

Ten Year Plan to End Homelessness

City of Fayetteville and
Cumberland County, NC



Cumberland
County North
Carolina

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1. Introduction

1.1. Need for a Plan to End Homelessness

As reported by the North Carolina Interagency Council for Coordinating Homeless Program, there were 11,165 homeless people in North Carolina in January 2005 and about 18 percent of those were chronically homeless. Various local governments in North Carolina are developing Ten year Plans to End Homelessness. As more and more communities engage in this process, plans guide coordinated strategies that will provide homeless families, youth, and disabled persons more housing options and will no longer be sleeping on streets.

Homelessness is a profound social problem and the characteristics of homeless population in Fayetteville and Cumberland County mirror the multiple facets and special needs of all homeless people in North Carolina and the United States. According to the estimates of point-in-time survey con-

ducted in September 2005, Cumberland County had 841 homeless persons, which represents 11 percent of the homeless population in the state.

Addressing Homelessness is a major challenge to the City of Fayetteville and Cumberland County. There is no simple solution to this issue as the roots of homelessness are in changing social, economic, political, and cultural conditions. Following the initiative of the National Alliance to End Homelessness (NAEH), homeless service providers in Fayetteville and Cumberland County have stepped forward in making the homeless assistance system more outcome-driven by tailoring solution-oriented approaches more directly to the needs of the various sub-populations of the homeless.

1.2. Definitions of Homelessness & Chronic Homelessness

Homelessness: According to the Stewart B. McKinney Homeless Assistance Act, a person is considered homeless who:

- Lacks a fixed, regular, and adequate night-time residence; or
- Has a primary night-time residency that is:
 - A supervised publicly or privately operated shelter designed to provide temporary living accommodations;

- o An institution that provides temporary residence for individuals intended to be institutionalized; or,
- o A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Chronically Homelessness: Homelessness, as defined by the Department of Housing and Urban Development, is an unaccompanied homeless individual with a disabling condition who has been either continuously homeless for more than one year or has had at least four episodes of homelessness in the past three years.

The definition most commonly applied in determining whether someone is homeless is the lack of "regular and customary access to a conventional dwelling unit" (National Coalition for the Homeless, 1989). Because of the cyclical nature of homelessness for many, the National Law Center on Homelessness and Poverty has suggested a three-part definition for homelessness:

Chronically Homeless: An average of two episodes, lasting a total of 650 days (National Law Center on Homelessness and Poverty, 2001).

Episodically Homeless: Four to five episodes of homelessness lasting a total of 265 days.

Transitionally Homeless: A single episode of homelessness lasting an average of 58 days.

1.3. Nature of Homelessness

In order to end homelessness, it is necessary to understand the needs and characteristics of the sub-populations of this large group. The most significant sub-groups are people who experience homelessness as part of a family group and those who are single adults.

Nature of Homelessness in U.S

According to the results of a survey conducted by National Survey of Homeless Assistance Providers and Clients (NSHAPC) in 1996:

- Sixty-eight percent of the homeless population in U.S. were men,
- Among the homeless population in families, 84 percent were women,
- Homeless clients are roughly equal proportions of non-Hispanic whites and blacks (41 and 40 percent, respectively), with 11 percent Hispanic, eight percent Native Americans, and one percent "other",

- Twenty-four percent of the homeless population and 46 percent of the clients in homeless facilities were married or separated. About half of the people who experienced homelessness over the course of a year were single adults, and
- Thirty-eight percent of homeless clients have dropped out of high school, while a high school diploma is the highest level of completed education for 34 percent.

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- ◊ Of the total homeless population in the state, 7,642 (68.4%) persons were singles.
- ◊ Of the responses provided, 29 percent of single persons and eight percent of the persons in families identified themselves as veterans.

Nature of Homelessness in North Carolina

The results of a point-in-time survey conducted by the North Carolina Interagency Council for Coordinating Homeless Programs in over 80 counties in January 2005 are summarized in Table 1, to the right. The results show:

- ◊ The number of homeless in North Carolina was estimated to be 11,165 people, or 0.1 percent of the state's population. The survey in December 2003 identified 9,867 homeless people. The increase may be attributed to the increase in public participation.
- ◊ Of the 11,165 homeless persons, 3,523 (31.6%) persons were in families and 2,303 (20.6%) were children. The count in December 2003 identified 2,037 persons (20.6%) in families and 1,287 (13.0%) chil-

Table 1: Homeless Point-in-Time Count in North Carolina

	Singles	Families	Total
Total	7,642	3,523 (933)	11,165
Veterans	1,012	35	1,047
Mental Illness	1,431	239	1,670
Substance Abuse	3,049	362	3,411
Domestic Violence	448	695	1,143
Chronic Homelessness	1,389	-	
Outside	1,545	117	1,662
In Homeless Facility:			0
Shelter	2,045	749	2,794
Transitional Housing	1,112	804	1,916
To be Released in a week and has no place to go:			
Jail	134	33	167
Hospital	47	1	48
Other	49	10	59
Discharged from:			0
Criminal Justice	486	59	545
Treatment programs	485	41	526
Healthcare	213	16	229

Source: Point-in-time survey by the North Carolina Interagency Council for Coordinating Homeless Program, January 2005, <http://www.dhhs.state.nc.us/homeless/homelessfacts.htm>

- ◊ Of the responses provided, 30 percent of single persons and 15 percent of the persons in families have been released from criminal justice system.
- ◊ Of the responses provided, 14 percent of single people and four percent of family members identified themselves as having been released from health care services.
- ◊ The above percentages are approximately the same as those in the 2003 point-in-time survey.

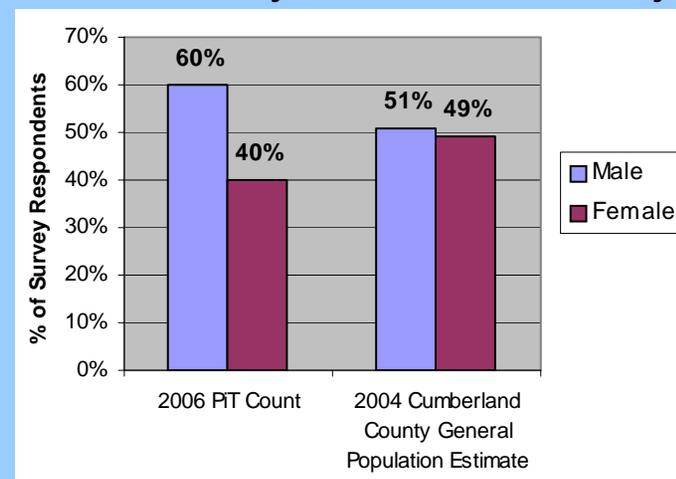
Nature of Homelessness in City of Fayetteville and Cumberland County

The following data are from the Homeless Census and Point-in-Time (PiT) Survey conducted by the Cumberland County Continuum of Care Planning Council. The PiT survey was held on January 25, 2006 and nearly 300 surveys were completed. It should be noted that not every person answered all survey questions and the numbers in the results represent the number of persons answering a survey question. Due to the methodology used to conduct the survey, the results of the survey may not be generalized to the total homeless population of the county. As stated in the survey report, trends around the country suggest even the best efforts to count homeless persons through the PiT survey would account for

only half of the homeless population. But the figures should certainly give an idea of the nature of homelessness in Fayetteville and Cumberland County. The following are the results of the survey:

The homeless population in the county had more males than females and their percentage increased in the past two years. Chart 1, below, compares the composition of the homeless survey respondents by gender. Among the survey respondents, the percentage of homeless males was at 60 percent compared to 40 percent for homeless females. The

Chart 1: Homelessness by Gender, Cumberland County, 2006



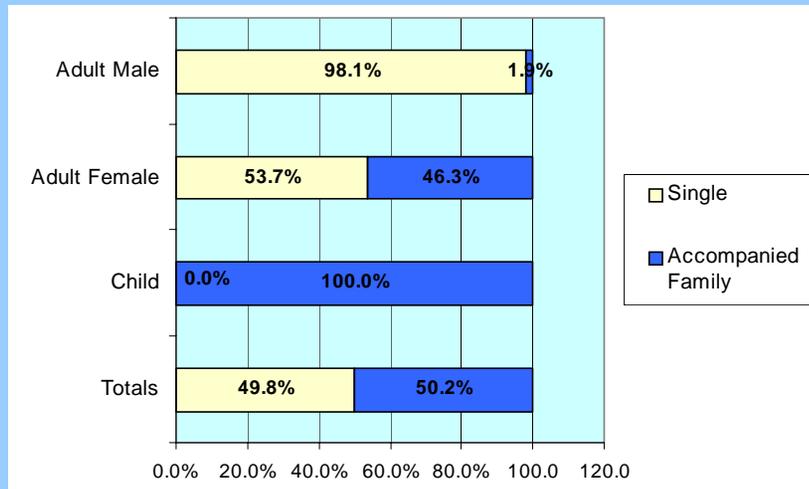
Source: Cumberland County Continuum of Care Planning Council – 2006 Homeless Census and Survey Results

percentage of males in the 2006 PiT survey was nine percentage points higher than that of the 2004 Cumberland County General Population Estimate.

Table 2: Homelessness by Family Status, Cumberland County, 2006

Family Status	Adult Male	Adult Female	Child	Totals
Single	306	131	N/A	437
Accompanied Family	6	113	321	440
Total	312	244	321	877

Chart 2: Homelessness by Family Status, Cumberland County, 2006



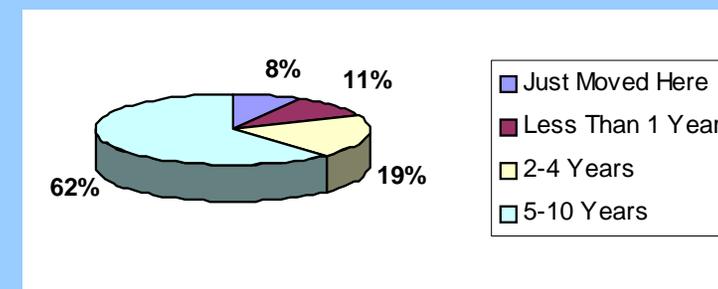
Source: Cumberland County Continuum of Care Planning Council – 2006 Homeless Census and Survey Results

The largest homeless sub-population in the county was families with children. The largest single group of homeless persons was children at 321 or 36.6 percent of all survey respondents. The next largest group was single males at 312 or 35.6

percent of the total survey respondents. Adult females represented 244 persons or 28.7 percent of all respondents. Table 2 and Chart 2, to the left, present the family status of survey respondents.

A large number of homeless persons in the community were long-term residents of the county. Chart 3, below, shows the length of time the survey respondents lived in the county. Sixty-two percent of the survey respondents were long-term residents that had lived in the county more than five to ten years. Nineteen percent of the survey respondents lived in the county for two to four years and the same percentage lived less than one year. This indicates that there is a moderate level of in-migration from other areas of the county, but the largest portion of the homeless population are local residents.

Chart 3: Length of Time in Cumberland County, 2006



Source: Cumberland County Continuum of Care Planning Council – 2006 Homeless Census and Survey Results

About 17 percent of the adults responding to the survey were veterans.

Table 3: Veteran Status and Homelessness, Cumberland County, 2006

Veteran Status	# of PIT Survey Respondents
Yes	62
No	294
Unknown	200

Source: Cumberland County Continuum of Care Planning Council – 2006 Homeless Census and Survey Results

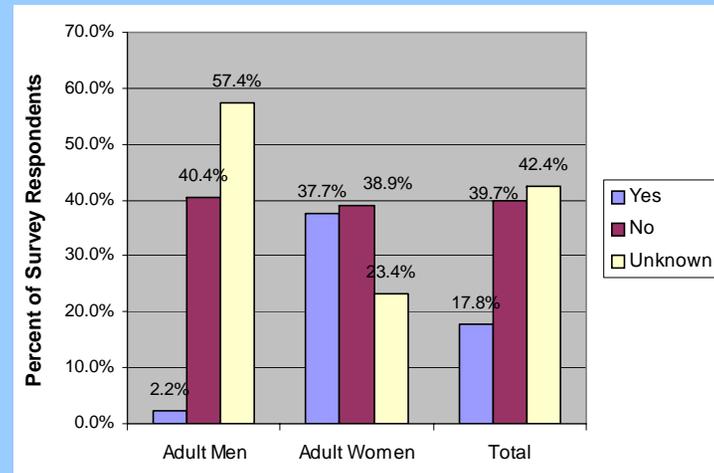
As shown in Table 4, below, and Chart 4, to the right, of the 556 homeless adults, 99 or 17.8 percent were victims of domestic violence. Nearly half of the women who responded identified domestic violence as a reason for their homelessness.

Table 4: Domestic Violence and Homelessness, Cumberland County, 2006

Domestic Violence	Adult Men	Adult Women	Total
Yes	7	92	99
No	126	95	221
Unknown	179	57	236

Source: Cumberland County Continuum of Care Planning Council – 2006 Homeless Census and Survey Results

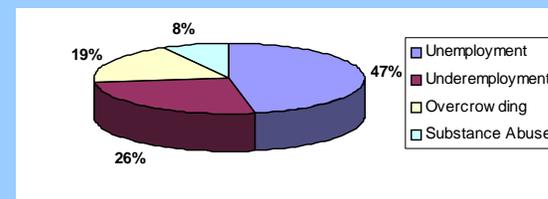
Chart 4: Domestic Violence and Homelessness, Cumberland County, 2006



Source: Cumberland County Continuum of Care Planning Council – 2006 Homeless Census and Survey Results

As shown in Chart 5, below, unemployment and underemployment are the largest reasons for homelessness in the county. Seventy-three percent of the survey respondents stated lack of employment or underemployment to be a reason for their homelessness. Overcrowding was

Chart 5: Reasons for Homelessness, Cumberland County, 2006



Source: Cumberland County Continuum of Care Planning Council – 2006 Homeless Census and Survey Results

the cause of homelessness for 19 percent of the homeless population. Eight percent attributed substance abuse to be a reason for their homelessness.

Another reason reported for homelessness was the inability to pay rent or a security deposit is preventing them from renting a home. Single persons are more likely to be unemployed than families. Fifty-three percent of the survey respondents had some level of employment, but do not have sufficient income to secure and retain housing. Some of the concerns expressed related to affordable housing include lack of accessibility to housing programs, waiting lists, high entry level income requirements, criminal background, or poor credit.

