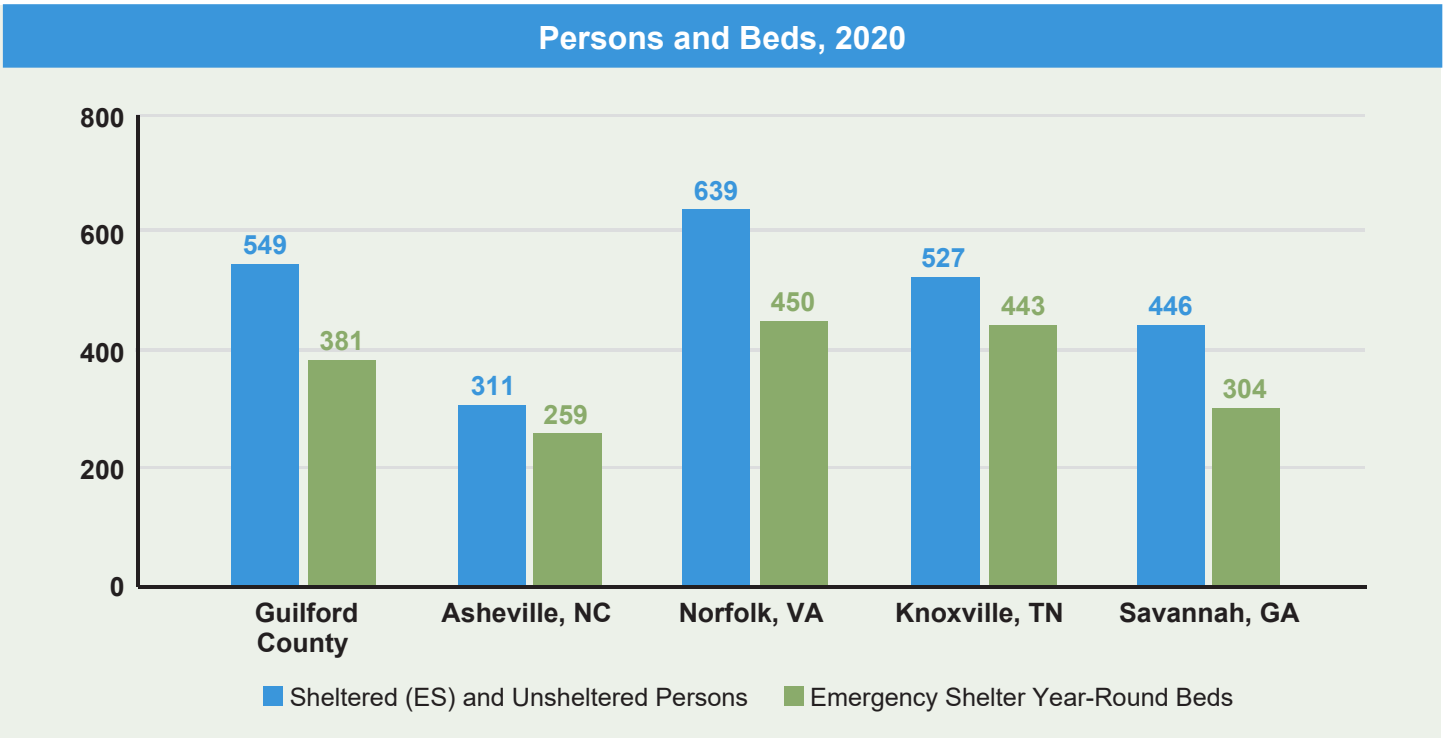
Figure 4. Housing Inventory Comparison



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 personcanprevent 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

Homelessservice 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.

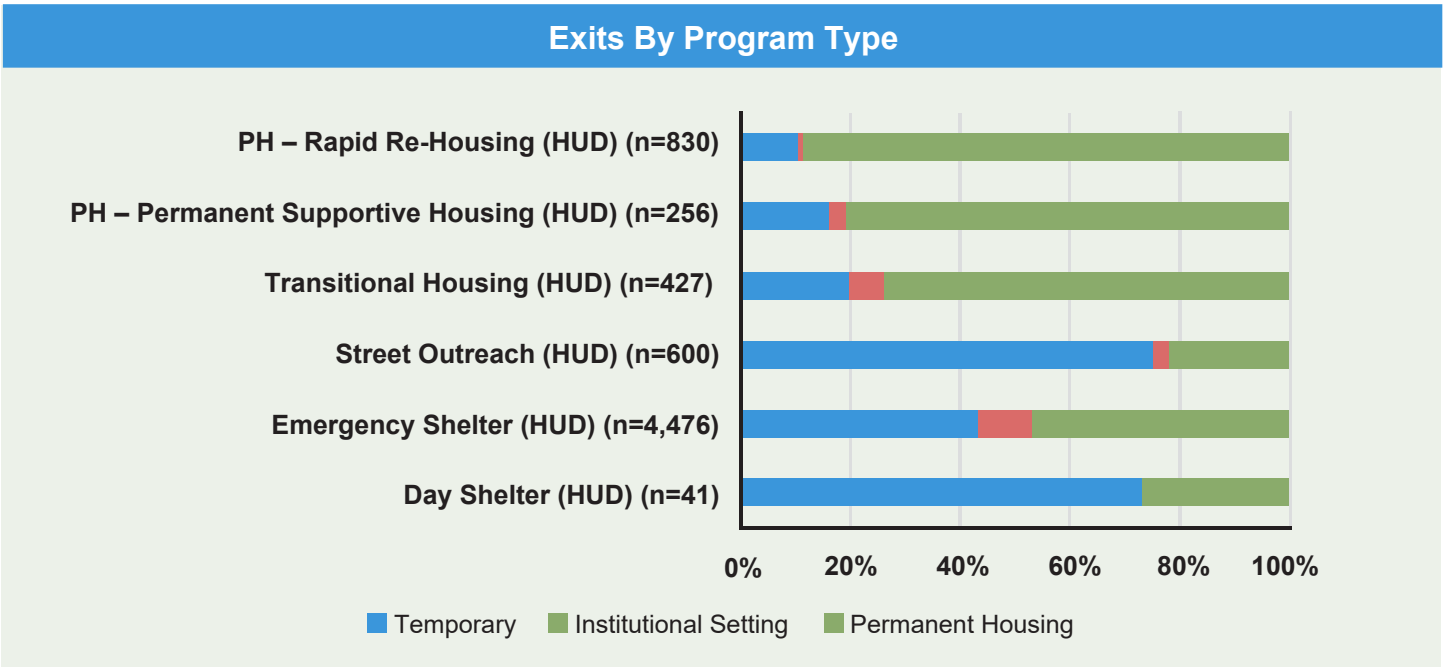
System Outcomes

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.

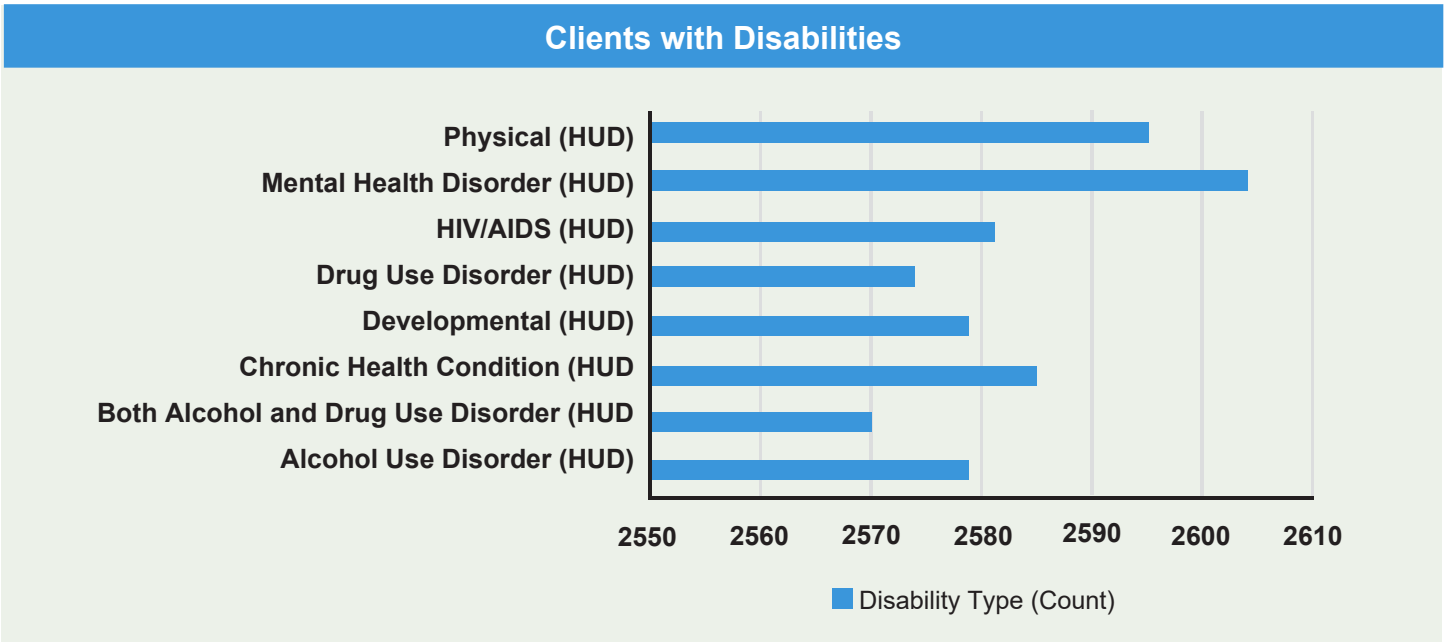
Specific Populations: Outcomes and Disparities

The following sectionprovides an overview of outcomes for the following subpopulations experiencing homeless- ness: 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