The survey defined chronic homelessness as:

An unaccompanied homeless individual with a disabling condition who has either:

- a. been continuously homeless for a year or more OR
- b. has had at least four episodes of homelessness in the past three years.

The survey defined long-term homelessness as:

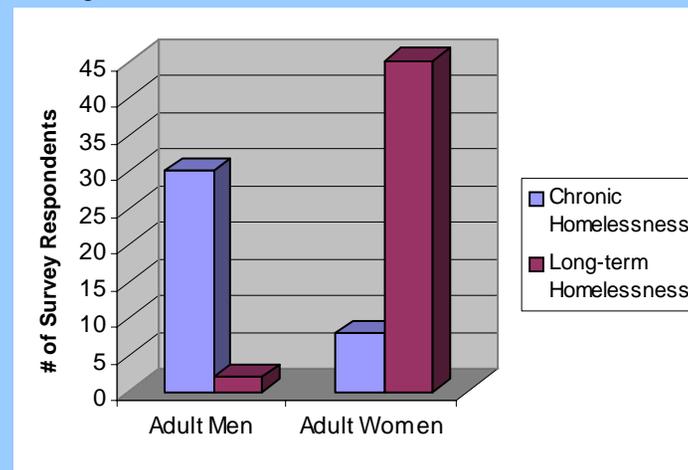
An accompanied homeless individual (with child, spouse,

etc.) with a disabling condition who has either:

- c. been continuously homeless for a year or more OR
- d. has had at least four episodes of homelessness in the past three years.

Chart 6, below, compares the gender of chronic and long-term homeless persons, not including children. A larger number of women in families are experiencing long-term homelessness, where as a larger number of men are in chronic homeless situations. There were twice as many men in the chronic homeless population as women.

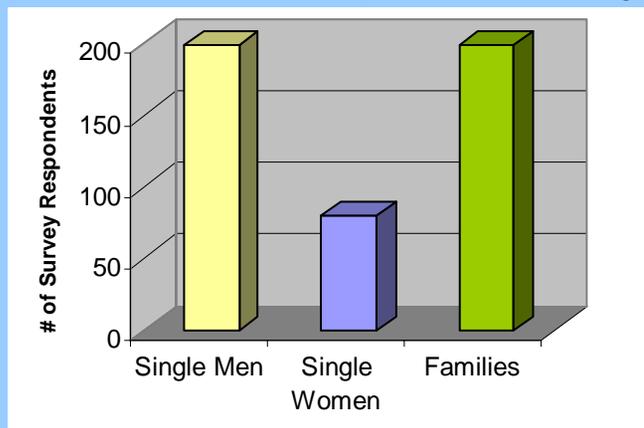
Chart 6: Chronic and Long-Term Homelessness, Cumberland County, 2006



Source: Cumberland County Continuum of Care Planning Council – 2006 Homeless Census and Survey Results

The survey results reported that current bed space available for all homeless populations meets less than one-third of the reported need. As shown in Chart 7, below, almost equal number of single men and families were unsheltered in the county. The number of unsheltered single women was less than half of that of single men or families.

Chart 7: Unsheltered Homelessness, Cumberland County, 2006



Source: Cumberland County Continuum of Care Planning Council – 2006 Homeless Cen-

More families were unsheltered in the county than single men and women. More emergency shelter beds are designated for single men and more transitional housing beds are designated for families. As shown in Table 5, below, there were a total of 562 unsheltered homeless persons in the county. About 46 percent of the unsheltered homeless persons were in families, 37 percent were single men, and just over 17 percent were single women. About 69 percent of the emergency shelter bed space was allocated for single men, over 11 percent for single women, and 20 percent for families. About 66 percent of the emergency shelter beds were occupied by singles and over 34 percent by families. Over 56 percent of the beds in transitional housing in the county were designated for families, about 38 percent for single men, and nearly six percent for single women. Over 78 percent of the beds in transitional housing were occupied by families and about 22 percent by single persons.

Table 5: Emergency Shelter, Transitional Housing, and Unsheltered Population, Cumberland County, 2006

Population Served	Emergency Bed Space		Transitional Housing Bed Space		Currently in Shelter		Currently in Transitional Housing		Currently Unsheltered	
Families (Listed as Individual Members)	25	20.0%	149	56.4%	34	34.3%	182	78.4%	258	45.9%
Single Men	86	68.8%	100	37.9%	52	52.5%	28	12.1%	208	37.0%
Single Women	14	11.2%	15	5.7%	13	13.1%	22	9.5%	96	17.1%
Totals	125	100.0%	264	100.0%	99	100.0%	232	100.0%	562	100.0%

Source: Cumberland County Continuum of Care Planning Council – 2006 Homeless Census and Survey Results

1.4. Reasons of Homelessness

According to the PiT survey conducted in 2006, 73 percent of the survey respondents stated lack of employment or underemployment to be a reason for homelessness. Overcrowding was the cause of homelessness for 19 percent of the survey respondents. Eight percent identified substance abuse as a reason for their homelessness.

Table 6, to the right, summarizes the reasons for homelessness pointed out by the survey respondents in the point-in-time survey conducted by the Partnership for Children of Cumberland County in March 2004. Underemployment, unemployment, substance abuse, low wages, low education, and lack of affordable housing were identified to be the major reasons for homelessness in Fayetteville and Cumberland County.

Unemployment : Nearly 73 percent of the homeless population in the 2006 PiT survey selected unemployment or underemployment as a reason for homelessness in Fayetteville and Cumberland County. The unemployment rate Cumberland County was 6.6 percent and that of Fayetteville was 9.8 percent in 2000. About 6000 persons in Fayetteville and 10,300 persons in the county were unemployed in 2000. About 15

Table 6: Reasons for Homelessness

Cause of Homelessness	# of Respondents	% of Respondents
Under or Unemployment	88	77%
Substance Abuse	84	73%
Low Wages	75	65%
Low Education	74	64%
Lack of Affordable Housing	70	60%
Mental Illness	68	59%
Low Self-Motivation	66	57%
Mismanagement of funds	66	57%
Eviction	58	50%
Recent Jail Prison Release	54	47%
Previous criminal History	53	46%
Economic Instability	51	44%
Domestic Violence	51	44%
Lack of Support	50	43%
Lack of Shelters	44	38%
Separation from Spouse	39	34%
Illness	36	31%
Lack of Child Support	33	29%
Lack of Health Insurance	26	23%
Other	14	12%

Source: 2004 Point-in-Time Study Report by the Partnership for Children of Cumberland County Research & Development Department

percent of the population in Fayetteville and about the same percentage in the overall county had less than high school education in 2000.

Insufficient Income: The most significant factor facing house-

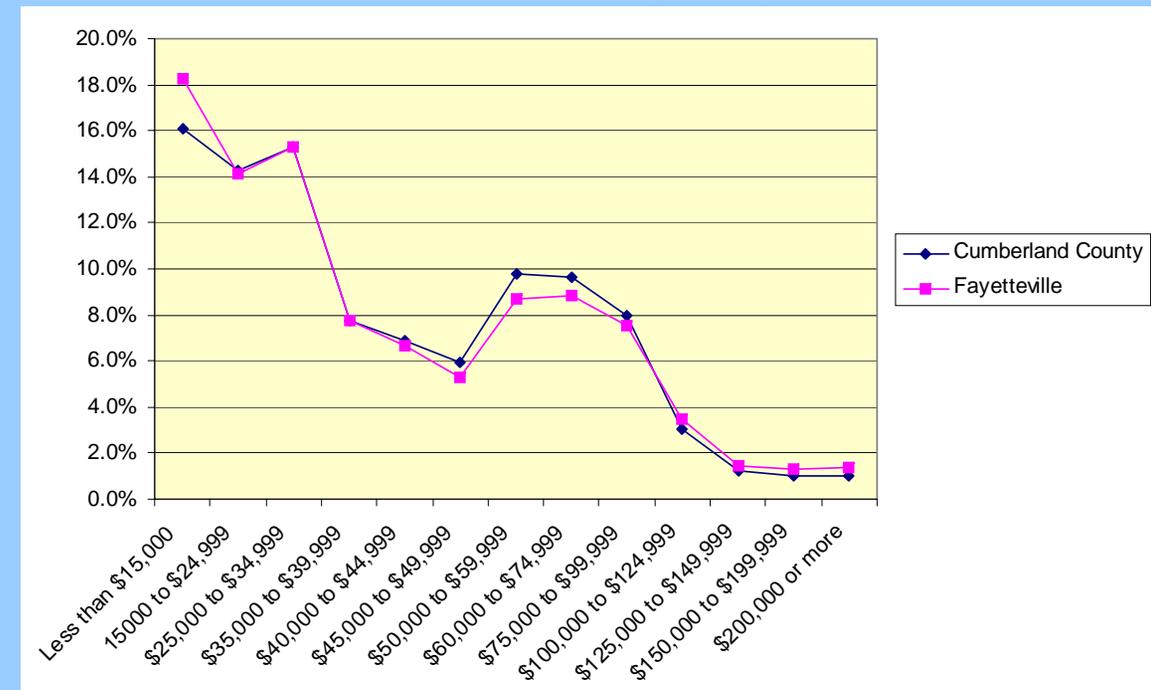
holds when considering housing affordability and availability is income. The median household income (MHI) for residents of Cumberland County, as reported in the 2000 U.S. Census, was \$37,466. The MHI for Fayetteville was \$36,287. Map 1, on the following page, illustrates the median household income in the county by census tract. It can be noted that lower income groups were concentrated in the eastern and south eastern census tracts of Fayetteville.

In 2000, over 16 percent of all households in Cumberland County reported an income less than \$15,000 and over 18 percent of the total households in Fayetteville were in this income group. Over 14 percent in the county and in Fayetteville reported an income between \$15,000 and \$25,000. Over 15 percent in the county and in Fayetteville reported an income between \$25,000 and \$35,000. Chart 8, to the right, shows the percentages of households in each income group in Cumberland County and Fayetteville.

Poverty rate in Cumberland County was 14.7 percent and 17.4 percent in Fayetteville in 2000. About 36,400 persons in Cumberland County and 17,400 persons in Fayetteville were in poverty in 2000.

Lack of Affordable Housing: Most homeless persons do not earn enough to cover the basic needs of living, such as food and clothing, while others have very-low incomes, just enough to sustain themselves. Paying mortgage or market rate rent would be impossible in their economic condition.

Chart 8: Household Income in Cumberland County and Fayetteville, 2000



Source: U.S. Census 2000

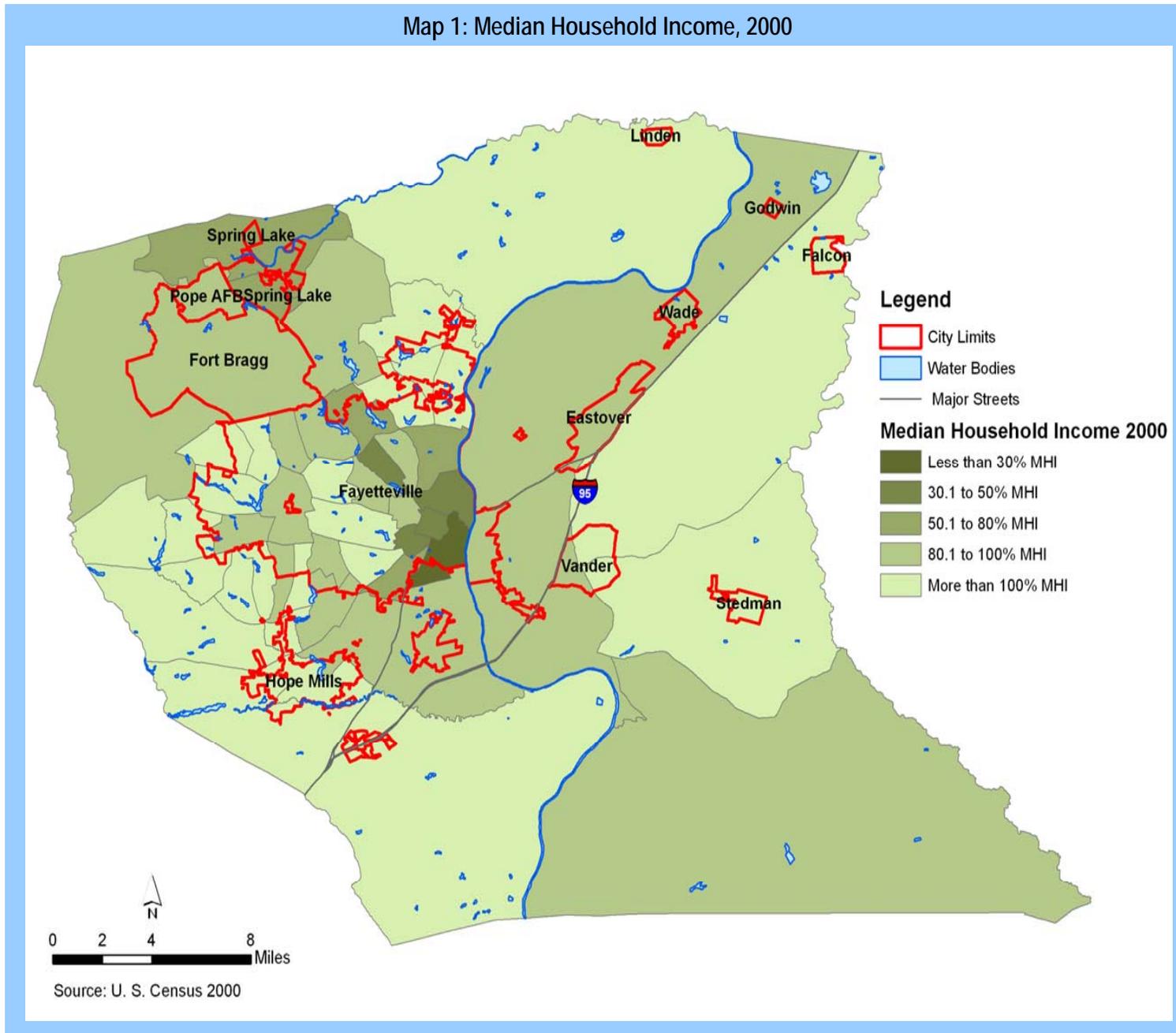


Table 7, below, provides details on rents paid by income group in Cumberland County. As expected, lower income groups are much more likely to be financially burdened with their rent payments. As shown in the table, over 68 percent of those earning less than \$10,000 per year paid more than 30 percent of their income on housing. In the next income group up, \$10,000 to \$19,999 per year, about 67 percent paid more than 30 percent of their income on housing expenses. In the next income category, \$20,000 to \$34,999 per year, about 28 percent of households paid a high percentage of their income for housing expenses. Only the in upper income levels (household incomes over \$75,000) did no households exceed the 30 percent level in housing ex-

penses.

Table 8, on the following page, provides details on rents paid by income group in Fayetteville. Over 71 percent of those earning less than \$10,000 per year paid more than 30 percent of their income on housing. In the next income group up, \$10,000 to \$19,999 per year, over 73 percent paid more than 30 percent of their income on housing expenses. In the next income category, \$20,000 to \$34,999 per year, 34 percent of households paid a high percentage of their income for housing expenses. Only the in upper income levels (household incomes over \$75,000) did no households exceeded the 30 percent cost burden level.

Table 7: Percent of Household Income for Rent by Income Group, Cumberland County, 2000

Income Group	#	%	Income Group	#	%	Income Group	#	%	Income Group	#	%
Less than \$10,000	6,649	100.0%	\$20,000 to \$34,999	12,437	100.0%	\$50,000 to \$74,999	5,428	100.0%	\$100,000 or more	808	100.0%
Less than 20%	164	2.5%	Less than 20%	2,201	17.7%	Less than 20%	4,021	74.1%	Less than 20%	719	89.0%
20 to 24%	144	2.2%	20 to 24%	2,493	20.0%	20 to 24%	486	9.0%	20 to 24%	0	0.0%
25 to 29%	199	3.0%	25 to 29%	2,301	18.5%	25 to 29%	93	1.7%	25 to 29%	0	0.0%
30 to 34%	175	2.6%	30 to 34%	1,868	15.0%	30 to 34%	0	0.0%	30 to 34%	0	0.0%
35% or more	4,366	65.7%	35% or more	1,610	12.9%	35% or more	35	0.6%	35% or more	0	0.0%
Not computed	1,601	24.1%	Not computed	1,964	15.8%	Not computed	793	14.6%	Not computed	89	11.0%
\$10,000 to \$19,999	8,227	100.0%	\$35,000 to \$49,999	8,451	100.0%	\$75,000 to \$99,999	1,352	100.0%	All Inc. Groups	43,352	100.0%
Less than 20%	402	4.9%	Less than 20%	4,204	49.7%	Less than 20%	1,230	91.0%	Less than 20%	12,941	29.9%
20 to 24%	399	4.8%	20 to 24%	2,074	24.5%	20 to 24%	37	2.7%	20 to 24%	5,633	13.0%
25 to 29%	829	10.1%	25 to 29%	944	11.2%	25 to 29%	0	0.0%	25 to 29%	4,366	10.1%
30 to 34%	871	10.6%	30 to 34%	190	2.2%	30 to 34%	0	0.0%	30 to 34%	3,104	7.2%
35% or more	4,611	56.0%	35% or more	84	1.0%	35% or more	0	0.0%	35% or more	10,706	24.7%
Not computed	1,115	13.6%	Not computed	955	11.3%	Not computed	85	6.3%	Not computed	6,602	15.2%

Source: U.S. Census 2000

According to the 2000 Census, over 26 percent of the owner-occupied households in the county and about 27 percent of the owner-occupied households in Fayetteville spent more than 30 percent of their household income towards housing expenses. About 10 percent of the owner households in the county and in Fayetteville spent more than 50 percent of their household income towards housing expenses. Cost burdened households have problems in paying the rent or mortgage of their home and are at a risk of becoming homeless.

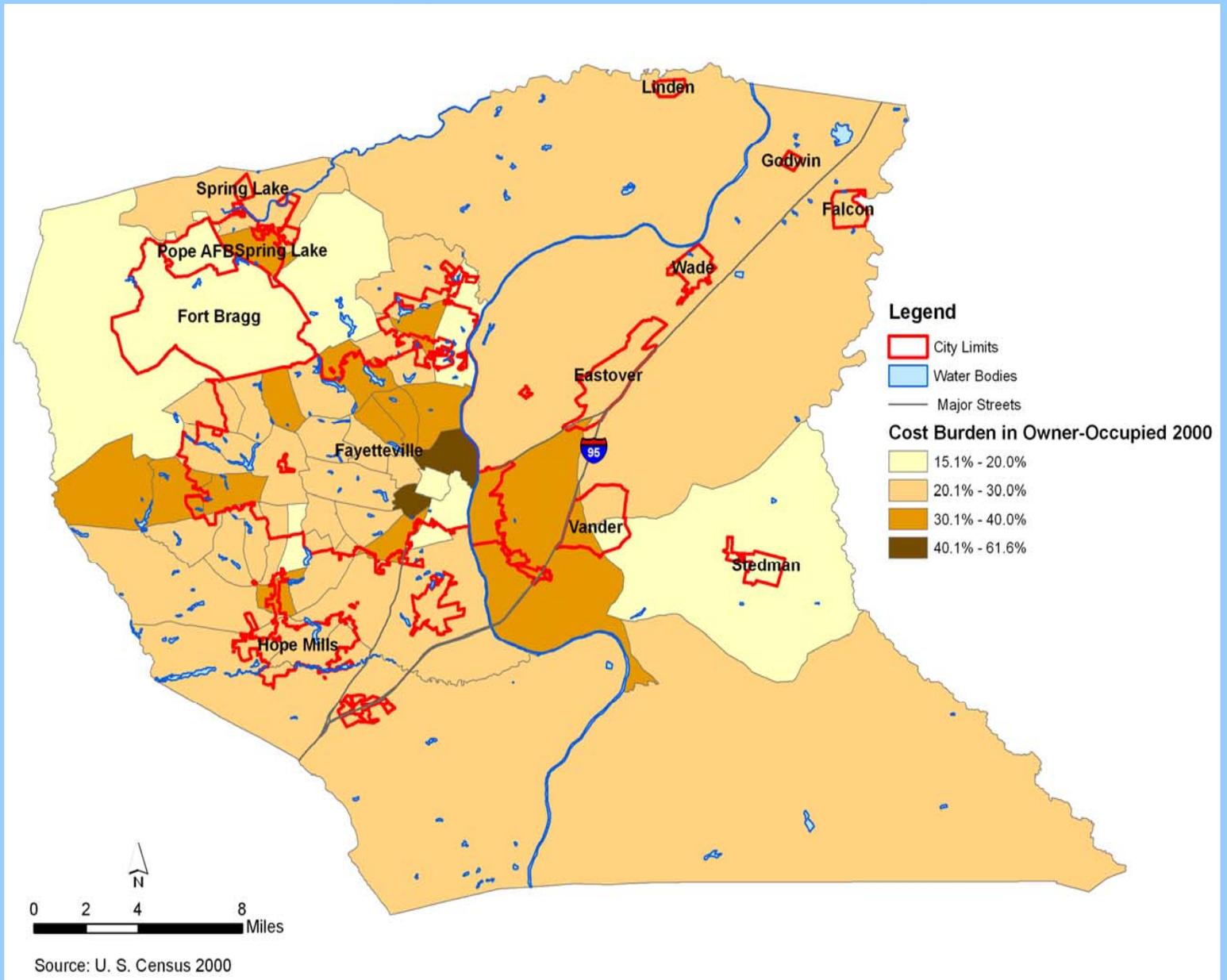
Maps 2 and 3, on the following pages, show cost burden in owner and renter households in Cumberland County by census tract. Higher percentages of the cost burdened owner households were found in the eastern and north eastern census tracts of Fayetteville and the southern tracts in Spring Lake. Higher percentage of cost burdened renter households were found in the eastern and south eastern census tracts of Fayetteville and southern tracts in Hope Mills.

Table 8: Percent of Household Income for Rent by Income Group, Fayetteville, 2000

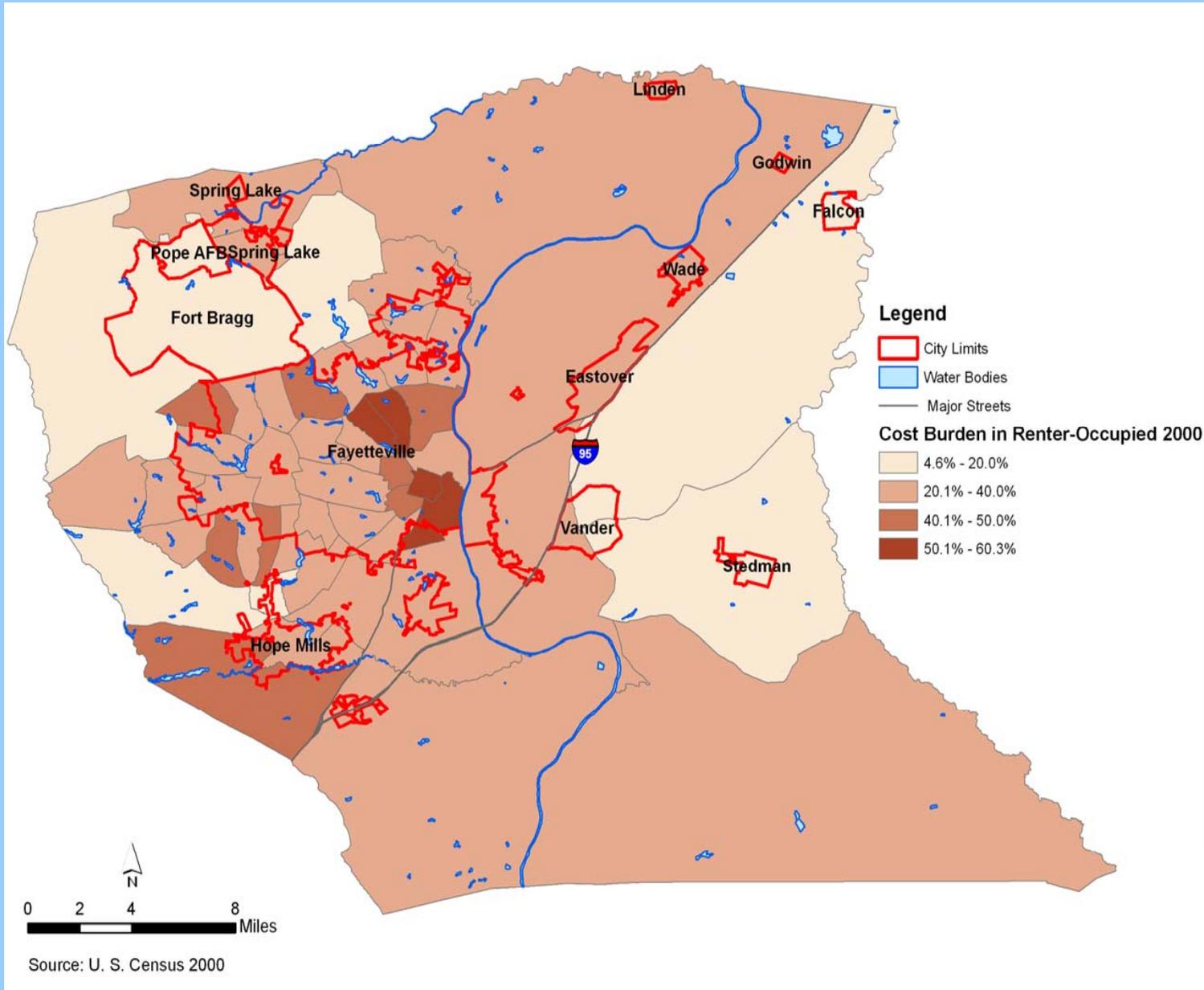
Income Group	#	%	Income Group	#	%	Income Group	#	%	Income Group	#	%
Less than \$10,000	3,960	100.0%	\$20,000 to \$34,999	6,187	100.0%	\$50,000 to \$74,999	2,597	100.0%	\$100,000 or more	375	100.0%
Less than 20%	127	3.2%	Less than 20%	1,060	17.1%	Less than 20%	2,133	82.1%	Less than 20%	344	91.7%
20 to 24%	79	2.0%	20 to 24%	1,438	23.2%	20 to 24%	308	11.9%	20 to 24%	0	0.0%
25 to 29%	177	4.5%	25 to 29%	1,450	23.4%	25 to 29%	47	1.8%	25 to 29%	0	0.0%
30 to 34%	146	3.7%	30 to 34%	1,152	18.6%	30 to 34%	0	0.0%	30 to 34%	0	0.0%
35% or more	2,678	67.6%	35% or more	953	15.4%	35% or more	35	1.3%	35% or more	0	0.0%
Not computed	753	19.0%	Not computed	134	2.2%	Not computed	74	2.8%	Not computed	31	8.3%
\$10,000 to \$19,999	4,274	100.0%	\$35,000 to \$49,999	4,451	100.0%	\$75,000 to \$99,999	706	100.0%	All Inc. Groups	22,550	100.0%
Less than 20%	293	6.9%	Less than 20%	2,526	56.8%	Less than 20%	676	95.8%	Less than 20%	7,159	31.7%
20 to 24%	259	6.1%	20 to 24%	1,227	27.6%	20 to 24%	30	4.2%	20 to 24%	3,341	14.8%
25 to 29%	417	9.8%	25 to 29%	484	10.9%	25 to 29%	0	0.0%	25 to 29%	2,575	11.4%
30 to 34%	504	11.8%	30 to 34%	80	1.8%	30 to 34%	0	0.0%	30 to 34%	1,882	8.3%
35% or more	2,619	61.3%	35% or more	63	1.4%	35% or more	0	0.0%	35% or more	6,348	28.2%
Not computed	182	4.3%	Not computed	71	1.6%	Not computed	0	0.0%	Not computed	1,245	5.5%

Source: U.S. Census 2000

Map 2: Percent Owners Paying More Than 30% of Household Income on Housing Expenses, 2000



Map 3: Percent of Renters Paying More Than 30% of Household Income on Housing Expenses, 2000



Special Needs Populations and Inadequate Services:

Homeless people often have to deal with physical or mental disabilities, physical or mental illness, alcohol and drug abuse, or domestic violence. According to the 2000 Census, 23,589 (23.4%) persons in Fayetteville and 52,909 (22.0%) persons in Cumberland County had one or more disabilities. In Cumberland County, over 7,300 (3.1%) persons had a physical disability, over 9,500 (4.0%) had a work disability, over 3,700 (1.5%) had a mental disability, over 2,600 (1.1%) had a sensory disability, over 250 (0.1%) had a self-care disability, and almost 29,500 (12.2%) had a go-outside-home disability or two or more disabilities. In Fayetteville, over 3,400 (3.4%) persons had a physical disability, over 4,100 (4.1%) had a work disability, over 1,400 (1.4%) had a mental disability, about 1,100 (1.1%) had a sensory disability, about 100 (0.1%) had a self-care disability, and almost 13,500 (13.3%) had go-outside-home disability or two or more disabilities. People with chronic disabilities usually have greater service and support needs compared to people with physical, mental, or addiction disorders. Some of the disabled population, tend to live in shelters for longer periods. Instead, these populations could live in permanent housing coupled with supportive services under the supervision of trained caregivers.