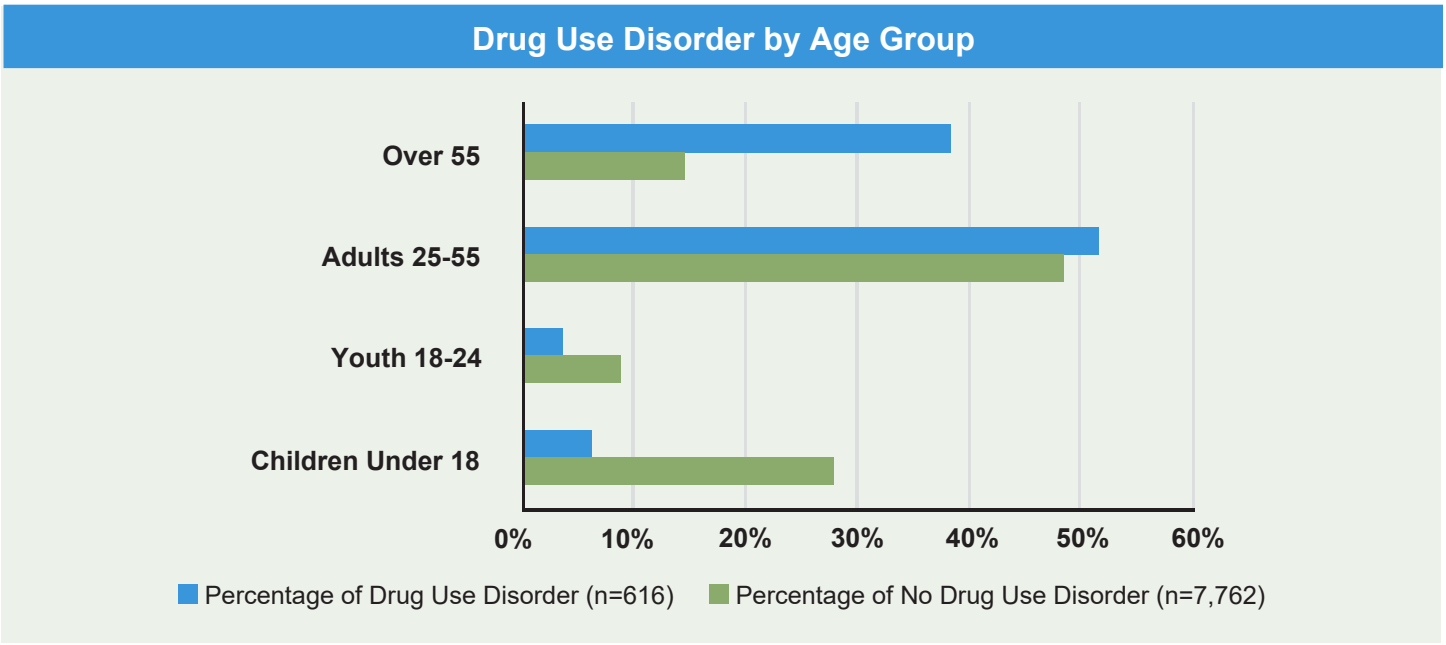
Peopleexperiencing homelessness have a disabling condition (physical, mental health disorder, developmental, etc.) at a higher rate than the overall (housed) population in Guilford County. Many homeless service providers mentioned mental health and drug use disorders as major contributors to homelessness 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 preva- lence 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*

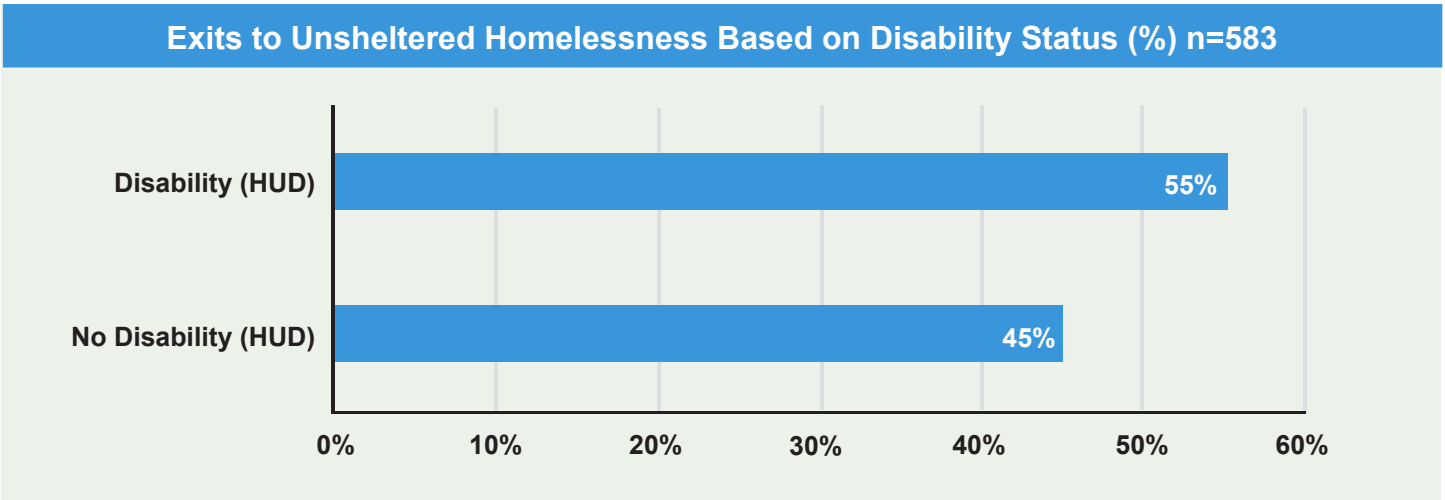
Figure 8. Drug Use Disorder by Age Group



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

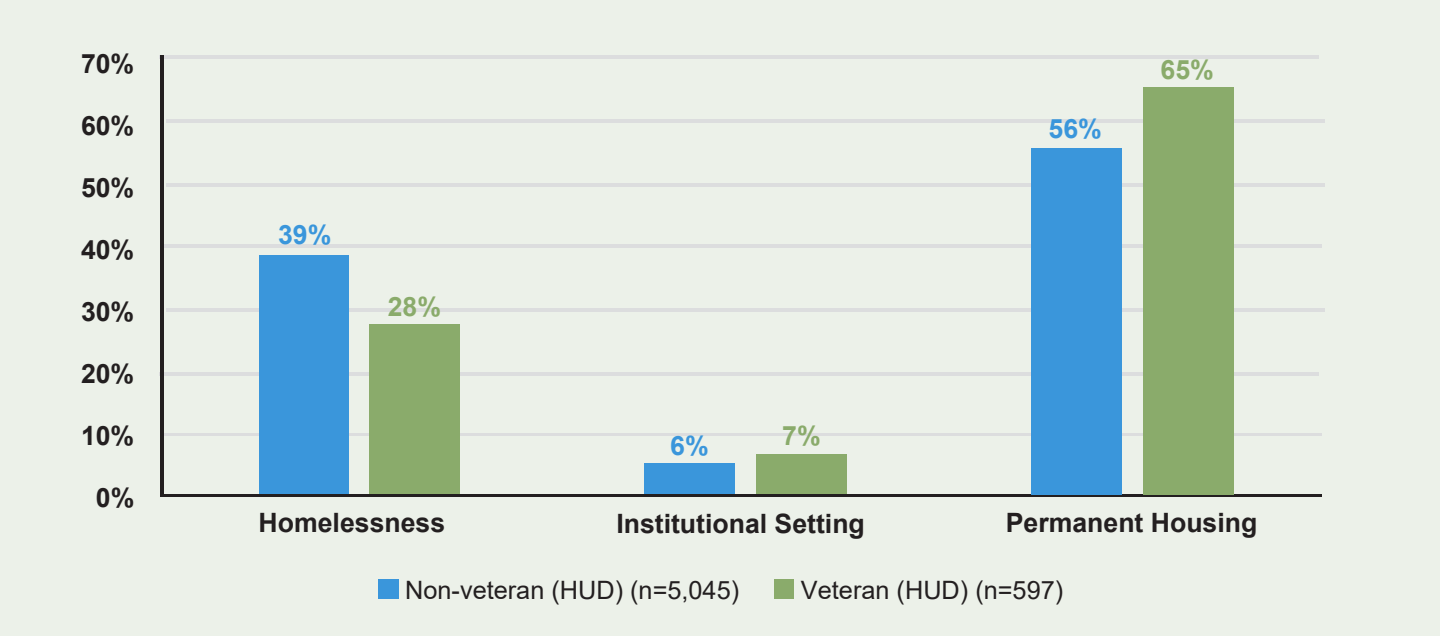
Gender	Count	Percentage
Cis Female	404	56%
Cis Male	309	43%
Transgender	5	1%
A gender other than singularly male or female	2	<1%
Total	720	100%

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

Ofall 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,5 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).

[5]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 elementsof GuilfordCounty'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 homeless-ness 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

Manyclients 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,

andmedical 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

CoCfunding fromHUD 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 leadershipfor futurefunding andstrategic 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."6 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.

[6] 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 peopledon'thavemoneyfor insurance or acopayin adollar-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 tofullmembershipCoCmeetingsor 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 nocoordinationwith mental healthandsubstance use [programs] could be better."*
> *—Provider interview*

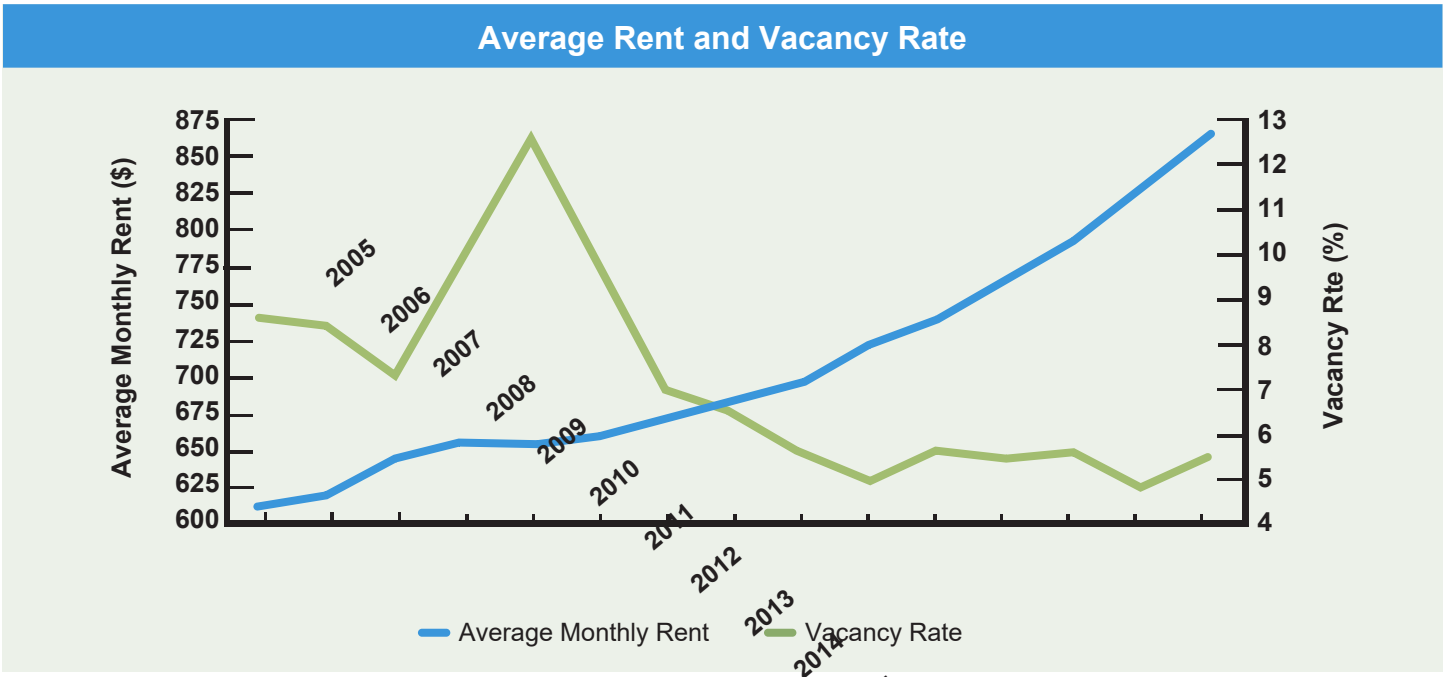
> *"It's so stressful to be homeless. We have teens committing suicide."*
> *—Provider interview*

> *"People inwheelchairs can'tgettheir meals andcan'tgetwhere they need tobe—andnoone is helpingthem."*
> *—Clientinterview*

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*

> *"Prevention is not a priority in GuilfordCounty."*
> *—Provider interview*

> *"Prevention is not a priority in GuilfordCounty."*
> *—Provider interview*

Appendices

AppendixA: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. Tothe extent that you feel comfortable discussing this, has racial discrimination played a role in your experience ofhomelessness? 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. Ifyou 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. Isthere 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. Isthere 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):

- Ichose 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 the 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):

- Educationorreferrals
- 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):

- Abuseof 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 toleave 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):

- Clientnot able tobe 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)

- Atthis point, I believe that anyadditional efforts to address homeless issues in our communitymust 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 responseisa 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.

This material is based upon work supported, in whole or in part, by the U.S. Department of Housing and Urban Development.

2025 SWOT-O

CSH

Report

Guilford County Homeless Response System

Strengths, Weaknesses, Opportunities, Threats, and Opportunities

January 2025

MEMORANDUM

To: GUILFORDCOUNTY HOMELESS TASKFORCE TRI CHAIRS, ASSISTANT COUNTY MANAGER OF SUCCESSFULPEOPLE
From: MayaSaxena CSH, Nhaomie Douyon CSH, Liam Hudson CSH, Charlesy Nance CSH
Subject: SWOT-O (Strengths, Weaknesses, Opportunities, Threats, Opportunities**)**
Date: August26,2024
Cc: GuilfordCounty (NC- 504), Elected Officials, Service Providers, Community Members

BACKGROUND **2023-2025 Consultative Services** Guilford County contracted withCorporation for Supportive Housing (CSH) to conduct a county-wide evaluation of cross-sector needs to proactively plan and align effective service provision within local crisis response systems. CSH's project activities are designed to assess current structures and resources, as well as build the knowledge and capacity of Guilford County stakeholders through multiple strategies including assessing data and conducting individual interviews and focus group conversations to actionable strategies for system improvement.

"Collectively, local housing crises can be solved with thoughtful planning, system integration, and support from the vast and dedicated groups in the Guilford County region."

CSH's goals in submitting the attached report are to increase system-wide collaboration, isolate system-wide deficits, and support Guilford County stakeholders in acting on actionable strategies. CSH will work with the Guilford County Homeless Taskforce and community partners to design and refine processes to improve service delivery and housing stability for community members who would most benefit from connections to accessible, affordable housing and supportive services. The report outlines strategies for short-term and permanent housing solutions that would enable community members to secure and sustain housing that creates stabilization and supports thriving. By strategically aligning the elements of the homeless response system from initial outreach to permanent, affordable housing with services, communities can move away from crisis, optimize public resources, and ensure a better future for everyone. By strategically aligning the elements of the homeless response system from initial outreach to permanent, affordable housing with services, communities can move away from crisis, optimize public resources, and ensure a better future for everyone.

PURPOSE Thisreport demonstrates Guilford County's desire to conduct a comprehensive assessment of current strengths, weaknesses, opportunities, and threats within Guilford County's provider systems. CSH has outlined actionable strategies to increase the quality of existing systems and decrease housing instability in Guilford County, North Carolina, with a particular focus on strategies to expand cross-sector collaboration through service delivery.

METHODOLOGY CSH underwent both qualitative and quantitative methodologies to establish the recommendations in this report. CSH gathered comprehensive data and utilized multiple approaches to ensure the validity and reliability of the findings. CSH engaged the Guilford County community during various site visits in March and April of 2024 where they met with more than 32 provider agencies that support the community in the fields of behavioral and physical health, family and youth support, immigration and refugee services, local law enforcement, legal aid, emergency shelter, and short-term housing.

Early in CSH's evaluation process, community outreach included a combination of one-on-one meetings, both in-person and virtual, and group presentations:

- **Surveys and Interviews:** To capture firsthand experiences and perspectives, CSH conducted interviews with key stakeholders, service providers, policymakers, and community members. These qualitative data collection methods provided valuable insights into the unique challenges and needs of housing instability in Guilford County.
- **Focus Groups:** CSH facilitated focus group discussions to delve deeper into specific issues, gather diverse perspectives, and identify potential solutions. These interactive sessions fostered open dialogue and enabled participants to share their experiences and insights in a supportive environment.
- **Quantitative Analysis:** In addition to qualitative data collection, CSH employed quantitative analysis techniques to analyze funding trends, service utilization patterns, housing affordability metrics, and other relevant indicators. This quantitative approach provided a statistical foundation for assessing needs, and prioritizing interventions.

The community outreach and engagement CSH conducted was integral to understanding existing housing and service gaps and informs actionable strategies to address interim and permanent housing needs supported by evidence-based best practices.

SWOT-O ANALYSIS

InNovember of 2023, CSH facilitated a Pain Point activity with the Guilford County Homeless Taskforce. CSH asked each attendee to consider how the Guilford County homeless response system is currently functioning, specifically, what parts of the Guilford County homeless response system are not functioning as effectively as they could be. After attendees prioritized their top 3 pain points, CSH asked attendees to specify concerns and areas of improvement under each pain point they prioritized. As a result of the exercise, the following 6 priority areas of focus were identified:

1. Culture and Communication
2. Cross-Sector Partnerships
3. Funding
4. Housing Inventory
5. Programs
6. System Performance

The Strength, Weaknesses, Opportunities, Threats, and Opportunities (SWOT-O) report is a compilation of quantitative data and qualitative feedback from provider agencies and people with lived experience. The SWOT- O report provides recommendations for collaboration-driven, resident-focused strategies to reduce the occurrence of homelessness in Guilford County. The SWOT-O has been aligned with the 6 priority areas of focus for continuity and strategic planning. Intentionally, the weaknesses and threats sections of the report include actionable strategies for system improvement.

CULTURE AND COMMUNICATION

Culture and Communication

Strengths:

- Established, widespread recognition and consensus that a culture shift is needed to make equitable, meaningful change to enhance cross-sector collaboration
- Acknowledged need to build capacity amongst Guilford County stakeholders on supportive housing, including the multi-sector causes of homelessness and housing instability

Weaknesses:

- Conflictingpriorities amongst those in positions of power and influence
  - **Opportunities:**
    - Unite around the common goal of reducing the occurrence of housing instability; establish measurable, realistic timelines and metrics, and prioritize a collective effort to address the greatest need and the most vulnerable populations
    - Provide Guilford County stakeholders with educational opportunities to increase understanding of supportive housing, the complexities and causes of homelessness, the impacts of systemic racism, and offer examples of interventions that have been successful
    - Ensure that Guilford County stakeholders understand the concepts and responsibilities of collaborative leadership, sharing power, and ongoing and long-term commitment

- General fear of trying something innovative
  - **Opportunities:**
    - Identify communities, programs, and interventions that are innovative and have been proven successful both within and outside of Guilford County
    - Provide opportunities for peer exchanges to learn about Guilford County partner organizations, municipal efforts, cross-sector collaboration, and successful community interventions both within and outside of Guilford County

- General lack of transparency
  - **Opportunities:**
    - Engage Guilford County stakeholders in transparent conversations to establish the shared goal of reducing the occurrence of homelessness
    - Establish a shared communication and accountability plan amongst Guilford County stakeholders

Opportunities:

- Ensureindividuals with lived experience of homelessness and system involvement participate in planning,decision-making, and implementation discussions with the equitable levels of power
  - Create an infrastructure of support and payment for individuals with lived experience to foster genuine partnership and leadership
- Provide Guilford County stakeholders with training and/or educational opportunities to understand various approaches to serving community members

Training topic examples include:

- Overview on Supportive Housing
- Trauma-Informed Care and Approaches
- Cultural Humility
- Harm Reduction
- Case Management Models
- Effective Leadership and Decision-Making
- Power Sharing
- Person-Centered Care
- Upholding Racial Equity
- Systems Thinking
- Wicked Problems

Threats:

- Disproportionate power dynamic exists among elected officials, system providers, and community members
  - **Opportunities:**
    - Promote subject matter experts and individuals with lived to positions of power (e.g. decision-making power, policy-making power, initiative design and implementation power, etc.)
- "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 three-quarters of people experiencing homelessness. Veterans and people with disabling conditions are also overrepresented."[1]