Table 9: Types of disability by Age, Cumberland County and Fayetteville, 2000

	Cumberland County		Fayetteville	
5 to 15 years:	51,762	21.5%	18,220	18.0%
With one type of disability:	2,618	1.1%	902	0.9%
Sensory disability	217	0.1%	75	0.1%
Physical disability	298	0.1%	95	0.1%
Mental disability	1,972	0.8%	691	0.7%
Self-care disability	131	0.1%	41	0.0%
With two or more types of disability:	804	0.3%	362	0.4%
No disability	48,340	20.1%	16,956	16.8%
16 to 65 years:	166,225	69.1%	70,066	69.4%
With one type of disability:	19,009	7.9%	8,075	8.0%
Sensory disability	1,695	0.7%	605	0.6%
Physical disability	4,263	1.8%	1,838	1.8%
Mental disability	1,493	0.6%	598	0.6%
Self-care disability	108	0.0%	30	0.0%
Go-outside-home disability	1,939	0.8%	894	0.9%
Employment disability	9,511	4.0%	4,110	4.1%
With two or more types of disability:	19,212	8.0%	8,052	8.0%
No disability	128,004	53.2%	53,939	53.4%
65 years and over:	22,466	9.3%	12,670	12.6%
With one type of disability:	4,818	2.0%	2,535	2.5%
Sensory disability	739	0.3%	402	0.4%
Physical disability	2,771	1.2%	1,474	1.5%
Mental disability	258	0.1%	150	0.1%
Self-care disability	17	0.0%	17	0.0%
Go-outside-home disability	1,033	0.4%	492	0.5%
With two or more types of disability:	6,448	2.7%	3,663	3.6%
No disability	11,200	4.7%	6,472	6.4%
Total population with disability	52,909	22.0%	23,589	23.4%
Total population (5 years and over)	240,453	100.0%	100,956	100.0%

Source: U.S. Census 2000

According to the U.S. Census, in Cumberland County the age 60 to 64 population increased by 1,346 or 16.6 percent and the population in the age group 65 and over increased by 6,547 or 38.9 percent. In Fayetteville, the age 60 to 64 population increased by 1,253 or 27.7 percent and the population in the age group 65 and over increased by 5,207 or 39.2 percent. It is anticipated that supportive services for the elderly would increase locally, as well as nationwide, as the “baby boomer” generation approaches retirement age. Table 10, below, shows the number of households by income group for the lower-income elderly population. About 30 percent of elderly households in Cumberland County and Fayetteville were in the very low-income category in 2000.

Around 17 percent of elderly households were in the low-income category in Fayetteville and the county. This indicates that about half of the elderly households in Fayetteville and the county are at risk of homelessness. The elderly population would require various supportive services in conjunction with housing.

The National Institute of Alcohol Abuse and Alcoholism estimates nationwide the size of adult men with a drinking problem at 15 percent of the total population and that of adult women at 6 percent. These percentages, when applied to City of Fayetteville and Cumberland County, would yield a population of about 9,200 persons in Fayetteville and 23,000

Table 10: Number of Elderly by Income Group

	Elderly Renters and Owners	Very Low Income		Low-Income		Moderate Income	Total Households
		0 to 50% MFI	0 to 30% MFI	31 to 50% MFI	51 to 80% MFI	More than 80% MFI	
Cumberland County	Renters 1 & 2 member households	1,747	1,128	619	555	709	3,011
	Owners	3,455	1,765	1,690	2,330	8,169	13,954
Fayetteville	Renters 1 & 2 member households	1,127	723	404	295	404	1,826
	Owners	1,604	856	748	1,219	4,509	7,332

Source: The Comprehensive Housing Affordability Strategy (CHAS) 2000 data

persons in the county.

From the data provided to HUD as a part of Supportive Housing Program grant application from 2006 Continuum of Care data, shown in Table 11, 33 persons were reported to be chronically homeless, of which 21 were unsheltered. Twenty-five homeless persons were seriously mentally ill, 114 homeless persons had chronic substance abuse problems, 56 homeless persons were veterans, 45 persons reported domestic violence, and six homeless persons reported having HIV/AIDS.

Table 11: Homeless Subpopulation

	Sheltered	Unsheltered	Total
Chronically Homeless	12	21	33
Seriously Mentally Ill	11	14	25
Chronic Substance Abuse	42	72	114
Veterans	14	42	56
Persons with HIV/AIDS	3	3	6
Victims of Domestic Violence	10	35	45
Unaccompanied Youth (Under 18)	0	0	0

Source: 2006 Continuum of Care

1.5. Factors Contributing to Homelessness

Inadequate Discharge Planning: When people are released from public institutions or public systems of care without adequate discharge planning, they are more likely to become homeless. The populations included in this category are people discharged out of correctional institutions, hospitals, mental health institutions, and children aging out of foster care.

Prisons: As reported by the North Carolina Interagency Council for Coordinating Homeless Programs, 134 out of 7,642 homeless single persons and 33 out of 3,523 homeless persons in families reported of being released from a prison in 2005. About 490 homeless single persons and 59 persons in families reported of being through the criminal justice system at least once in the past. According to the North Carolina Department of Correction, there were 38,211 persons in prisons in November 2006. A total of 26,645 persons were released from prisons in North Carolina between August 2005 and September 2006.

According to the 1990 Census, the population in correctional institutions in Fayetteville and Cumberland County was

301 and 391 persons, respectively. In 2000, the population in correctional institutions was reported to be 388 in both the county and the city. Without discharge planning, adequate housing supply, or support services, a large percentage of this population, is likely to become homeless after exiting from correctional institutions.

Hospitals: According to the U.S. Census, the number of people in nursing homes in Cumberland County increased between 1990 and 2000 from 918 to 1,271, an increase of 38.5 percent. In Fayetteville, the number of persons in nursing homes increased from 464 in 1990 to 1,052 in 2000, an increase of 126.7 percent. As reported by the North Carolina Interagency Council for Coordinating Homeless Programs, 47 out of 7,642 homeless single persons and one person out of 3,523 homeless persons in families reported of being released from a hospital in 2005. According to the national 1998 Homeless Census, 46 percent of homeless persons have one or more chronic health problems and 26 percent have at least one acute infectious condition. Homeless persons are likely to have longer length of stay at hospitals and nursing homes and repeated visits to emergency rooms.

Mental Health Institutions: According to the 2000 Census,

over 3,700 persons (1.5%) in Cumberland County and over 1,400 (1.4%) in Fayetteville had a mental disability. The Cumberland County Mental Health Center, located in Fayetteville, provided services to 23,058 individuals and delivered treatment services to 8,223 clients during the fiscal year 2004-2005. Of the 8,223 clients, 3,526 (42.8%) received adult services, 1,397 (17.0%) received child and family services, 2,664 (75.5%) received substance abuse services, and 656 (18.6%) received services related to mental retardation and developmental disabilities. Over 500 individuals received crisis residential care at the Roxie Avenue Center and over 1,500 individuals received clothing and food through the Clothing Closet and Food Pantry. About 150 clients received supportive housing funds for security deposits, rental subsidies, and utility bills.

Foster Care: According to data provided by the North Carolina Department of Health and Human Services, between July 1995 and June 2000, over 6,400 children in Cumberland County had a substantiated report of abuse or neglect for the first time. Over 700 children entered the custody of the Division of Social Services within 6 months. During fiscal year 1999-2000, of the 1,310 children who had a substantiated report of abuse or neglect, 56.6 percent were below six years

age. Of those 1,310 children 88.2 percent were neglected and 9.8 percent were both abused and neglected.

Migration: According to the 2006 point-in-time survey, 11 percent of the survey respondents lived less than one year in the county and eight percent moved into the county recently. The 2004 point-in-time survey results showed 11 percent of the survey respondents lived less than one year in the county and 17 percent moved into the county recently. These figures indicate about 1/3rd to 1/5th of the homeless population in the county may be due to migration from the other areas. The 2000 U.S. Census showed about 28 percent of the population (five years and over) in Cumberland County reported living in a different county in 1995. About 24 percent of the total population in Fayetteville moved in from a different county between 1995 and 2000.

The implementation of adequate case management and prevention protocols for the individuals discharged from hospitals, prisons, psychiatric institutions, and foster care could break the cycle of homelessness before it starts.

1.6. Cost of Homelessness

Homelessness is not only a personal tragedy, but is also proven to be expensive to the tax payers and society as a whole. The majority of the costs of interventions, such as Medicare, psychiatric institutions, and incarceration, are borne by the states. Counties also spend substantial amounts in medical expenses and incarcerations, while cities provide shelter and supportive services. Since homeless persons have no regular place to stay, they use a variety of public systems in an inefficient and costly way. The cost of homelessness can be quite high, particularly for those with long-term illnesses. Due to the absence of data on the precise amount spent to provide homeless services in Fayetteville and Cumberland County, some important cost of homelessness studies, estimates from the Ten Year Plans from communities in North Carolina, and a comparison of costs from communities with comparable populations are reviewed in this section.

In the article, "Million-Dollar Murray", published in The New Yorker in February 2006, Malcolm Gladwell argues that social services, such as soup kitchens and shelters, only "manage" the problem of homelessness, but do not attempt to solve it.

According to the author, leaving Murray, a chronic homeless person, on the streets for a decade may have cost Nevada tax payers up to million dollars for hospital bills, substance abuse treatment costs, and other expenses. A more efficient way would have been to provide supportive housing, combining intensive case management with housing services.

The cost effectiveness of supportive housing is supported by a variety of studies conducted at state and local levels. A study conducted by the Center for Mental Health Policy and Services Research at the University of Pennsylvania, esti-

mated the cost of services used by the homeless population and the cost savings due to the reductions in service use resulting from the provision of supportive housing. Table 12, below, estimates the average cost per person for public services to the homeless population. The total estimated cost per chronically homeless person per year was \$40,449.

According to the research, the difference between the current cost of services and the cost of creating supportive housing represented a significant savings. Table 13, below, summarizes estimates of the cost reductions in service utiliza-

Table 12: Cost of Services Used by the Homeless Population Prior to Housing Placement

Service Provider	Mean Days Used	Per Diem (1999\$)	Cost (2 Yrs)	Cost Per Year
Dept. of Homeless Services	137	\$68	\$9,316	\$4,658
Office Mental Health	57.3	\$437	\$25,040	\$12,520
Health and Hosp. Corp.	16.5	\$755	\$12,458	\$6,229
Medicaid-Inpatient	35.3	\$657	\$23,192	\$11,596
Medicaid-Outpatient	62.2	\$84	\$5,225	\$2,612
Veterans Administration	7.8	\$467	\$3,643	\$1,821
Dept. of Corrections (State)	9.3	\$79	\$735	\$367
Dept. of Corrections (City)	10	\$129	\$1,290	\$645
Total			\$80,898	\$40,449

Source: "The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York-New York Initiative", Dennis P. Culhane, Stephen Metraux, and Trevor Hadley, Center for Mental Health Policy and Services Research, University of Pennsylvania, May 2001

Table 13: Cost Reductions Associated with Reductions in Service Use Attributed to Supportive Housing

Service Provider	Days Saved (2 Years)	Cost Reduction 95%	Per Diem (\$)	Cost Reduction (2 Years)	Annual Cost reduction
Dept. of Homeless Services	82.9	77.4-88.5	\$68	\$5,637	\$2,819
Office of Mental Health	28.2	20.8-35.6	\$437	\$12,323	\$6,162
Health and Hosp. Corp.	3.5	2-5	\$755	\$2,643	\$1,321
Medicaid-Inpatient	8.6	4.2-13	\$657	\$5,650	\$2,825
Medicaid-Outpatient (visits)	-47.2	-29.8	\$84	-\$3,965	-\$1,982
Veterans Administration	1.9	0.7-3	\$467	\$887	\$444
Dept. of Corrections (State)	7.9	4.8-11	\$79	\$624	\$312
Dept. of Corrections (City)	3.8	1.8-5.8	\$129	\$490	\$245
Total				\$24,290	\$12,145

Source: "The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York-New York Initiative", Dennis P. Culhane, Stephen Metraux, and Trevor Hadley, Center for Mental Health Policy and Services Research, University of Pennsylvania, May 2001

tion based on pre/post placement comparisons, as adjusted by case-control regression analyses. The results indicate that placement in supportive housing is associated with a \$12,145 net reduction in health, corrections, and shelter service use annually per person, over each of the first two years of the intervention. About 95 percent of the cost reductions are associated with reductions in health and shelter services. Criminal justice system costs account for the remaining 4.5 percent of the total cost reductions associated with a supportive housing placement.

The 10-Year Plan to End Homelessness for Ashville and Buncombe County, NC examined the costs to local systems due to 37 chronic homeless persons over a three year period. The results are shown in Table 14, below. The total cost per homeless person per year due to the usage of jail, courts,

hospitals, and emergency shelters was estimated to be \$22,700. Applying this cost per person to 33 chronic homeless persons in Cumberland County would result in a total cost of \$749,100 per year.

“Ending Homelessness – The 10 Year Action Plan” prepared by the City of Raleigh and Wake County, NC, stated that the cost of one day at Dorothea Dix Hospital for a person with mental illness was \$594, compared to supportive housing costs of only \$33.43 a day. The average monthly cost of a shelter stay in Raleigh was \$900, compared to a HUD Section 8 voucher, which provides \$701 for a one-bedroom apartment. As shown in Table 15, below, the total approximate monthly cost for a homeless person was estimated to be \$5,875, compared to just over \$1,000 per month for supportive housing through Community Alternatives for Supportive

Table 14: Cost of Homelessness, Ashville and Buncombe County, NC

Cost of Homelessness	Per Person Per Year	Total Per Year
Jail/Court	\$10,000	\$370,000
Medical	\$5,500	\$203,500
Shelter	\$7,200	\$266,400
Total cost of homelessness	\$22,700	\$839,900

Source: Looking Homeward: The 10 – Year Plan to End Homelessness, Ashville and Buncombe County, NC, January 2005

Table 15: Cost of Homelessness, City of Raleigh and Wake County, NC

Service	Cost Per Unit	Total Cost
South Wilmington Street Shelter - 24 nights	\$23/night	\$552
1 Emergency Medical Services (EMS) transport	\$425, plus 5.75/mile	\$440
1 Emergency Department visit to a local hospital	\$893	\$893
1 Raleigh Police Department transport	\$61-\$368	\$250
1 Wake County Human Services' Crisis Assessment	\$176	\$176
1 Stay at Dorothea Dix Hospital - 6 nights (average length of stay)	\$594/night	\$3,564
Total approximate monthly costs		\$5,875

Source: Ending Homelessness – The 10 Year Action Plan, City of Raleigh and Wake County, Wake

Abodes (CASA) housing and Wake County Human Services Programs. Applying the above monthly costs to 33 chronically homeless persons in Cumberland County, the provision of supportive housing would result in a cost saving of \$160,875 per month. This cost savings if applied the total homeless population of 841 persons would be \$4,099,875.

In the Ten Year Plan to End Homelessness for the State of North Carolina, the North Carolina Housing Finance Agency, which has administered a Supportive Housing Development Program for 10 years and the Low-Income Housing Tax Credit Program for over 15 years, estimated that the current average cost for developing both market rate and supportive apartment units was around \$75,000 in 2005. It is projected that the cost will increase by about \$1,000 per year. The cost for supportive housing development is a one-time expense. Typically, supportive service costs tend to decline over time. These two costs influence the cost of tenancy. Though costs vary in different communities in the state, the average cost of tenancy in supportive housing is \$15,000 per year. Based on this figure, cost of tenancy for the chronic homeless population in Cumberland County would be \$495,000 per year. The cost, when applied to the 841 homeless persons in the county, would be \$12,615,000.

Table 16, on the following page, duplicates the cost estimates conducted for the Ten Year Plan to End Chronic Homelessness for Durham County, NC, prepared by Liz Clasen, a MPP student at Duke University. The table provides detailed cost estimates for various public service systems and indicates whether each service would be likely to increase or decrease with the intervention of permanent supportive housing. The average cost per homeless person per year was estimated to be \$10,334. Based on this estimate, the cost of homeless persons applied to the 33 chronic homeless persons in Cumberland County would be \$341,022 and the cost for the 841 homeless persons would be \$8,690,894.

The cost of operating permanent supportive housing in Durham County was estimated to be between \$5,000 and \$16,000. The cost of providing permanent supportive housing for 33 chronic homeless persons in Cumberland County at \$16,000 per person would be \$528,000 and for 841 homeless persons the cost would be \$13,456,000. This does not provide strong economic argument to opt for permanent supportive housing.

Table 16: Cost of Chronic Homelessness, Durham County, NC

Agency	Total Cost	# of Encounters	With Permanent Supportive Housing Costs Will Likely To
Duke Hospital System	\$378,205	47	Decrease
Health Department	\$31,283	321	
Jail Healthcare	\$26,920	251	Decrease
Other	\$4,363	70	Increase
Lincoln Health Center	\$83,028	661	Increase
Veterans Administration	\$137,381	247	Decrease
Emergency Medical Services	\$27,931	72 (transports)	Decrease
Durham Center	\$281,764		
Hospitalization	\$68,096	112 (days)	Decrease
Durham Access	\$55,630	23 (people)	Decrease
Case management	\$73,963	816 (appt.s)	Increase
Other	\$84,075	n/a	
Department of Social Services	\$111,679	n/a	Increase
Food Stamps	\$99,906	573 (months)	
Social Work	\$5,897	12,240 (min)	
Other	\$5,876	n/a	
Urban Ministries Shelter	\$247,325	9,983 (nights)	Decrease
Durham Police Department	\$23,226	158	Decrease
Arrests	\$11,907	81	
Suspects	\$8,379	57	
Victims	\$2,940	20	
Admin. Office of Courts	\$10,023	69 (trials)	Decrease
Misdemeanors	\$7,691	60	
Felonies	\$2,331	9	
Durham Sheriff's Office	\$130,802		Decrease
Jails	\$130,260	2,171 (nights)	
Transports	\$542	14	
NC. Department of Corrections	\$56,478		Decrease
Prison	\$51,485	86	
Probation	\$4,993	1,102	
Total Costs	\$1,519,125		
Average Cost per Person	\$10,334		

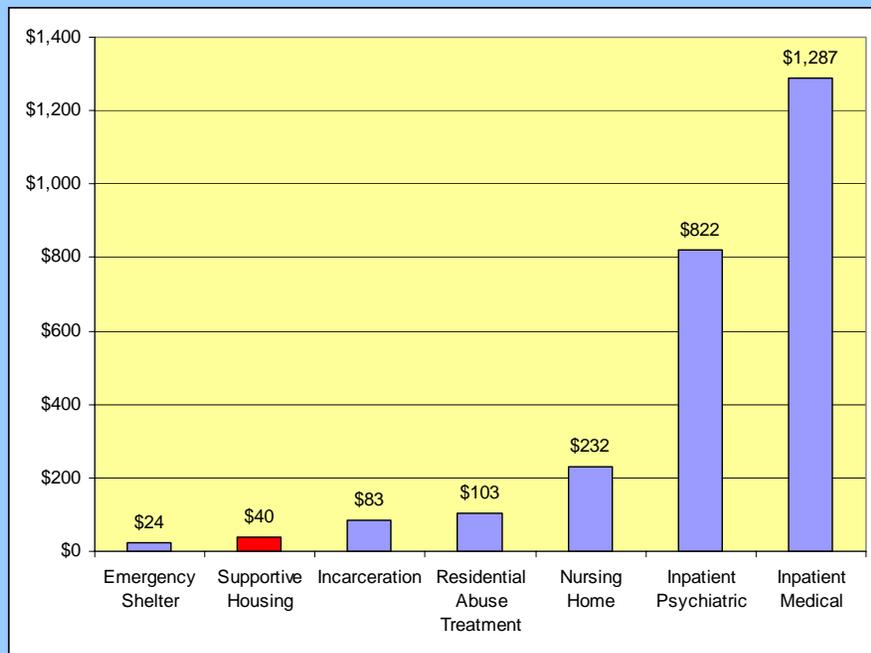
Source: The Hidden Cost of Services to the Chronically Homeless in Durham County, NC, Report by Liz Clasen, Candidate for MPP at Duke University, Advisor- Dr. Philip Cook, April 2006.

A Plan to End Homelessness prepared by the Homeless Network of Yakima County, WA estimates the average annual cost of a shelter bed to be \$8,030, which is more than the federal housing subsidy. The median gross rent in the county was \$539 per month, which implies that it would cost \$6,468 to house a person in the county, \$1,562 less than the cost of providing a shelter bed. For low-income individuals on a fixed income the average rent was \$339 per month or \$4,068, annually, which is almost half the cost of a shelter bed. As a comparison, median gross rent in Cumberland County was \$581 in 2000, which implies that it costs \$6,972 to house a person in the county per year. The median gross rent in Fayetteville was \$585, which amounts to \$7,020 to house a homeless person in the city.

In the Ten Year Plan to End Homelessness for the Greater Bridgeport Area, CT the cost of supportive housing was compared to various alternative public service settings, illustrated in Chart 9, on the following page. A cost saving of \$43 per day was estimated compared to placing a homeless person in jail, \$63 savings per day compared to residential substance abuse treatment, \$192 savings per day compared to

a nursing home, \$782 savings per day compared to inpatient psychiatric treatment, and \$1,247 savings per day compared to an inpatient medical treatment.

Chart 9: Cost per Day of Connecticut Supportive Housing vs. Alternative Settings for Homeless Consumers



Source: Partnership for Strong Communities Reaching Home Campaign, 2003

As stated in the Ten Year Plan to End Homelessness for Cape Cod, Massachusetts, the average cost for sheltering a family, based on the type of supportive services required, ranges from \$23,490 to \$54,000. The average cost calculated for the

average length of stay of nine months is \$2,610 to \$6,000 per month. In comparison, Housing Assistance Corporation spends \$1,333 per family to provide shelter and supportive services. This amounts to a cost saving of \$1,277 to \$4,667 per family. Based on these cost savings, assisting 114 homeless families in Cumberland County could lead to a cost savings of \$145,578 to \$532,038 per month. The average cost of sheltering a homeless individual is \$1,845 (at \$45 per night and the average length of stay of 41 nights). In comparison, in 2003 the Barnstable Interfaith Council Prevention Program assisted 78 homeless individuals with an average cost of \$317 per person, which leads to a cost saving of \$1,528 per homeless individual per month. Based on these cost savings, assisting 419 homeless persons in Cumberland County could lead to a cost savings of \$640,232.

A Plan to End Chronic Homelessness by Collin County, Texas accounted for a cost savings of \$186,250 per month to provide shelter and services for 15 mentally ill homeless persons in their pilot program. Table 17, on the following page, estimates the cost estimates for the pilot program targeting homeless persons with mental illness. The total county-wide program cost for one year was \$539,000. Based on these figures, the monthly cost savings by providing housing and sup-

portive services for 25 severely mentally ill homeless persons in Cumberland County would be \$310,400.

Table 17: Cost Savings, Pilot Program, Collin County, Texas

Services	Cost
Cost per 30 days per 15 persons in mental hospital	\$191,250
Housing	\$10,000
Administration/Monitoring	\$10,000
Case management	\$33,000
Lifeskills Education	\$5,000
Total Annual Cost of Pilot Program	\$60,000
Total Monthly Cost of Pilot Program	\$5,000
Cost Savings Per Month	\$186,250

Source: Plan to End Chronic Homelessness by Collin County, Texas

According to the estimates provided by the Ten Year Plan to End Homelessness for Salt Lake County, Utah, the annual cost to place a homeless person in supportive housing is \$6,100. In comparison, the annual cost were \$6,600 for shelter, \$25,500 for the County Jail, \$35,000 in the State prisons, and nearly \$150,000 in the State mental hospital. Institutionalized homeless individuals can not utilize various services such as Medicaid, Food Stamps, and SSI as having an address is one of the eligibility criteria for those services. Placing homeless persons with special needs in supportive housing makes them eligible to receive assistance through various federal

and state programs.

The real cost of sheltering a family also includes long-term effects on children, such as stress, poor nutrition, and lack of self-esteem, which are incalculable. According to a literature review presented in “The Legal Rights and Educational Problems of Homeless Children and Youth” written by Dr. Yvonne Rafferty of Pace University, the long-term absentee rate in New York Public Schools was 15 percent among 368 homeless children compared to 3.5 percent in the general population. About 79 percent of 49 homeless children in New York scored at or below the 10th percentile for children of the same age in the general population. Such poor educational experience and loss of opportunity impedes growth among homeless children and youth, making a lasting impact on their productivity.

The most difficult cost to quantify is the loss of future productivity. Decreased health and more time spent in jails or prisons means that homeless people have more obstacles to overcome in contributing to society through their work and creativity. Homeless children also face barriers with respect to education. Because many homeless children have such poor educational experiences, their future productivity and

career prospects may suffer. This makes the effects of homelessness much longer lasting than just the time spent in shelters.

Since the demographics of homelessness, and therefore its solutions, vary in every locality, ending homelessness requires the development of local plans to systematically and quickly re-house those who lose their housing. Replacement housing should be permanent -- having no artificial limits on how long a person can stay. If an individual or family requires some type of temporary housing, such as residential treatment (for illness) or residential separation (for victims of domestic violence, for homeless people, for people in recovery), it should be firmly linked to eventual placement in permanent housing.

In summary, the studies indicated that the cost of chronic homeless persons in Cumberland County would be about \$750,000 per year and the cost due to other homeless persons could be up to \$19,090,000 per year. The provision of supportive housing for homeless persons decreases costs such as emergency shelter, emergency health services, and jail, but may increase costs such as case management, apart from the one-time cost to construct the supportive

housing and to establish services. After receiving secure housing, homeless persons tend to cover some of their own expenses. Most of the studies indicate that there is a net saving to the tax payers and society by providing supportive housing to homeless persons. The annual cost savings due to the provision of permanent supportive housing to chronically homeless persons in Cumberland County may be up to \$400,000 per year and savings for homeless persons could be up to 10,200,000 per year.

1.7. Steps Involved in Ending Homelessness

Strategies listed in NAEH's Report "A Plan Not a Dream. How to End Homelessness in 10 Years"

To end homelessness in ten years, the following four steps should be taken, simultaneously.

Step 1. Plan for Outcomes

- **Collect much better data at the local level-** Build up solid information regarding the needs and characteristics of homelessness, causes of homelessness, mainstream assistance they receive, and the effectiveness of assistance on a program-by-program basis. This information helps to assess the gap between the assistance available and the

need.

- **Create a planning process that focuses on the outcome of ending homelessness-** Planning efforts should be extended to create a full-spectrum, homeless assistance system, which manages people's experience with homelessness. The development of long-term plans is essential to re-house homeless persons, involving agencies and programs far beyond the scope of the homeless assistance providers.

Step 2. Close the Front Door

- **To end homelessness, mainstream programs must prevent people from becoming homeless-** The homeless assistance system ends homelessness for several people every day, but they are quickly replaced by others. Homelessness can be prevented by making mainstream poverty programs more accountable for the outcomes experienced by their most vulnerable clients and wards. Homelessness can be ended by working to prevent people from becoming homeless, by closing the front door.
- **Discharge Planning should be improved-** People who become homeless are often clients of public systems of

care and assistance. These include the mental health system, the public health system, the welfare system, and the veterans system, as well as the criminal justice and child protective service systems (including foster care).