[1] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 12, Cloudburst, 2023

- **Opportunities:**
  - Utilize disaggregated racial data when creating and/or implementing housing and homelessness policy and program decisions
  - Create initiatives focused on housing and supports needed to support the local Black, Indigenous, and people of color (BIPOC) community, including culturally specific and culturally responsive housing and supports
  - Institute and align to county-wide anti-racist and actionable practices and policies that specifically address racial disparities and subsequent economic impact; revisit and revise these practices and policies annually
  - Ensure that provider agencies create and implement annual goals to reduce racial disparities within Guilford County's Homeless Continuum of Care

- Historical events between municipalities are negatively impacting efforts to collaborate
  - **Opportunities:**
    - Engage municipalities in transparent conversations to understand:
      - Regardless of geographic location, individuals and families are living without homes
      - Create a shared understanding and vision for collaboration that results in reducing the occurrence of homelessness in Guilford County, in lieu of focusing solely on municipal interests

CROSS-SECTOR PARTNERSHIPS

Cross-Sector Partnerships

Strengths:

- The Continuum of Care has 86+ committed member organizations who consistently attend and participate in Continuum of Care Membership calls

Weaknesses:

- Lack of understanding of each sector's language, function, and goals
  - **Opportunities:**
    - Establish shared terminology, objectives, and goals, and integrate action steps to operationalize the offering of housing and services in partnership with each other
    - Dedicate time for provider agencies and partners to educate each other about their respective sectors
    - An understanding of each sector's language, function, and goals allows for collaboration and streamlined multi-sector efforts

Opportunities:

- Streamline cadence and purpose for provider meetings
  - Establish clear goals, agendas, purposes, and cadences of provider agency meetings to reduce the number of meetings and meeting fatigue Repurpose or modify existing meetings to allow for
  - cross-sector collaboration by extending outreach to new and unconventional partners, and by clarifying the roles and responsibilities of each partner

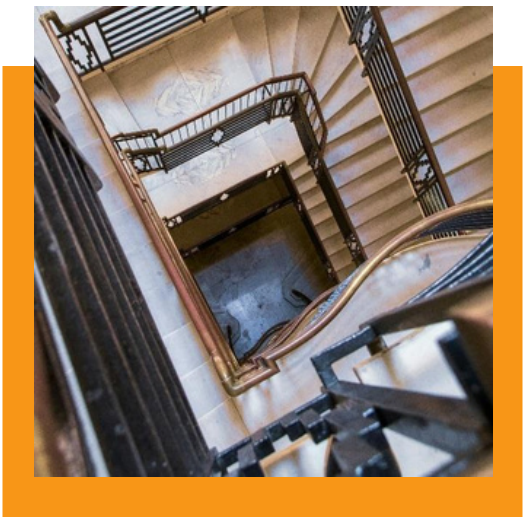
- Ensure transparent forums and mechanisms for providers to submit feedback and engage with funders2
  - Provide and transparently communicate opportunities for provider agencies to submit feedback through multiple mediums (e.g. anonymous surveys, intentional program interviews, etc.) and engage with funders on a recurring basis, including pre- and post- funding opportunities
  - Revisit processes for provider agencies to apply for and receive funding on an annual basis; ensure processes are streamlined, accessible, and low barrier

- Provide funding for and mandate attendance at provider agency trainings to build system-wide shared knowledge and to ensure system consistency and capacity

[2] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 12, Cloudburst, 2023

- Ensure that training topics are flexible and responsive to providers' needs and interests

- Training topic examples include:
  - Housing First
  - Overview of Supportive Housing
  - Trauma-Informed Care and Approaches
  - Cultural Humility
  - Harm Reduction
  - Case Management Models
  - Effective Supervision
  - Motivational Interviewing
  - Power Sharing
  - Understanding Racial Equity
  - Human Centered Design (HCD)
  - Systems Thinking
  - Wicked Problems



- Increase engagement and partnership with the local business community[3]
  - Businesses have expertise that can be leveraged to help increase workforce development and job opportunities
  - Businesses can be an in-road to offer new funding resources to encourage consistent street outreach programs
  - Improved relationships with the business community can help reduce the stigma around homelessness; consider opportunities that involve community support (e.g. volunteer programs, donation drives, public education campaigns, etc.)

- Partner with Townships to strengthen connectivity within Guilford County and to build relationships with additional municipal partners (City of Archdale, City of Burlington, City of Greensboro, City of High Point, City of Kernersville, Town of Gibsonville, Town of Jamestown, Town of Oak Ridge, Town of Pleasant Garden, Town of Sedalia, Town of Stokesdale, Town of Summerfield, and Town of Whitsett)

- Align shared priorities and strategies, commitment to shared strategies to manage competing interests

- Identify stakeholders, build partnerships, establish shared priorities, encourage sharing data, and execute Memoranda of Understanding (MOU) agreements with agencies in various sectors (e.g. healthcare, child welfare, immigration and refugee, justice and reentry, faith-based, veterans services, education, etc.) to align shared priorities and strategies and establish a commitment to implementing shared strategies to manage competing interests
  - People experiencing homelessness are often interacting with agencies in multiple sectors; by partnering and establishing shared goals, provider agencies across sectors can develop and implement streamlined processes for holistically serving peoples' needs, including stable housing

[3] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 20, Cloudburst, 2023

- To support integrated service delivery (ISD) and integrated data sharing (IDS), enhance existing cross-sector partnerships to implement innovative, streamlined processes to provide holistic care, including stable housing4
    - Existing cross-sector partnerships can provide a roadmap for building new cross-sector partnerships
    - Implementation and evaluation of new processes allows for flexibility in programs and approach

- Explore 2023 Medicaid expansion by assessing provider agencies' capacity and ability to bill service provision to Medicaid
    - Proactively plan for additional Medicaid expansion and related waivers

- Identify and seek opportunities to learn from successful cross-sector programs and initiatives
    - Cross-sector program examples include:
        - Chicago and Cook County Flexible Housing Pool, a partnership between healthcare and housing entities that provides permanent housing to individuals who frequent emergency healthcare systems. Keeping Families Together, a partnership between child welfare and housing entities that
        - uses supportive housing to bring stability to families with children at risk of recurring involvement in the child welfare system FUSE – Frequent Users Systems Engagement, a proven model identifying frequent users
        - of jails, shelters, hospitals and/or other crisis public services that stabilizes individuals by providing supportive housing

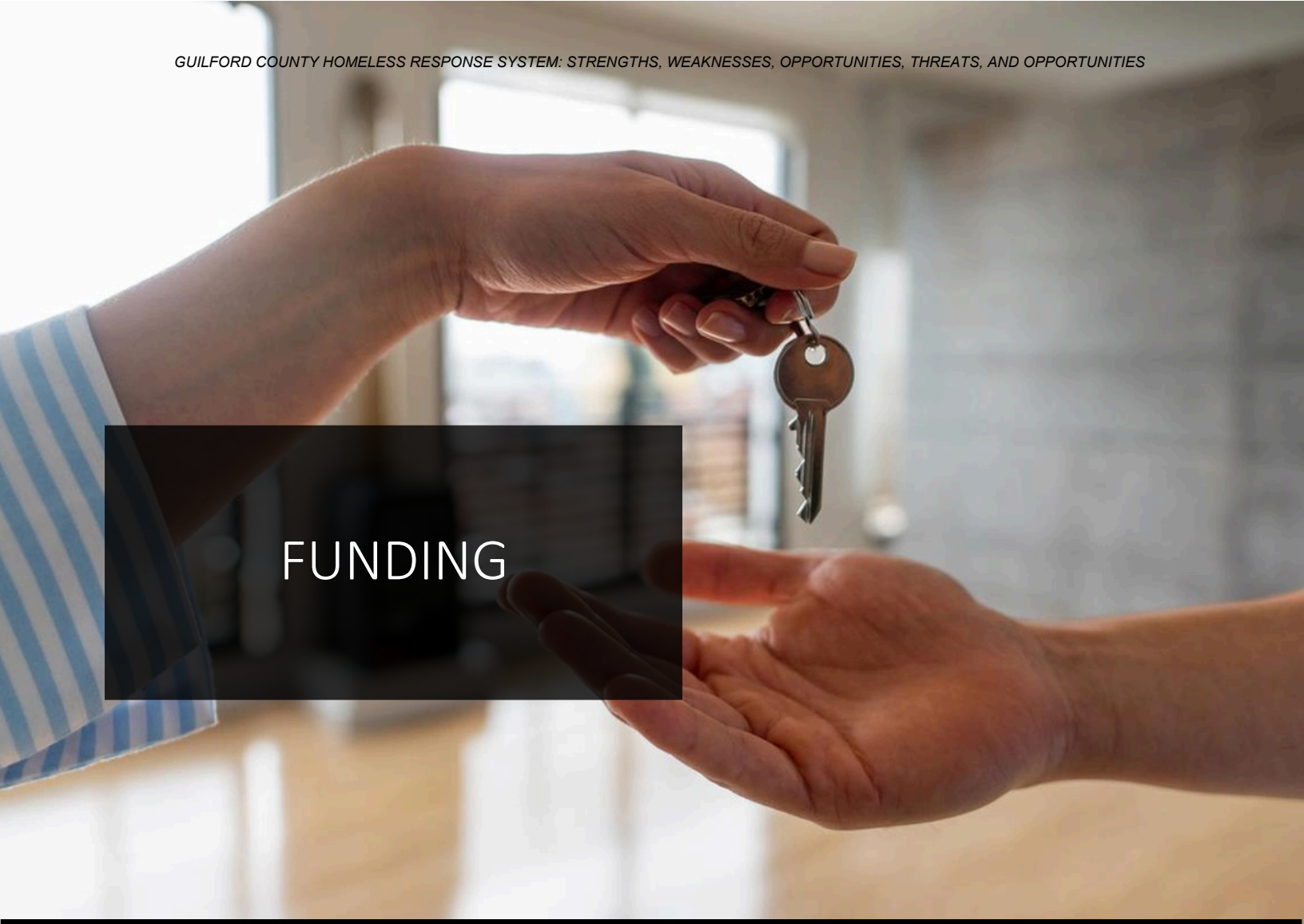
Threats:

- Coordination and networking between provider agencies are currently siloed; provider agencies have established their own networks
    - **Opportunities:**
        - Create an infrastructure that allows agencies to be welcomed into a shared space, to network, coordinate, and collaborate across sectors; this infrastructure should align with existing provider meetings to avoid meeting fatigue Provider agencies working within the same sector are well connected, providing
        - opportunities for sectors to interact with each other encourages cross-sector relationships and partnerships