- **The flow of incentives should favor helping people with the most complex problems-** As in many other social areas, investment in prevention holds the promise of saving money on expensive systems of remedial care. Support should be extended to low-income families who are "at risk", preventing children from ending up in foster care, and providing critical services and treatment for those with substance abuse problems and mental illness.

Step 3. Open the Back Door

- **An adequate supply of appropriate housing should be developed and subsidized-** Where homeless people are faced with a shortage of affordable housing, new development should be facilitated and accelerated. Where there is no housing, an adequate supply of appropriate housing should be developed and subsidized.
- **Quickly re-house homeless-** A key step in ending homelessness is to quickly re-house those who becomes home-

less - open the back door out of homelessness. Different subpopulations of homeless people require different housing strategies. The two major groups to consider are homeless families and homeless single adults. Both groups face system-based barriers to "getting out back door."

- **Specifically address the needs of the chronically homeless, transitionally homeless, and episodically homeless-**

- ◊ Permanent supportive housing and housing with appropriate and available services and supports for chronically homeless persons.

The chronically homeless represent 10 percent of the single adult homeless population, which itself represents approximately 50 percent of homeless people, over time. Few people in this chronic group are likely to ever generate significant earnings through wages. The chronically homeless require long term subsidization of both housing and services because of their disabilities. Permanent supportive housing and housing with appropriate and available services and supports are highly successful in stabilizing this population.

- ◊ A flexible strategy to address housing needs and treatment needs for the episodically homeless.

The people who repeatedly use homeless shelters, often called the episodically homeless group, constitute approximately 9 percent of the homeless single adult population in the US. This group has a high public cost when housed in a shelter because its members seem to interact frequently with other very costly public systems. Many are active substance abusers. They are typically young, relative to the chronically homeless group. This group requires a flexible strategy that addresses both their housing needs (both when in treatment and in relapse) and their need for treatment.

- ◊ "Housing First" Approach for the transitionally homeless.

Those who have relatively short stays in the homeless assistance system, exit it and return infrequently, are called the "transitionally" homeless. The majority of families and single adults who become homeless fall into this category. They have had a housing crisis that has resulted in their homelessness. The Alliance recommends a "Housing First" approach for most families. The strategies to end transitional homelessness should primarily focus on housing services, to clear barriers such as poor tenant history, poor credit his-

tory, etc. Case management should be provided to ensure that families are receiving public benefits, identify service needs, and connect tenants with community-based services. Follow-up actions need to be provided to work with tenants after they are in housing to avert crises that threaten housing stability.

Step 4. Build the Infrastructure

Though various systems that prevent homelessness have been improved, the root causes of the crisis lies in three facts.

- **Lack of affordable housing.**
People become chronically homeless because of the lack of affordable housing. The supply of housing that is affordable and available to low-income people should be increased. In addition, subsidies that allow people to achieve stability in decent housing should be regarded as good investments in a productive society.
- **Lack of income to pay for basic needs.**
Low-Income groups are at a large disadvantage in the recent downturn of economy. Most importantly, any benefit they may experience is not adequate to

meet the increasing cost of housing. There is a surging need for efforts to create a wage and benefits that allow households to pay for basic expenses, including housing, food, and health care.

- **Lack of appropriate services.**
Those with the lowest incomes rely on public systems to supply medical care, job training, education, mental health treatment, childcare, substance abuse treatment, transportation, and many other services. Those systems are almost uniformly overburdened and in many cases are not keeping up with new demands. These public systems require realistic funding and good policies to address new challenges.

2. Planning Process

The lead entity for the Continuum of Care process in Fayetteville and Cumberland County is the Continuum of Care Planning Council (COCP). The Council was formed by the collaboration of the Homeless Coalition and other homeless service providers in an effort to establish a complimentary working group. The mission of the COCP is to: facilitate the coordination of the community's human services agencies and the community-at-large in order to adequately set strategies for addressing the needs of Cumberland County's homeless individuals and families and those at-risk of homelessness through a Continuum of Care System. Through coordinated efforts among planning council members, Homeless Coalition members, the homeless, homeless service providers, and the community-at large, the Planning Council strives to address the needs of the homeless community.

2.1. Structure of Continuum of Care Decision Making Process

The Fayetteville/Cumberland County Continuum of Care planning process includes four principal groups serving in various roles. The primary decision making group is the Fayetteville/Cumberland County Planning Council which includes 39 organizations from the community. The Council meets monthly, develops and reviews community needs assessments, and recommends policies and procedures to evaluate services providers. The Planning and Evaluation Committee includes representatives from 12 organizations and meets monthly to plan CoC activities and evaluate the performance of service providers. The Bylaws Committee includes four members that meet annually to evaluate and make changes to the bylaws for the CoC group. The Membership Committee consists of three members that meet bi-annually to work on increasing membership and to recommend membership policies. The following list shows the agencies involved in the CoC process in public and private sectors:

2.2. CoC Organizations

Public Sector

State Government Agencies

- ◇ Department of Health and Human

Services

- ◇ Vocational Rehabilitation/Independent Living

Local Government Agencies

- ◇ Cumberland County
- ◇ Cumberland County Mental health
- ◇ Cumberland County Community Development
- ◇ Cumberland County Public Library
- ◇ Care Center Shelter
- ◇ Department of Social Services
- ◇ City of Fayetteville
- ◇ City of Fayetteville Community Development

Public Housing Agencies

- ◇ Fayetteville Housing Authority

School Systems and Universities

- ◇ Fayetteville Technical Community College
- ◇ Cumberland County Schools

Law Enforcement and Corrections

- ◇ Fayetteville Police Department

Local Workforce Investment Act Boards

- ◇ Cumberland County Employment Security Commission

Other

- ◇ Veterans Administration

Private Sector

Non-Profit organizations

- ◇ Cumberland County Interfaith Hospitality Network
- ◇ Cumberland County Action Program
- ◇ City Rescue Mission
- ◇ Fayetteville Urban Ministry
- ◇ Holy Tabernacle
- ◇ Humans United Giving Greater Service (HUGGS)
- ◇ Coalition on Services to Homeless
- ◇ Save the Babies
- ◇ Batter Health
- ◇ The Partnership for Children
- ◇ Greens Home for Women
- ◇ Lisa's House of Care
- ◇ Hope Harbor
- ◇ The Women's Center

Businesses

- ◇ The ARC of North Carolina

Hospitals/Medical Representatives

- ◇ Cape Fear Valley Health System

- ◇ Cumberland County Health Department
- ◇ Veterans Administration Hospital

Homeless Persons

- ◇ Coalition on Services to the Homeless

Homeless Data

The COCPC conducts a homeless Point-in-Time (PiT) survey each year to assess the needs of the homeless population in the county. The PiT surveys are distributed among homeless individuals, families, shelter operators, and service organizations. The survey includes a one-day PiT count aspect and a comprehensive count at the end of the year. In the survey conducted on January 25, 2006, nearly 300 surveys were completed.

The Fayetteville/Cumberland County CoC participates in the Homeless Management Information System (HMIS) operated by the North Carolina Housing Coalition. There are 11 members in the HMIS. As of April 2006 the Fayetteville/Cumberland County CoC was in the implementation process. A total of nine organizations, three emergency shelters, four transitional housing, and two permanent supportive housing agencies participated in the HMIS.

Discharge Management

Discharge planning policies were developed in Cumberland County for foster care, health care, mental health, and correctional Institutions.

Foster Care:

Discharge planning protocols developed by the North Carolina Children's Policy Review Committee of the Department of Health and Human Services provide Transitional Living Plans for youth after being discharged from the foster care system. These protocols ensure that youth released from foster care facilities have sufficient economic resources to support themselves and a stable place to stay to avoid risk of homelessness. Social workers working with youth ensure that youth obtain education/vocational training, a positive support system, and have access to various health services.

Healthcare:

Most hospitals in North Carolina are accredited by the Joint Commission on Accreditation of Healthcare Organizations. The Accreditation process requires treatment and services after the discharge or transfer from the hospital. Upon discharge or transfer appropriate information related to treatment and care are exchanged with the transferred hospital

or service provider. Hospitals that receive Medicare reimbursements are required to comply with their discharge planning requirements.

Mental Health:

Discharge planning requirements for psychiatric hospitals and Alcohol and Drug Abuse Treatment Centers (ADATCs) are codified in the North Carolina Administrative Code. Each mental health hospital or facility is required to develop a process of continuity of care for patients, particularly for issues related to discharge planning. All discharged patients at least have intake appointments scheduled with community services. The implementation of discharge management policies is monitored on quarterly basis by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.

Correctional Facilities:

Under the guidance of Secretary of Corrections, the three branches of the North Carolina Department of Corrections and various state and local agencies collaborated for after-care and discharge management planning of inmates. The Division of Prisons has a computerized tracking system for appropriate staff members to monitor the plans in progress,

health services, and aftercare for people exiting correctional facilities. For offenders with mental illness, N.C Department of Corrections uses a multi-staff, multi-disciplinary team approach to discharge planning. In this approach, a case manager, a mental health social worker, and a parole officer make sure that the released inmate has a sustainable home plan and a focus towards employment to earn their living. The social workers also coordinate the provision of follow-up mental health services.

3. Analysis of Homeless Services

3.1. Homeless Services in City of Fayetteville and Cumberland County by Type of Service

Following inventory provides a list of homeless service providers by service area in Cumberland County:

Alcohol & Drug Abuse

- ◇ Cumberland County Division of Social Services
- ◇ Cumberland Interfaith Hospitality Network
- ◇ Cumberland County Mental Health
- ◇ Green's Home for Women
- ◇ Humans United Giving Greater Service (HUGGS)
- ◇ Lisa's House of Care
- ◇ Myrover Reese Fellowship Home, Inc.
- ◇ Veterans Administration

Case Management

- ◇ Cape Fear Regional Bureau for Community Ac-

tion, Inc.

- ◇ Care Family Violence Center
- ◇ Catholic Charities
- ◇ City Rescue Mission
- ◇ Cumberland County Division of Social Services
- ◇ Cumberland County Health Department
- ◇ Cumberland Interfaith Hospitality Network
- ◇ Cumberland County Mental Health
- ◇ Cumberland County Vocational Rehab
- ◇ Cumberland County Action Program
- ◇ Employment Security Commission
- ◇ Homeless Coalition
- ◇ Hope Harbor
- ◇ Humans United Giving Greater Service (HUGGS)
- ◇ Lisa's House of Care
- ◇ Myrover Reese Fellowship Home, Inc.
- ◇ The Salvation Army
- ◇ Save the Children House of Refuge
- ◇ Veterans Administration
- ◇ Women's Center of Fayetteville

Childcare

- ◇ Boys and Girls Club
- ◇ Cumberland County Division of Social Services

- ◇ Cumberland Interfaith Hospitality Network
- ◇ Cumberland County Partnership for Children

Counseling/Advocacy

- ◇ Cape Fear Regional Bureau for Community Action, Inc.
- ◇ Care Family Violence Center
- ◇ Catholic Charities
- ◇ Cumberland County Division of Social Services
- ◇ Cumberland County Health Department
- ◇ Cumberland Interfaith Hospitality Network
- ◇ Cumberland County Mental Health
- ◇ Humans United Giving Greater Service (HUGGS)
- ◇ Myrover Reese Fellowship Home, Inc.
- ◇ Operation Blessing
- ◇ The Salvation Army
- ◇ Veterans Administration

Education

- ◇ American Red Cross
- ◇ Better Health of Cumberland County
- ◇ Care Family Violence Center
- ◇ Cumberland County Community Development
- ◇ Cumberland County Division of Social Services

- ◇ Cumberland County Schools
- ◇ Cumberland County Partnership for Children
- ◇ Cumberland County Action Program
- ◇ Employment Security Commission
- ◇ Fayetteville Technical Community College
- ◇ Fayetteville State University
- ◇ Fayetteville Urban Ministries
- ◇ Hope Harbor
- ◇ Humans United Giving Greater Service (HUGGS)
- ◇ Myrover Reese Fellowship Home, Inc.
- ◇ Veterans Administration
- ◇ Vision Resource Center
- ◇ Women's Center of Fayetteville

Employment

- ◇ Cumberland County Division of Social Services
- ◇ Cumberland Interfaith Hospitality Network
- ◇ Cumberland County Action Program
- ◇ Employment Security Commission
- ◇ Hope Harbor
- ◇ Myrover Reese Fellowship Home, Inc.
- ◇ Veterans Administration
- ◇ Vision Resource Center
- ◇ Women's Center of Fayetteville

Healthcare

- ◇ Better Health of Cumberland County
- ◇ The Care Clinic
- ◇ Cumberland County Division of Social Services
- ◇ Cumberland County Health Department
- ◇ Lisa's House of Care
- ◇ Veterans Administration
- ◇ Vision Resource Center

HIV/AIDS

- ◇ Cape Fear Regional Bureau for Community Action, Inc.
- ◇ The Care Clinic
- ◇ Cumberland County Division of Social Services
- ◇ Cumberland County Health Department
- ◇ Home Health Centers
- ◇ Humans United Giving Greater Service (HUGGS)
- ◇ Lisa's House of Care
- ◇ Veterans Administration

Law Enforcement

- ◇ Fayetteville City Police Department

Legal Assistance

- ◇ Cumberland Interfaith Hospitality Network

- ◇ Legal Aid for Fayetteville
- ◇ Veterans Administration

Life Skills

- ◇ Better Health of Cumberland County
- ◇ Care Family Violence Center
- ◇ Catholic Charities
- ◇ City Rescue Mission
- ◇ Cumberland County Division of Social Services
- ◇ Cumberland Interfaith Hospitality Network
- ◇ Cumberland County Vocational Rehab
- ◇ Cumberland County Action Program
- ◇ Homeless Coalition
- ◇ Hope Harbor
- ◇ Humans United Giving Greater Service (HUGGS)
- ◇ Lisa's House of Care
- ◇ Myrover Reese Fellowship Home, Inc.
- ◇ The Salvation Army
- ◇ Save the Children House of Refuge
- ◇ Veterans Administration
- ◇ Women's Center of Fayetteville

Mental Health Counseling

- ◇ Care Family Violence Center

- ◇ Cumberland County Division of Social Services
- ◇ Cumberland County Health Department
- ◇ Cumberland Interfaith Hospitality Network
- ◇ Myrover Reese Fellowship Home, Inc.
- ◇ Veterans Administration

Mobile Clinic

- ◇ American Red Cross
- ◇ Better Health of Cumberland County
- ◇ Cumberland County Association for Indian People

Mortgage Assistance

- ◇ Cumberland County Association for Indian People
- ◇ Cumberland County Community Development
- ◇ Cumberland County Division of Social Services
- ◇ Fayetteville Urban Ministries
- ◇ Humans United Giving Greater Service (HUGGS)
- ◇ Operation Blessing
- ◇ The Salvation Army
- ◇ Veterans Administration

Rental Assistance

- ◇ Alms House
- ◇ Catholic Charities

- ◇ Cumberland County Association for Indian People
- ◇ Cumberland County Division of Social Services
- ◇ Cumberland County Mental Health
- ◇ Cumberland County Vocational Rehab
- ◇ Cumberland County Action Program
- ◇ Fayetteville Urban Ministries
- ◇ Homeless Coalition
- ◇ Hope Harbor
- ◇ Humans United Giving Greater Service (HUGGS)
- ◇ Operation Blessing
- ◇ The Salvation Army
- ◇ Veterans Administration

Street Outreach

- ◇ Alms House
- ◇ American Red Cross
- ◇ Cape Fear Regional Bureau for Community Action, Inc.
- ◇ The Care Clinic
- ◇ Care Family Violence Center
- ◇ Catholic Charities
- ◇ City Rescue Mission
- ◇ Cumberland County Community Development
- ◇ Cumberland Interfaith Hospitality Network

- ◇ Cumberland County Mental Health
- ◇ Cumberland County Partnership for Children
- ◇ Cumberland County CoC
- ◇ Fayetteville Urban Ministries
- ◇ Homeless Coalition
- ◇ Hope Harbor
- ◇ Humans United Giving Greater Service (HUGGS)
- ◇ Lisa's House of Care
- ◇ Myrover Reese Fellowship Home, Inc.
- ◇ Operation Blessing
- ◇ The Salvation Army
- ◇ Save the Children House of Refuge
- ◇ Second Harvest Food Bank
- ◇ Veterans Administration
- ◇ Women's Center of Fayetteville

Transportation

- ◇ Cape Fear Regional Bureau for Community Action, Inc.
- ◇ Cumberland County Division of Social Services
- ◇ Cumberland County Schools
- ◇ Cumberland Interfaith Hospitality Network
- ◇ Green's Home for Women
- ◇ Hope Harbor

- ◇ Humans United Giving Greater Service (HUGGS)
- ◇ Lisa's House of Care
- ◇ Myrover Reese Fellowship Home, Inc.
- ◇ Veterans Administration

Utilities Assistance

- ◇ Alms House
- ◇ Catholic Charities
- ◇ Cumberland County Association for Indian People
- ◇ Cumberland County Division of Social Services
- ◇ Cumberland County Mental Health
- ◇ Cumberland County Vocational Rehab
- ◇ Cumberland County Action Program
- ◇ Fayetteville Urban Ministries
- ◇ Homeless Coalition
- ◇ Hope Harbor
- ◇ Humans United Giving Greater Service (HUGGS)
- ◇ Lisa's House of Care
- ◇ Operation Blessing
- ◇ The Salvation Army
- ◇ Veterans Administration

3.2. Description of Homeless Services

The following description summarizes the community resources available to homeless persons in Cumberland County and goals and activities of various service organizations.

Abney Chapel Feeding Program

The Abney Chapel Feeding Program operates a food pantry and clothes closet on Saturdays and Sundays at 1:30 pm.

Alms House

Community outreach ministry provides counseling and emergency food, clothing, and financial assistance for Hope Mills and the southern Cumberland County area.

Better Health of Cumberland County

Better Health of Cumberland County provides assistance to low-income individuals with health related emergencies. Their services include a direct aid program which provides financial assistance for life-sustaining prescription drugs, medical appliances, vision exams and eyeglasses, supplies and transportation to medical centers, and other medical services.

The Care Clinic

The Care Clinic provides free basic primary health care for the uninsured who have limited incomes.

Care Family Violence Program

The Care Family Violence Program provides a range of services to those experiencing physical or mental abuse including: crisis intervention, counseling, referral services, re-education of family members, and temporary housing for victims. The program operates a 24-hour crisis line for victims of domestic violence.

Cape Fear Valley Health System

The Cape Fear Family Health System provides general medical care, emergency medical, chemotherapy, and other health services. The Health System also operates a Preventative Health Care Program for children under the age of 21 who receive Medicaid.

Catholic Social Ministries

Catholic Social Ministries provides family, personal, and marriage counseling; emergency assistance; a food pantry; and a baby clothes closet.

City Rescue Mission

The City Rescue Mission provides temporary shelter, food, and clothing for men in need. The mission also provides help locating employment for residents.

Consumer Credit Counseling Services

Consumer Credit Counseling Services helps clients to budget money and reduce debt. In acute instances, debt liquidation plans are made.

County Sheriff's Department

Cumberland County Sheriff's Department provides general enforcement of criminal law.

Cumberland County Health Department

The County Health Department works to maintain the health of county residents through various programs and clinics.

Cumberland County Mental Health

The Cumberland County Mental Health Center provides comprehensive treatment and case management for mental illness, developmental disabilities, and substance abuse problems.

Cumberland Interfaith Hospitality Network (CIHN)

The Cumberland Interfaith Hospitality (CIHN) Network provides shelter, food, and assistance to homeless families, including temporary housing referral, job referral, and limited transportation. CIHN partners with local Churches, referred to as "Host Congregations". The Host Congregations work on a rotating basis, providing overnight accommodations at their churches or other designated facility. They host families overnight, a week at a time, approximately four times per year. CIHN staff works closely with each family in identifying resources, advocacy, and intensive case management. All families in CIHN participate in the Transitions Program which is an in-depth case management strategy addressing four core areas detail from their website. The case manager assists each family on a daily basis as they prepare to transition into permanent housing.

Department of Social Services

The Cumberland County Department of Social Services provides specific social services and financial and specialized assistance to all persons within Cumberland County who demonstrate need and meet an eligibility criteria prescribed by state and federal law. Services provided through the Department include adult protective services, Medicaid, group

care services, and in-home services.

Fayetteville City Police Department

The City Police Department is responsible for public safety and law enforcement within the City.

Fayetteville Metropolitan Housing Authority

The Fayetteville Metropolitan Housing Authority provides housing for the elderly, disabled, and low-income families with rents subsidized based on income.

Fayetteville Technical Community College

Fayetteville Technical Community College provides specialized and general education in the following divisions: Business, Engineering Technology, General Education, Health Education, Public Service, and Vocational Education.

Fayetteville Urban Ministries

Fayetteville Urban Ministries (FUM) is supported by concerned individuals, the faith community, local business, and civic groups. Some of the programs also receive funding from private and federal grants. FUM provides services including emergency assistance, literacy program, Find-a-Friend program, financial assistance, and home repair.

Maranatha Ministries

Maranatha Ministries operates three temporary shelters for homeless men and women in need on a space available basis. The organization helps residents to become self-sufficient.

Myrover Reese Fellowship Home, Inc.

Myrover Reese Fellowship Home, Inc. is a non-profit organization that operates three half-way houses in Fayetteville. The residential homes provide living facilities for homeless individuals who have alcohol or substance abuse problems. The three facilities are the Pat Reese Home, the Ashton Lilly Home, and the Myrover Reese Fellowship Home.

New Beginnings

The New Beginnings provides safe, transitional housing for women and children in domestic violence situations. Individual and group counseling, children's services, and referrals for food and clothing are also provided.

Oxford House

Oxford House provides shared living for persons recovering from substance abuse problems.

Robin's Meadow

Robin's Meadow provides transitional housing for homeless families with children.

Saint Joseph's Episcopal Church Breakfast Program

Saint Joseph's Episcopal Church operates a breakfast program, providing free breakfasts to the poor and homeless.

Salvation Army

The Salvation Army provides a flexible program of emergency services for food, clothing, medical needs, transportation, and financial assistance for needy persons. The organization also coordinates an extensive Christmas relief service and operates a temporary shelter for homeless persons.

Save the Children House of Refuge

Save the Children House of Refuge operates a residential maternity home for unwed teenagers and other women in a crisis pregnancy. The organization offers minors the opportunity to attend public schools, work study programs, vocational training, and tutoring.

The Women's Center of Fayetteville

The Women's Center of Fayetteville provides women with

information on community services, vocational guidance, and education. The organization sponsors support groups, personal growth seminars, health care, and survival skills development workshops for women and youth. The agency provides a legal clinic, adult basic education, crafts training, and other services to displaced homemakers.

Veterans Administration Medical Center

The Veterans Administration Medical Center provides general medical, surgical, and short-term psychiatric care for veterans. The Veteran's Administration also operates a program to assist homeless veterans.

Vocational Rehabilitation Services Office

The Vocational Rehabilitation Services Office promotes employment and independence for persons with emotional or physical disabilities. Other services include physical and specialist examinations and corrective treatment; vocational evaluation and work adjustment services; vocational training; maintenance and transportation if necessary during training; tools and equipment; and job placement and follow-up. The services are for those who have a substantial job handicap caused by a physical or mental condition and have a favorable prognosis for going to work.

Wade Family Medical Center

The Wade Family Medical Center provides family practice medical services. Fees for the medical services are based on family income, according to Department of Health and Human Services guidelines.

Workfirst

The Work First Program assists families receiving public assistance to become self-supporting. The program provides pre-employment training for non-working clients or those with limited work experience or workplace skills to prepare them for career-oriented employment. The program also helps with childcare assistance, transportation, uniform expenses, and more to help families become self-sufficient.

3.3. Inventory of Emergency, Transitional Shelters, and Permanent Supportive Housing

Table 18, below, and Tables 19 and 20, on the following page, show the current inventory of emergency shelter, transitional housing, and permanent supportive housing in Fayetteville and Cumberland County as reported in the 2006 Continuum of Care.

Table 18: Inventory of Emergency Shelters in Cumberland County, 2006

Emergency Shelters 2006			Bed Capacity	
Provider Name	Facility Name	Target Population*	Individuals	Families with Children
Care Family Violence Center	Care Family Violence Center	M, DV	5	9
City Rescue Mission	City Rescue Mission	SM	18	0
Cumberland IHN	Emergency Shelter	FC	0	14
Coalition on Services to the Homeless	Hope Center	SM	21	0
Green's Shelter for Women	Green's Shelter for Women	SF	8	0
The Salvation Army	Emergency Shelter	M	24	6
Total			76	29
Under Development				
City Rescue Mission	Women's Shelter	SF	8	0
Unmet Need			65	65

Source: 2006 Continuum of Care

Table 19: Inventory of Transitional Housing in 2006

Transitional Housing 2006			Bed Capacity	
Provider Name	Facility Name	Target Population*	Individuals	Families with Children
Cumberland IHN	Ashton Woods	FC	0	80
Edna McLaurin Home	Edna McLaurin Home	SMF	7	0
Holy Tabernacle	Holy Tabernacle	SMF	28	0
Lisa's House of Care	Lisa's House of Care	SF, HIV	5	0
Salvation Army	Care Center Trans.	M	1	23
Salvation Army	Robins Meadow	FC	0	36
Save the Children House of Refuge	Save the Children House of Refuge	SF	10	0
Total			51	139
Unmet Need			143	127

Source: 2006 Continuum of Care

Table 20: Inventory of Permanent Supportive Housing in 2006

Permanent Supportive Housing 2006			Bed Capacity	
Provider Name	Facility Name	Target Population*	Individuals	Families with Children
Cumberland IHN	Leath Commons	FC	0	15
HUGGS	Timothy Douglas	SMF, HIV	13	0
Total			13	15
Unmet Need			84	52

Source: 2006 Continuum of Care

*Sub-Populations: SMI - Seriously Mentally Ill, SA - Substance Abuse, VET - Veterans, HIV - HIV/AIDS, DV- Domestic Violence, Y - Youth, FC - Families with Children, SMF - Single Males and Females (18 years and older, no children), M - Mixed Populations, SF - Single Females (18 years and older), SM - Single Males (18 years and older)

3.4. Gaps Analysis

Tables 21 and 22, below, and Table 23, to the right, show the Housing Gaps Analysis duplicated from the 2006 Continuum of Care Report.

Table 21: Housing Gaps Analysis (Individuals)

Number of Beds	Current Inventory 2006	Unmet Need/Gap
Emergency Shelter	84*	65
Transitional Housing	51	143
Permanent Supportive Housing	13	84
Total	148	292

Source: 2006 Continuum of Care

* including eight units under development in Women's Shelter

Table 22: Housing Gaps Analysis (Persons in Families and children)

Number of Beds	Current Inventory 2006	Unmet Need/Gap
Emergency Shelter	29	65
Transitional Housing	139	127
Permanent Supportive Housing	15	52
Total	183	244

Source: 2006 Continuum of Care

Table 23: Housing Gaps Analysis

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Homeless Individuals	65	50	304	419
Homeless Persons in Families with Children	34	182	206	422
Total	99	232	510	841

Source: 2006 Continuum of Care

4. Citizen Participation

4.1. Homelessness Issues from Focus Group Sessions and Interviews

Focus groups sessions and interviews with services providers provided insight into the major issues facing homeless individuals and families in Fayetteville and Cumberland County. Seventeen issues were identified, as listed below, and grouped within broader categories. These five categories were the basis of discussion at three Community Forums held in November 2006.

Sub Populations

1. Veterans

There are a large number of veterans in Cumberland County that are homeless. Some move directly from service into homelessness. Some service providers feel that the federal

government is not living up to its obligations to veterans.

2. Families

There are not enough emergency shelter beds to accommodate families. There are some spaces for single women with kids, but not enough, and nothing for intact families where the father is present.

3. Domestic Violence

Domestic violence seems to rise just before deployment and just after return from combat zones.

Services

4. Mental Health Services

The availability of mental health services has always been an important consideration when dealing with homelessness. With the changes in North Carolina's mental health delivery system, the concerns become even greater.