- Poor inter-local coordination (coordination at a Continuum of Care and local government level)5
    - **Opportunities:**
        - Update required documents and policies to ensure the Continuum of Care is in compliance with the Housing and Urban Development office, including Written Standards, Coordinated

[4] Allegheny County, https://alleghenyanalytics.azurewebsites.net/
[5] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 20, Cloudburst, 2023

Entry Policies and Procedures, Homeless Management Information System Policies and Procedures, and Memoranda of Understanding (MOU) agreements Mobilize Continuum of
- Care leadership and members to actively recognize and support Guilford County as the Continuum of Care Lead Agency and clearly identify each member agency's roles and responsibilities within the Continuum of Care Address Continuum of Care members'
- hesitancy toward government leadership by fostering shared values and goals, promoting transparent communication, and encouraging collaboration Encourage inter-local coordination focused on resource gaps, administrative and funding gaps, and methods to
- align funding sources to provide services and housing to Guilford County residents



FUNDING

Funding

Strengths:

- Current support and funding exist at the county-level, including time-limited American Rescue Plan dollars, that allow for some flexibility with the use of funds
- Municipalities and Guilford County continue to allocate money collectively to address economic crisis
- Local agencies have strong relationships with funders and grantors

Weaknesses:

- Funding alignment and priorities
  - **Opportunities**
    - Continuum of Care, Continuum of Care Lead Agency, and Emergency Solutions Grant awardees should work with local and state Emergency Solutions Grant recipients to make sure funding streams are not duplicative and programs are working together (e.g. Written Standards, ensuring the Coordinated Entry System is consistent with Written Standards, homelessness strategy, system performance standards, etc.)6
    - Increase county-wide capacity of provider agencies interested in Rapid Rehousing and Permanent Supportive Housing funds7
    - Increase county-wide capacity of provider agencies interested in service delivery funds (e.g. case management, housing navigation, employment services, etc.)

- Competitive culture for provider agencies competing for funding
  - **Opportunities**
    - Improve transparency around available funding resources and compliance performance requirements
    - Encourage partnership opportunities through collaborative applications for funding sources that are eligible to support homelessness services

[6] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 12, Cloudburst, 2023
[7] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 26, Cloudburst, 2023

- Lack of public buy-in to help sustain funding
  - **Opportunities**
    - Hold informational sessions and/or public town halls to gather feedback on community concerns and priorities
    - Develop marketing campaigns to increase awareness on the need for sustaining homeless and services funding
    - Advocate to and align with state and local political figures and housing advocacy groups to increase community awareness on the funding needed to address homelessness in Guilford County

- Scarcity in capital resources for unit repairs and/or upkeep, which is causing deferred maintenance of the housing stock
  - **Opportunities**
    - Develop and/or strengthen a long-term funding source for unit repairs available to housing projects on an annual basis

Opportunities:

- Prioritizeexpanding local dollars to cover costs for populations that are typically denied with federal and state funding sources (e.g. developing a pool of flexible funds specifically for people with varying documentation status)
- Encourage public and provider agency feedback on funding needs and tailor funding sources to best meet the needs of the community

- Where possible, establish land trusts for buildings and sites utilizing housing funds to assist with maintaining affordability and reducing the impact of inflation and gentrification

Threats:

- Allocated funds not fully utilized (e.g. Emergency Solutions Grant dollars at State Office)
  - **Opportunities**
    - Allow applicants to apply for funding on a rolling basis, or as needed
    - Make additional funds available and flexible for current high-performing recipients to support additional staff, staff compensation, and staff training
    - Offer fidelity-based bonuses to high-performing programs with consistent and sustained outcomes

- Low funding capacity is creating greater system barriers and restricts the right to choice for program participants
  - **Opportunities**
    - Utilize CSH's funding analysis to inform community conversations on ways to improve the availability and timeliness of funding
    - Design new or re-design older funding streams to best support the system goals and values
    - Encourage people with lived experience to participate in funding discussions to better understand funding needs

HOUSING INVENTORY

Housing Inventory

Strengths:

- Individual provider agencies have developed relationships with local landlords

Weaknesses:

- The Housing First model is not widely accepted or practiced
  - **Opportunities:**
    - Mandate evidence-based Housing First training and educational opportunities for Guilford County stakeholders and provider agency staff
    - Align Housing First principles within the Continuum of Care Written Standards and policies; integrate Housing First performance metrics, reporting and compliance expectations into contractual agreements and/or Memoranda of Understanding (MOU) agreements

- Limited affordable housing inventory
  - **Opportunities:**
    - Revitalize commercial inventory utilizing a multi-use space model which could potentially tap into New Market Tax Credits by incorporating integrated services and/or health clinics
    - Consider 2–3-bedroom options for voucher placements
      - 2–3-bedroom options can serve people with a high level of needs to allow for a home health aide and/or for multi-generational families living together
    - Integrate housing policies that encourage rent reasonableness

- Existing affordable housing stock does not meet current community needs; specifically, high acuity populations, local workforce, and multi-generational families[8]
  - **Opportunities:**
    - Strengthen partnerships with the healthcare sector with the goal of co-developing collaborative units to address housing and health needs of residents
    - Identify non-federal, local and/or philanthropic funding sources for provider agencies that serve people with varying documentation statuses
    - Identify government and/or philanthropic funding sources to pilot universal basic income program
    - Advocate for North Carolina to increase their state-wide minimum wage
    - Develop mixed housing types (e.g. supportive housing, affordable housing, multi-family housing, duplex, triplex, etc.)
    - Consider innovative affordable housing solutions
      - Host Homes
      - Tiny Homes as **temporary** housing
      - Workforce housing

- Affordable housing properties are poorly maintained and, in some cases, unsafe

[8] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 5-6, Cloudburst, 2023

- **Opportunities:**
  - Develop and enforce stricter policies which clearly outline the inspection process, timeline, prohibiting occupancy on rental properties that have more than (X) number 'unremedied' housing and/or safety violations
  - Establish and enforce stricter procedures around follow-up to tenant complaints or concerns around unit safety
  - Develop best-practice operating procedures for landlords (e.g. operating procedures which increase coordination efforts with service providers, eviction prevention programs, increase notifications in instances of failure to pay rent, tenant orientation handbook at move-in, etc.)

- Delayed and/or stalled housing inspections on privately owned properties
  - **Opportunities:**
    - Assess and improve overall housing inspection process and timeline to ensure quick turnaround on housing inspection process to allow for more immediate move-in; offer guidance to housing placement staff Offer Housing Quality Standards certification and reporting requirements to the Continuum
    - of Care and provider agency staff to help reduce the overall inspection burden on public housing authorities

- Most affordable/low-income neighborhoods are consistent with "hot spots" for respiratory hospital admissions for patients with asthma, life expectancy at birth, percentages of children living or not living in poverty, homes in food deserts without vehicles for transportation, and people with and without insurance9
  - **Opportunities:**
    - Strengthen partnerships with healthcare sector with the goal of co-developing collaborative units to meet community health needs of residents
    - Develop an incentive structure to promote affordable housing development in geographically healthy neighborhoods

- Housing policies (past and present) such as exclusionary zoning, segregation of people and places, and high-interest loans continue to affect the social, economic, and health outcomes of communities of color, lower-income, and rural areas. These policies block access to education, employment, and wealth-building opportunities10
  - **Opportunities:**
    - Utilize Community Development Block Grants and other community revitalization resources to stabilize and build-upon existing efforts in communities

Opportunities:

[9] CONE Health 2019 Community Health Needs Assessment, CONE Health, 2019
[10] The Role of Housing Policy in Causing our Nation's Racial Disparities – and the Role it Must plan in Solving Them, Habitat for Humanity, 2020

- Increase Move-On initiatives11
    - Work with public housing authorities to establish and/or increase access and use of Move-On programming
    - Work with the private sector to increase affordable housing production that people can Move-On to

- Develop engagement and recruitment campaign12
    - Understand landlords' motivations and concerns, develop an effective marketing strategy, develop marketing materials, identify access points, adopt a transparent approach, arrange meetings between housing coordinators and landlords, be persistent13
    - Identify and learn from communities that have successfully developed a landlord engagement and recruitment campaign

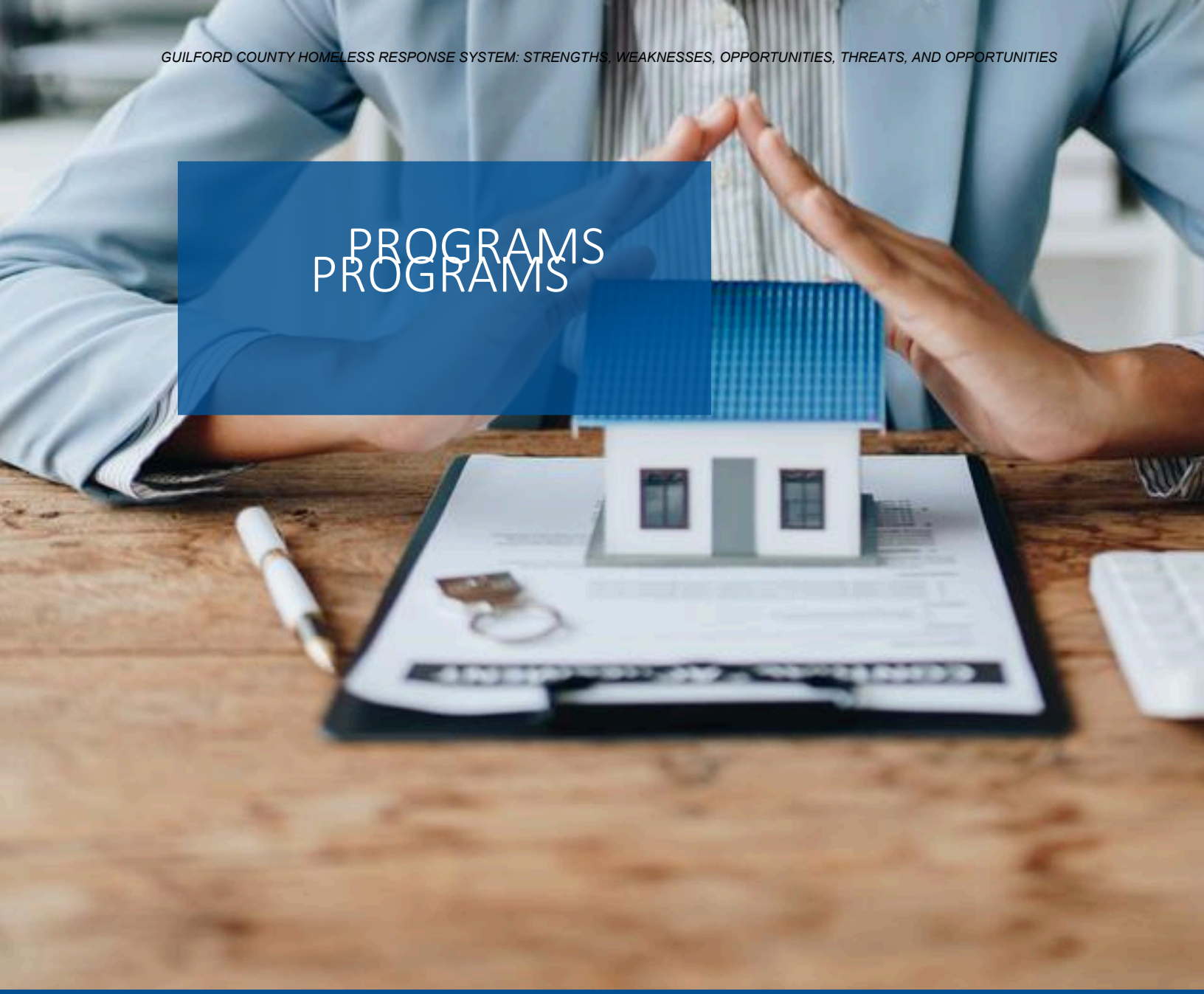
- Increase investments in Permanent Supportive Housing14
    - Dedicate funding based on system-level data to increase the supportive housing development pipeline to meet the needs of the community
    - Increase funding for enhanced service provision in permanent supportive housing
    - Preserve the supply of low-cost and subsidized housing15
    - Support non-profit organizations and governmental entities in master-leasing efforts16

Threats:

- Low availability of affordable housing inventory as rent in Guilford County is steadily increasing with vacancies at historic lows17
    - **Opportunities**
        - Design community incentives to encourage adaptive reuse of vacant or dilapidated buildings
        - Assess rent reasonableness for affordable and market rate housing
        - Petition local leaders to develop a local funding pool for subsidies

- Increased eviction rates - 104 eviction-related cases heard per week18
    - **Opportunities:**
        - Implement low barrier, high touch programs to better support people who are struggling to pay rent on time and/or consistently
        - Identify and create a plan for housing stabilization to keep tenants in units, including tenancy support services
        - Partner with local legal aid to develop a sustainable an eviction prevention fund

[11] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 12, Cloudburst, 2023 Guilford County
[12]Continuum of Care NC-504 Needs and Gaps Analysis, pg. 26, Cloudburst, 2023 The Landlord Engagement Toolkit: A
[13]Guide to working with Landlords in Housing First Programs, The Homeless Hub Guilford County Continuum of Care
[14]NC-504 Needs and Gaps Analysis, pg. 25, Cloudburst, 2023 Homelessness is Solvable, But Only with Sufficient
[15]Investment in Housing, Urban Institute, 2023 Homelessness is Solvable, But Only with Sufficient Investment in
[16]Housing, Urban Institute, 2023 The 2024 Housing Need in Guilford County, North Carolina Housing Coalition, 2024
[17]2022 Community Health Needs Assessment, CONE Health, 2022
[18]



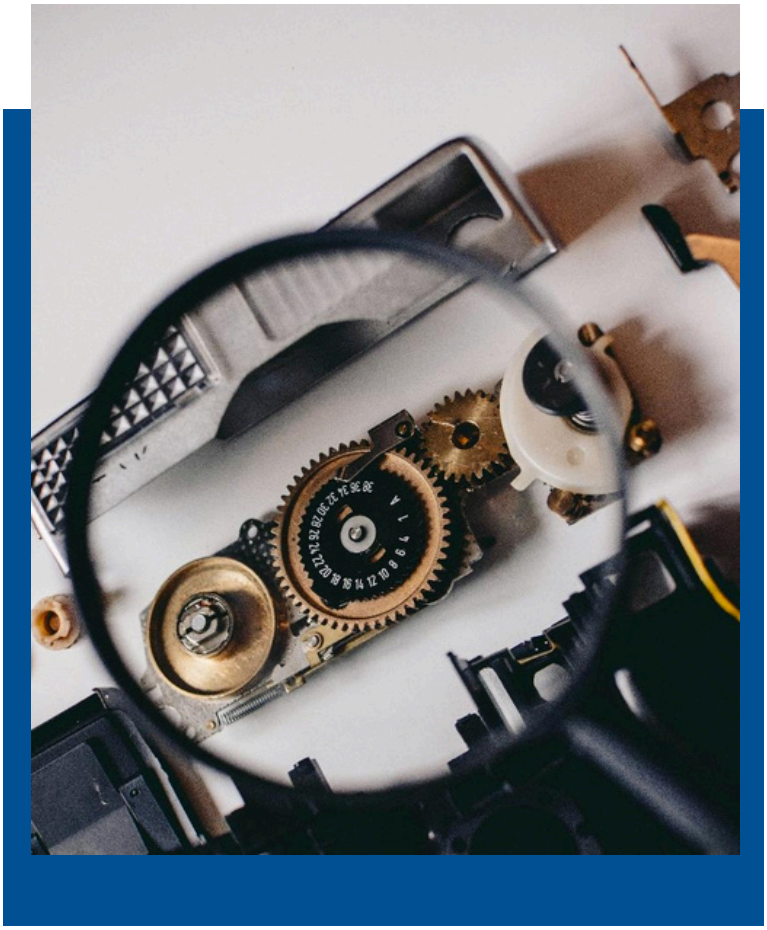
PROGRAMS

PROGRAMS

Programs

Strengths:

- Community understanding of importance of early intervention and prevention services; eviction mediation and eviction prevention services provided by Legal Aid are strong examples Veteran's programs (e.g.
- entitlements and Social Security Disability Income) meet housing needs, and participants express quick turnaround time to get connected to services
- County agencies coordinate to share resources and provide services to participants outside of Coordinated Entry System
- Community is willing to collaborate to come up with innovative solutions for homelessness, homelessness prevention, and housing affordability



Weaknesses:

- Providers and participants state that it is difficult to access crisis services, including shelter, outreach, and theCoordinated Entry System19
    - o **Opportunities:**
        - Increase frequency, hours of operation, and general accessibility for points of entry into crisis services
        - Institute a housing and services call center (e.g. localized 211) to increase capacity for diversion services and increase awareness and resources on housing access

[19] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 21, Cloudburst, 2023

- Significant workforce capacity constraints, (e.g. limited staff capacity, non-livable wages/compensation, increased staff turnover and fatigue, lack or limited resource supports for front-line staff, etc.)
  - **Opportunities:**
    - Conduct county-level compensation study to identify, understand, and address the needs of service delivery staff with consideration to incorporate incentives and increased compensation for front line staff Establish a workforce development program with local colleges, universities, workforce
    - investment board, and the private business sector
    - Target workforce with attractive "entry level" hiring offers, internship programs, and volunteer programs
    - Consider incentives and/or compensation packages that drive sustainable, long-term workforce sustainability growth

- Low rate of effective diversion services, which impact eviction rates and encampments
  - **Opportunities:**
    - Increase funding dedicated to diversion services and increase diversion programming
    - Secure Housing and Urban Development technical assistance on Diversion Best Practices

- Services and programs are limited outside of major municipal areas
  - **Opportunities:**
    - Partner with mobile outreach services or satellite service centers that can provide services outside of typical settings
    - Dedicate funding to create additional mobile outreach services and/or satellite service centers

Opportunities:

- With limited capacity, innovative ideas for homeless outreach can help fill gaps in services20
  - Consider online Coordinated Entry access points to increase reach of Coordinated Entry and subsequent referrals
  - Partner with local business community and/or philanthropic partners to fund consistent street outreach programs

- Improve access to crisis systems (e.g. substance use, mental health, behavioral health supports) by reducing and/or eliminating barriers to access, including limited hours of availability, lengthy application process, and documentation requirements

- Strengthen coordination of outreach programs, establish consistent processes to prioritize participants, and improve tracking and utilization of shelter beds through integrated service delivery and integrated data sharing methods

[20] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 14, Cloudburst, 2023

- Increase homeless prevention capacity21
- Increase programs for youth (e.g. for youth aging out of foster care, youth leaving the juvenile system, etc.)
- Increase programs for families (e.g. for families facing separation, family reunification, families facing eviction, etc.)
- Engage with faith-based organizations interested in providing services for populations of focus

Threats:

- Noformal street outreach teams exist
  - **Opportunities:**
    - Create outreach and outdoor case management to proactively engage individuals as they are waiting for shelter and/or housing via the Coordinated Entry System
    - Dedicate portions of flexible funding sources (e.g. Emergency Solutions Grant) and/or secure additional funding sources dedicated to ensuring consistent street outreach programs

- Current shelters are high barrier (e.g. payment, identification, and/or sobriety required to enter emergency shelters)22
  - **Opportunities:**
    - Enforce evidenced-based practices and emerging trends (e.g. Housing First, Harm Reduction, Assertive Community Treatment, Critical Time Intervention, supported employment, Trauma-informed Care, etc.) in emergency shelter policies

- Shelter and outreach systems are not fully connected to the Coordinated Entry System, making them ineffective front doors to the homeless service system23
  - **Opportunities:**
    - Streamline accessibility by aligning emergency shelter capacity to Coordinated Entry referrals
    - Consider online Coordinated Entry Access Points to increase reach of Coordinated Entry and subsequent referrals
    - Expand the frequency, hours of operation, and general accessibility of Coordinated Entry Access Points
    - Train emergency shelter providers to be fixed Coordinated Entry Access Points

[21] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 26, Cloudburst, 2023
[22] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 22, Cloudburst, 2023
[23] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 22, Cloudburst, 2023

System Performance

Strengths:

- Roughly 20 agencies that provide homeless services utilize the Homeless Management Information System and/or share their data with the County

Weaknesses:

- TheHomelessManagement Information System is outdated, has limited capacity, and limited data quality
  - **Opportunities:**
    - Create and implement data quality standards and reporting and compliance expectations into the Continuum of Care, Guilford County, and City contracts

- Not all community agencies providing homeless and housing services are inputting data into the Homeless Management Information System24
  - **Opportunities:**
    - Provide Homeless Management Information System User License funding to smaller provider agencies to cover licensing fees and additional support staff for increased Homeless Management Information System data input and analysis Build trusting partnerships throughout Guilford County to increase data sharing for
    - provider agencies that are not able to utilize the Homeless Management Information System (e.g. provider organizations that service people fleeing from domestic violence)

- Increase Homeless Management Information System accuracy when pulling and creating reports25
  - **Opportunities:**
    - Work with the Homeless Management Information System vendor to ensure the most updated version of the system is being used
    - Work with the Homeless Management Information System vendor to identify and correct any malfunctions within the system
    - Meet with the Homeless Management Information System vendor to gain better insight on the current functionality of the system and identify new updates that can be offered to users. Provide community-based dashboarding displaying key performance indicators based on
    - Homeless Management Information System data, reference Allegheny County's data dashboard as an example

- Need for increased and fixed Coordinated Entry System access points26
  - **Opportunities:**
    - Increase the number of provider agencies that can input participant information and complete intake assessments into the Homeless Management Information System

[24] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 22, Cloudburst, 2023
[25] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 22, Cloudburst, 2023
[26] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 21-22, Cloudburst, 2023

- Expand outreach programs' capacity and ability to input participant information and complete intake assessments into the Homeless Management Information System
- Ensure fixed locations and times for Coordinated Entry access points; increase community awareness on fixed locations and times through accessible platforms
- Consider online Coordinated Entry Access Points to increase reach of Coordinated Entry and subsequent referrals

Opportunities:

- Foster a data-driven culture by utilizing data reporting tools to inform Guilford County stakeholders on homelessness patterns and trends to gain a deeper understanding of community need[27]

- Increase access and participation in data-related trainings for provider agencies[28]
  - Ensure that training topics are responsive to community need and data quality
  - Trainings topic examples include:
    - Continuous Quality Improvement
    - Data Collation Best Practices

- Highlight successful practices and programs within Guilford County by using data and monitoring reports[29]

- Engage with opportunities for ongoing learning through the Housing and Urban Development Exchange and various agency websites
  - HUD Exchange
  - National Alliance to End Homelessness
  - Corporation for Supportive Housing
  - Bitfocus
  - The National Human Services Data Consortium

- With increased data quality and community input, Housing and Urban Development tools can be used to determine disparities in homeless and housing systems, as well as data quality concerns[30]
  - Stella M and Stella P
  - System Performance Measures

Threats:

[27] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 22, Cloudburst, 2023
[28] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 12, Cloudburst, 2023
[29] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 12, Cloudburst, 2023
[30] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 16, Cloudburst, 2023

- Coordinated Entry System is not fully integrated into the Homeless Management Information System
  - o Opportunities:
    - Increase the Homeless Management Information System's capabilities and work with the Coordinated Entry lead and the larger community to integrate Coordinated Entry into the Homeless Management Information System Receive Coordinated Entry-specific technical assistance to provide insight and growth
    - opportunities for a more effective Coordinated Entry system

- Existing Homeless Management Information System data has discrepancies
  - o **Opportunities:**
    - Increase and dedicate funding for provider agency data support (e.g. data entry training, how-to session on utilizing the Homeless Management Information System, etc.)
    - Identify and promote Homeless Management Information System "super users" to highlight provider agencies that enter high-quality data
    - Establish ongoing monitoring and evaluation of provider agencies to identify data entry gaps and inaccuracies

- General under-utilization of the Homeless Management Information System and the Coordinated Entry System
  - o **Opportunities:**
    - Collaborate with provider agencies and the Homeless Management Information System vendor to ensure system software can fulfill data needs identified by provider agencies

- Need for increased transparency in housing process and resource types, specifically how people are being prioritized and housed from the By-Name list[31]
  - o Opportunities:
    - Update the Homeless Management Information System's software to allow the By-Name-List can be generated from the system in real time
    - To build trust and understanding, increase transparency in case conferencing and communicating participant status on the By-Name list

[31] Guilford County Continuum of Care NC-504 Needs and Gaps Analysis, pg. 22, Cloudburst, 2023

In April of 2024, the Corporation for Supportive Housing (CSH) visited 32 provider agencies from 8 sectors and spoke with people with lived experience to assess the utilization, capacity, and coordination of Guilford County's current resources and to gain a deeper understanding of the nuances of housing needs within the community.

Qualitative information from provider agencies and people with lived experience is captured in this appendix and is organized by sector.

1. Healthcare
2. Child Welfare and Family/Youth Services
3. Homeless Response
4. Veteran's Services
5. Education
6. Immigration and Refugee
7. Justice
8. Municipal Partners

Provider agencies and individual names have intentionally been omitted to protect their identities, this anonymity allowed for transparent conversation between CSH and provider agencies.

Qualitative Conversation Analysis

HealthcareSector

Themes andcontextfrom conversation with 4 agencies.

Theme	Context
Theme #1: Informal relationships determine referrals; the official system, including Coordinated Entry, is not effective.	• Referrals to different partners happen because individual team members and/or agencies have relationships with other agencies, not because there is a cohesive, functioning referral system. There are not enough Coordinated Entry access points, access points continuously change location, locations are shared through inaccessible platforms (Instagram, Facebook, etc.), and access points are open for very short amounts of time.
Theme #2: Guilford County agencies operate in siloes. The significant divide between municipalities continues to exist despite both municipalities being a part of Guilford County.	• Referrals between municipalities are rare. • Each municipality has different funding and data sources. o E.g. if one agency has locations in both High Point and Greensboro, participants must call each location individually to inquire about access or availability; each site operates as its own entity despite being under the same agency.
Theme #3: Significant lack of truly affordable housing.	• Individuals and families being discharged from residential treatment programs and/or transitional housing have trouble finding affordable housing. Some programs will continue to provide bridge housing for individuals and families until they find a permanent place to live, other programs end up discharging individuals and families into homelessness.
Theme #4: Health, housing, and homelessness partnerships exist but not through the Continuum of Care.	• Historically, healthcare partners have attempted to engage with the Continuum of Care but have • been unsuccessful in formalizing partnerships. Healthcare agencies have existing housing referral networks, including calls to Coordinated Entry. However, calls to Coordinated Entry often end up as a dead end for individuals and families due to access point limitations. • Healthcare agencies provide healthcare in emergency shelters and day programs.

Qualitative Conversation Analysis

ChildWelfare+FamilyandYouthServices Sectors

Themes andcontextfromconversationwith2agencies.

Theme	Context
Theme #1: Families face significant challenges accessing services and finding housing due to lack of transportation.	• There are limited Coordinated Entry access points, access points continuously change location, locations are shared through inaccessible platforms (Instagram, Facebook, etc.), and access points are open for very short amounts of time. • Public transportation, specifically bus lines, do not run frequently enough to effectively travel to access points, appointments, services, etc.
Theme #2: Significant lack of truly accessible and affordable housing and affordable resources for older adults.	• Local facilities (e.g. senior living facilities) that serve older adults typically do not accept Medicaid for payment of services, resulting in services and care that are often too expensive and inaccessible. • Individuals and families being discharged from residential treatment programs and/or transitional • housing have trouble finding affordable housing.
Theme #3: Communication between High Point and Greensboro and between agencies is fractured.	• Agencies are unaware if municipalities have youth and family vouchers (Fostering Youth to Independence – FYI, Family Unification Program – FUP). If municipalities do have youth and family vouchers, agencies are unaware of how to access those vouchers.
Theme #4: Child welfare, family and youth care, and education partnerships exist but not through the Continuum of Care.	• Historically, the child welfare sector has attempted to engage with the Continuum of Care but has been unsuccessful in formalizing partnership. Lack of connection to the Continuum of Care limits agencies' ability to address family homelessness concerns and limits agencies' ability to connect with housing programs/assistance. • Referrals from child welfare, family and youth services, and education agencies are actively in place but are not integrated within the Continuum of Care and Coordinated Entry process.

Qualitative Conversation Analysis

Homeless Response Sector

Themes andcontextfromconversation with 9 agencies.

Theme	Context
Theme #1: The Homeless Management Information System (HMIS) is out of date.	• One of the functions of the Homeless Management Information System is to build and pull reports. Agencies noted that the data inputted into the Homeless Management Information System does not match the data that shows on pulled reports. This difference in data can impact funding opportunities, reporting requirements, and Notice of Funding Opportunities scoring. The current • Homeless Management Information System system does not consistently reflect Housing and Urban Development-mandated updates regarding gender identity options or Annual Performance Review reports needed by funders. Agencies are not able to update Homeless • Management Information System participant profiles and must go through other channels to have updates made on their behalf. Agencies noted that the cost for Homeless Management Information • System user agreements, which allows agency staff to access and utilize the system, is too expensive. • Agencies noted that requesting a new program to be set up in the Homeless Management Information System is too lengthy of a process, prohibiting referrals to be made or data to be collected. • Agencies noted that Homeless Management Information System training would be more effective and better attended if facilitated in-person, as opposed to virtually. Individuals are being assessed • with the Vulnerability Index – Service Prioritization Decision Assistance Tool, which has been recognized by the Housing and Urban Development office as out of date and inequitable. Agencies are unaware if municipalities have youth and family vouchers (Fostering Youth to ~~Independence – FYI, Family Unification Program – FUP~~).
Theme #2: Significant lack of truly accessible and affordable housing and a lack of housing vouchers within Guilford County.	• If municipalities do have youth and family vouchers, agencies are unaware of how to access those vouchers. • There is a general lack of housing for youth and families and for youth aging out of foster care. • Agencies are utilizing their personal relationships with landlords to secure affordable rents and leases for participants. There is no strategic or systematic partnership between the Continuum of • Care and private landlords. There is a significant need for Move On strategies and accessible, affordable housing for individuals and families who are interested in Moving On. • Agencies noted that it is ~~easier to house~~ individuals and families outside of Guilford County, rather than connecting individuals and families to accessible, affordable housing within Guilford County. •

Theme #3: Improvements are needed around staff training and system transparency.	• Agencies noted that Homeless Management Information System training is not consistent between users. • Provider agencies receive varied training, there is a lack of common foundation between agencies, including topics such as Trauma-Informed Care, Cultural Humility, Harm Reduction, etc. • The By-Name list currently lives offline and does not adhere to Housing and Urban Development compliance requirements. Agencies are unaware of their participants' status on the By-Name list. • There is a lack of transparency in how Emergency Solutions Grant and other local funds are disbursed, who is awarded, and what subsequent programs are funded and operational.
Theme #4: There are no effective prevention services being provided.	• There is no Emergency Rental Assistance Program funding that serves as an effective homeless prevention service. The lack of Emergency Rental Assistance Program funding results in individuals and families being evicted, experiencing homelessness, and struggling to find housing due to having an eviction on their record. • There is no and/or extremely limited street outreach.

Qualitative Conversation Analysis

Veteran's Services Sector

Themes andcontextfromconversation with 3 agencies.

Theme	Context
Theme #1: The Guilford County veteran population and subsequent services needs are changing. Theme #2: Significant lack of truly accessible and affordable housing. Theme #3: The level of engagement and engagement strategies vary. Theme #4: The veteran's services sector has poor connectivity to the healthcare sector. Additional Notes: Agencies noted that municipal police departments engage with people experiencing homelessness very harshly. Agencies noted that municipal police departments display very little empathy toward people experiencing homelessness.	• The local veteran population is younger than in previous years. • More families with a veteran household member are experiencing homelessness, more veterans identifying as women are experiencing homelessness. • There is a higher acuity of health needs, specifically mental health needs, amongst the veteran population. • Waitlists for housing have grown due to changes in program eligibility. • Available housing is not always safe, clean, or in a state of good repair; unit inspections can take several weeks to several months, this extensive wait time is driving landlords to rent the unit out to other tenants. • Some veterans self-refer to programs after learning about program offerings via word of mouth. • The frequency of services provided to veterans varies depending on the providing agency and that agency's connection to resources and capacity. • One person does veteran outreach for Guilford County. • Many of the local pharmacies do not accept insurance offered through Veterans Affairs. • The veteran population, especially older veterans, have extensive healthcare needs and do not have consistent access to appointments and transportation. • The veteran population has unique service needs, which many provider agencies lack understanding of and education on.

Qualitative Conversation Analysis

Education Sector

Themes andcontextfrom conversation with 3 agencies.

Theme	Context
Theme #1: There is a significant need for higher education agencies to deploy mechanisms for collecting data on students' housing status.	• No higher education agencies are required to collect data on students experiencing homelessness; higher education agencies are discouraged and/or disallowed from collecting data on students experiencing homelessness and/or inquiring about students' housing status; student housing needs are widely unknown. • Leaders and decision-makers within higher education agencies are concerned about acknowledging students' housing status and collecting data on students' housing status due to fear of the impact on their institutional reputation. • Education agencies leverage community partnerships and refer students to various community resources when housing instability and/or homelessness is suspected. These referrals largely happen outside of the Coordinated Entry system. • Higher education agencies need comprehensive outreach, referral, and direct service programs.
Theme #2: Youth and families distrust and/or fear the system.	• Youth and families are reluctant to report housing instability and/or homelessness due to fear of child welfare and/or child protection involvement. • Education agencies serving youth and families do provide access to transportation support, free/reduced lunch, school supplies support, and enrichment field trips for students experiencing homelessness. These resources are underutilized due to youth and families' fear of reporting housing instability and/or homelessness.
Theme #3: Education agencies are maximizing what they can control.	• Higher education agencies do have partnerships with local nonprofits and provide on-site food pantries for students. • Higher education agencies have conducted research within the community regarding eviction rates and environmental issues within homes. This research offers valuable insights to the larger community.

Qualitative Conversation Analysis

Immigration and Refugee Sector

Themes andcontextfromconversation with 6 agencies.

Theme	Context
Theme #1: There are multiple barriers to accessing housing for immigrants and refugees.	• Translation services between the applicantand the landlord/property management team are necessary but not widely available. • Individuals with varying immigration statuses are not able to utilize federal funding resources. • There is a lack in clarity around local program eligibility criteria, what local funding sources are eligible for an agency to serve immigrants and refugees. • Provider agencies struggle to house families with varying immigration statuses. • Immigrants and refugees often have no credit score or credit history; landlords are quick to deny applicants based on no/low credit scores or limited credit histories. • The immigrant and refugee youth population come across more barriers when accessing services and housing. • Historically, immigrant and refugee youth have been placed with other families, being separated from their own.
Theme #2: There is a lack of accessible and affordable housing.	• Multi-generational families require larger units. Often, multi-generational families that are successfully housed are scattered across multiple properties, impacting their ability to maintain their cultural norms and routines. • Available housing is not always safe, clean, or in a state of good repair; unit inspections can take several weeks to several months, this extensive wait time is driving landlords to rent the unit out to other tenants. • Available housing is not accessible and does not meet the individual's physical needs. • Available units are often located in high-violence neighborhoods and are unsafe for youth and families. • There is a lack of longstanding relationships between immigration and refugee service agencies and landlords resulting in difficulty securing units for individuals and families.
Theme #3: Family separation is common in emergency shelter situations; shelters are high barrier and inaccessible.	• Mothers with multiple children and those in similar family structures often stay in domestic violence shelters due to lack of availability in family shelters, which reduces the bed availability and capacity of domestic violence shelters. • Shelters across Guilford County are high barrier (e.g. require ID or other documentation for entry). • Shelter spaces do not meet cultural and religious needs and practices. • Shelter staff is not representative of the immigrant and refugee population (e.g. do not speak other languages, are not aware of cultural and religious needs and practices, lack an understanding of how to deliver services with cultural humility).

Theme #4: Many housing-focused agencies are in a staffing crisis.	• Housing-focused agencies are experiencing an extremely high turnover rate of staff. Individuals and families being served by multiple, rotating staff are forced to re-tell their story and re-experience their trauma. • Staff compensation is low, and staff are experiencing the same housing instability/homelessness as the individuals and families they serve.
Additional Notes: Green card applications cost $1,500+ and applicants must appear in person for immigration hearings; the closest office is in Charlotte. There are limited financial resources dedicated to this population and to this specific need.	

Qualitative Conversation Analysis

Justice Sector

Themes and context from conversation with 3 agencies.

Theme	Context
Theme #1: Little to no data that captures returning citizens with housing instability needs.	• Some municipal police department partners are trained to complete the Vulnerability Index – Service Prioritization Decision Assistance Tool, but it is not a universal practice at justice access points. • The justice system's internal health record will track housing status at initial contact, but a referral must be sent to community partners. • The bio-psycho-social assessment briefly asks/assess housing needs during booking. • Data is kept internally, but there is a willingness to increase what data is captured as it relates to the needs of returning neighbors.
Theme #2: The level of engagement and engagement strategies vary among municipal and sheriff police departments.	Although municipal and County police partners encounter people experiencing homelessness, there is no designation of "community officers," and there is a disconnect in engagement practices. In most cases, when there is a complaint made, the same officers that engage with people experiencing homelessness must come and police them (e.g. encampment removal, trespassing, etc.) • There needs to be a designation of community officers and complimentary trauma-informed approaches and harm reduction education to increase effective engagement and healthy interaction with unhoused neighbors and neighbors in crisis. • At one time, municipal police partners did have a full time Homeless Education Assistance Resource Team Officer that focused on homeless response; could that be a model to return to?
Theme #3: Significant gaps for returning citizens.	• Extreme difficulty in getting vital documents, accessing affordable housing, and accessing mental health services. • If returning citizens are on the registry list, then it is a challenge to obtain housing due to justice-involved background. • Members who burn bridges with Assertive Community Treatment teams end up getting kicked out of services and "living at the jail." • Significant lack of places for people experiencing homelessness to be in the daytime. • A lot of "male centric" services; more family services are needed (especially for Domestic Violence Survivors). "It's easier to get them [people experiencing homelessness] to a shelter in High Point than Greensboro."
Theme #4: What's working well.	Municipal and County police department partners have crisis management/behavioral health teams inclusive of clinical case management; what is the capacity to increase this model? There are existing diversion court programs: mental health court and recovery court.

	• There are existing connections to Medicaid services and Vulnerability Index – Service Prioritization Decision Assistance Tool assessments. Municipal and County police department can get people experiencing homelessness connected to Coordinated Entry and onto the By-Name list. Efforts are underway to establish a connection to the Supplemental Nutrition Assistance Program. • There is light connectivity to the Guilford County Continuum of Care among all police departments (e.g. membership, board membership, etc.)
Theme #5: Efforts are underway to extend service delivery and connectivity through collaboration.	• Efforts are being made to expand services with a skeleton crew, including advocating for peer workers to be hired. • There is a desire to leverage existing meeting spaces to increase thought partnership through service delivery (e.g. Diversion Stakeholder Meetings.) • There is potential to: o Extend Coordinated Entry access points into the justice sector for accessible connections to emergency services. o Increase collaboration between municipal and County police departments to ensure engagement with unhoused neighbors is equitable, and uniform. o Make direct referrals to recovery homes and sober living homes.

Qualitative Conversation Analysis

Municipal Partners

Themes and contextfrom conversation with 2 agencies.

Theme	Context
Theme #1: Lack of street outreach and established processes to support folks experiencing homelessness from the municipal level. Theme #2: There is variation in municipal police department response to encampments, policing public housing, and policing folks experiencing homelessness. Theme #3: Significant lack of accessible, affordable housing.	• Partners noted that municipal response and process 'depends,' and is not clearly established or consistent. • Street outreach services vary from year to year; the lack of consistent street outreach is a bottleneck for municipal partners in establishing their own processes. • Municipal partners do encourage police departments to not destroy encampments, however this has been a common practice. • Partners noted that municipal police departments are starting to learn about homelessness and housing resources. Municipal partners noted that overall police response varies.
	• Municipal partners noted attempts to support Move On strategies that have been unsuccessful due to the lack of available units. • Municipal relationships with developers vary and those developers require gap financing between $4-6 million, which municipal partners are unable to provide.