5. Child Care

There are no low-cost child care facilities in Cumberland County where homeless families can leave their children while at work or looking for work.

6. Health Care

Emergency room is the primary care source for many homeless persons. Prescriptions are filled at Better Health. Dental care is a huge issue.

7. Substance Abuse Treatment

There is a need for more substance abuse treatment programs. There are no in-patient facilities in the county and no long-term treatment programs.

Resources

8. One-Stop Shop/Day Resource Center

The issues around the one-stop shop include providing a single location through which homeless persons can access a wide range of services, coordination of those services, providing facilities for taking care of personal business (availability of phones and computers, showers, laundry facilities, P.O. Box, etc.), and offering a destination during bad weather, relieving stress on other public facilities, such as the public library.

9. Transportation

Local bus service ends at 7:00 in the evening and the routes

are circular, forcing riders to complete the circular route, rather than retrace their commute in the opposite direction.

10. Resources

There are not enough resources to address the problem of homelessness. Some funding is provided by the federal government through the Supportive Housing Program, but competition within the county for those funds is great and increasing, while the funding itself is not increasing. Other funding for homeless service agencies comes from private contributions.

11. Housing

Service providers indicated that there is not enough permanent supportive housing or transitional housing units available to homeless individuals and families. Community members indicated that the cost of housing is also becoming an issue within Cumberland County. Criminal background checks limit housing availability for some.

12. Economic Stability/Employment

The need for jobs and skills training is an important part of addressing homelessness and the economic stability of households at risk of becoming homeless.

13. Documentation

One of the biggest issues for homeless persons is missing identification, including driver's licenses and social security cards. Securing these typically requires having a birth certificate as well. Without the proper identification, homeless persons cannot secure a job or apply for Medicaid benefits.

Impact on the Community

14. Perceptions

Many members of the community view homelessness only as those panhandlers or other troublemakers that attract attention. The public face of homelessness typically doesn't include families and individuals that are experiencing personal hardships and working to make their homeless episode as short as possible.

15. Crime/Disruptive Behavior

The community perceives that homeless persons are the source of criminal activity and disruptive behavior in Fayetteville (theft of copper and disruptive behavior at the public library were cited as examples).

16. Discharge Planning

Hospitals and prison facilities often discharge patients/ex-offenders without having made any effort to assure that they have someplace to go when they leave. This situation places a burden on emergency shelters, where these individuals sometimes end up, looking for someplace to stay. The "Tough on Crime" incarcerations from the past are starting to end and ex-cons will be coming back to Cumberland County in larger numbers. Prisons should begin to plan for these discharges, ensuring that the ex-cons are not just released into homelessness, pushing the burden for their care upon the community.

Faith Community

17. The Faith Community

Religious institutions have been integral in serving homeless persons and families. Their efforts have included contributions to service agencies and volunteer service to feed and house individuals and families. Some participants feel that their efforts could/should be expanded to provide more assistance within Cumberland County.

4.2. Summary of Community Forums

Three Community Forums were held to solicit input on solutions to homelessness and homelessness related issues. To encourage participation, the forums were held at three different locations, and afternoon and evening sessions were conducted. The sessions were:

- ◇ November 14th – afternoon session at the Hope Hills Branch Library at 3411 Golfview Road in Hope Mills.
- ◇ November 15th – afternoon session at the Cumberland County Headquarters Library at 300 Maiden Lane in Fayetteville.
- ◇ November 16th – evening session at the Spring Lake Family Resource Center at 103 Laketree Boulevard in Spring Lake.

Invitations to attend a Community Forum were sent to City and County officials, representatives of non-profit organizations, members of the faith community, and individuals interested in assisting in ending homelessness. The forums were also advertised in the newspaper and on the community access channel. Attendance at the sessions varied from approximately 25 attendees in the first session to over 100 at the



Community Forum at the Cumberland County Headquarters Library, November 15th, 2006.

event held at the Headquarters Library in downtown Fayetteville.

All sessions followed the same format with three main components: a presentation, break-out sessions to discuss solutions to the major issues facing homeless families and individuals, and reporting. After introductions, a presentation was given showing innovative programs that aid in ending homelessness in other jurisdictions across the country. These concepts were introduced as programs which, while not

necessarily appropriate in Cumberland County, provided participants with an idea of the broad range of options others have chosen to combat homelessness.

Immediately following the presentation, participants split up into five groups to discuss issues, resources, and solutions on one broad category of homelessness as discussed in the report on the focus group sessions. Attendees self-selected their discussion table based on their knowledge and interest in that particular category. The five categories were:

- Homeless Sub-populations;
- Impact of Homelessness on the Community;
- Involvement of the Faith Community;
- Services for the Homeless; and
- Available Resources.

Each table had a facilitator to assist, moderate, and take notes concerning the obstacles, issues, resources, and solutions discussed. The facilitator also had the duty of identifying consensus among the participants, noting where consensus was reached, and which discussion items were unresolved.

After the discussion session, the facilitator at each table designated one person from the group to report back to the re-

combined forum. Each table reporter summarized from their table's notes identifying the key issues, obstacles, community assets, and resources with regard to their topic.

It should be noted that the methodology employed in the Community Forums was not designed to provide a complete identification of the issues regarding homelessness facing the county. It is often the case that the root of an issue must be teased out of data and may even contradict conventional wisdom. The conclusions drawn here are to be recognized as the observations of a select group of individuals. Notwithstanding, certain issues were emphasized at individual sessions or repeated at the three sessions. These issues were highlighted to be analyzed further.

Session Results

Discussion in the Community Forum sub-groups spanned numerous issues, but the ideas and themes presented below were touched on repeatedly.

Homeless Sub-populations

The homeless sub-populations topic was addressed at two of the three Community Forums, and there was substantial overlap in the discussions. At both forums participants felt that it was important to address the particular needs of

homeless sub-populations, stressing that a “one size fits all” approach will not be effective. Particular homeless sub-populations mentioned at the sessions included mentally-ill individuals, those with substance abuse problems, families, victims of domestic violence, veterans, seniors, and those recently discharged from the prison system.

With regard to veterans, many participants felt that there were insufficient resources to address homelessness. In particular, participants felt that this group needed assistance with assessment and evaluation, case management, and drug treatment.

The elderly homeless was a sub-population which many participants felt was increasing. Some felt that income was a major factor for this group and that Social Security benefits are not enough to maintain a home and rising medical costs. Additionally, many felt that there are few employment opportunities in the community for seniors, particularly those with physical limitations. Participant suggestions to assist this population included local business involvement, job training, and assistance from the American Association of Retired persons (AARP).

Other specific ideas concerning homeless sub-populations

included:

- Additional Army counseling assistance for returning servicemen to reduce homelessness and incidences of domestic violence.
- Greater public awareness of issues through improved public relations to reduce the stereotyped perception of the homeless.
- Increasing the number of shelter beds as a high priority.

Impact of Homelessness on the Community

Community Forum discussion on the impact of homelessness on the community centered on three major themes: the perception of homelessness in the community, hurdles to overcome, and solutions. With regard to community perceptions on homelessness, most participants felt that there was a disconnect between the realities of homelessness and the stereotype that the public perceive as the homeless. Many felt that the stereotypical image of the homeless single male that “isn't even trying” hampers efforts to assist the homeless. Some participants felt that this image is perpetuated by the limited contact the public has with the homeless – mainly with panhandlers and scam artists. Participants felt that there was an opportunity to raise awareness of homelessness as an issue and change the perceptions surrounding home-

lessness.

One hurdle to overcome with regard to the impact of homelessness on the community identified at each of the forums was the “poor to non-existent” discharge planning policy from prison. Participants felt that the current work-release system and overall discharge planning needs to change so that a person has the help they need most on release. Participants identified the pressing needs of a discharged prisoner as:

- Clothing
- A place to stay, at least temporarily, without cost, and
- A job - placement service with companies.

Additionally, participants felt that ex-convicts, particularly those convicted of a felony, face greater difficulties in finding a home and employment.

Other significant hurdles to overcome identified by participants was the limited information available to the public on how to help, the lack of places for the homeless to stay at night or provide as a permanent address, and the difficulties (such as in obtaining a job) caused by the lack of reciprocal drivers license agreements. Many participants felt that the

general public would provide greater support for the homeless if they knew how to help and that their monetary aid was going to the right place.

Several solutions were offered by participants at the forums. With regard to public perceptions on homelessness, some participants felt there was an opportunity to raise awareness and change the perception of homelessness by sending fliers home with schoolchildren. Greater exposure for social service agencies about what they do and who they help could provide the public a sense of ease as to where their money was going and how to help.

At one forum, the group discussed the impact of homelessness on housing. The group felt that there is very poor (substandard) housing in the area that is just a step up from homelessness and residents in this housing won't complain about the conditions for a variety of reasons, including fear of eviction. The group also felt that eliminating this housing would make more people homeless. The group's proposed solution was to convert empty hotels and abandoned buildings for temporary housing while the sub-standard housing is fixed. During this period persons would be provided with assistance, such as credit repair and counseling.

Forum participants also identified programs that they felt were working and could be supported or expanded. These programs included the "Backpack Buddies" program, the Cool Springs rescue mission, and the Triangle Residential Options for Substance Abusers (TROSA) program. Participants felt that the Cool Springs rescue mission was worked well because of a passionate director and because it is run by the homeless community which creates a feeling of empowerment. The TROSA program was effective because it offered job training, drug rehabilitation, and life-skills training in a structured environment

Involvement of the Faith Community

Participants at the Community Forms seated at the Faith Community tables recognized that there were many issues that needed improvement in assisting the homeless in Fayetteville and Cumberland County. These included the lack of shelter space, particularly for women; limited funding to eliminate homelessness; the need for more and better services for the homeless; and a recognition that the problem is getting worse. They also provided ideas on how the Faith Community could assist in overcoming these obstacles.

A central discussion point at each of the sessions was how the Faith Community can help. Participants at the tables felt

there was an opportunity at hand to make a difference by using the combined strength of the over 900 local churches. Participants suggested the use of benevolence funds (offerings) to engage in provision of essentials: food, clothing and shelter. Participants also felt that churches could also play a greater role by generating public awareness of homelessness issues, eliminating the stigma associated with homelessness, and being more vocal advocates for homelessness issues. Finally, participants also felt that churches should draw from the strength of their congregations to solicit donations and services from their members and local businesses.

Participants at the forums also believed that for the Faith Community to accomplish these goals, they must first overcome some obstacles which have prevented them from doing so in the past. One issue that was mentioned was the need to build trust between the Faith Community and the homeless. Additionally, many felt that the only way to accomplish the goals was to pool resources and partner more effectively, with no one entity bearing the brunt of the work. One item repeated at each session was the need for a directory to know what services were offered and by whom, so as to avoid duplication and make effective referrals.

Services for the Homeless

The group discussions on services for the homeless touched on three major themes: improving existing services, services that are needed, and funding for services. Many participants felt that some resources and services could be better utilized if better information was available, such as information on how to access mental health services or whom to call for mental health services for homeless patients. One suggestion raised numerous times was the need for a homeless provider directory. It was also suggested that such a directory should be located in the emergency services section of the telephone book. Other ways to improve services to the homeless that was recommended at the sessions was through improvements to strengthen the Continuum of Care and a centralized intake for patients.

Participants at the forums identified services they felt were needed to assist the homeless population. Many of the services identified were healthcare related, such as not requiring identification to obtain medical services, provision of emergency dental procedures such as extractions, and a CARE clinic. Another service category identified was services which could be provided at a day-center type facility, such as telephones, postal service, laundry facilities, and showers. Other services identified by participants included

improved transportation, approximately 800 beds to house homeless, and a better, safer environment for homeless persons.

In terms of funding these services, many participants felt that public funding should be a primary source and that this funding supply needs to increase. Participants also identified ways to stretch existing funding, including using buildings and facilities owned by the County or City, such as the school on Washington Avenue; using college graduate students to help with the efforts (FSU / Methodist / etc); convincing businesses and organizations to partner on projects and funding; and tax incentives for those businesses donating services.

Available Resources

Discussions on resources centered on several themes. These included transportation, housing, economic issues, and essential services. Participants examined the resources currently available and resources which are needed.

One of the resources mentioned at all three forums as needed in the community was a one-stop-shop. It was felt by some participants that multiple facilities at different locations in the county, called 'day resource centers', operating from 8 a.m. to 5 p.m., should be available to provide neces-

sary services. Funding should come from multiple sources, including the City, County, churches, FEMA, CDBG, and other HUD sources.

Several needed transportation resources were identified, such as an improved bus system with more free or discounted bus passes available through homeless service providers and through a day resource center. Another transportation resource was the use of bicycles. Recommendations included providing bicycle racks and lanes throughout the city, and the provision of loaner bicycles which could be donated by local churches.

Participants felt that housing resources could be more effective if organizations collaborated on projects, particularly to increase the number of transitional housing units with supportive services. These organizations could use existing resources, such as City and County-owned abandoned homes to house the homeless, by forming a partnership. Additionally, abandoned buildings owned by the City could be converted to residential use for homeless providers. A partnership with the housing authority to assist with case management was also suggested. Another resource identified to create and locate housing was local churches. It was felt that churches (along with real estate professionals) could

work with homeless clients to locate housing, as well as provide funding and labor to create new housing.

Participants identified ways to increase available funding for needed services. Some recommendations looked outside of the community for resources, such as through Federal and State grants, while others looked within, such as to local faith-based organizations. Another suggested external source was designated funding from other municipalities, specifically for the homeless officer. Other internal funding sources included impact fees on development, tax incentives for property used to house homeless families and individuals, and other tax deductible contributions through a local foundation.

Many of the funding issues were tied to economic and employment issues. Participants felt that employment, and employers were key resources to alleviating homelessness. Participants mentioned a day-labor program, developing relationships with employers who can hire homeless persons, recruiting industries that pay a living wage, and tax credits to employers to hire homeless persons. Participants mentioned assistance with documentation, job training, and incentives for apprenticeships to increase employment opportunities.

5. Recommendations

Cumberland County/Fayetteville Recommendations

5.1. Services and Resources

Services/Resources Issues

While focus group respondents indicated that a full spectrum of services for homeless families and individuals is available in the county, resources are limited and most aspects of homeless services should be expanded to reach a larger number of clients. Naturally, expansion of services is contingent on funding for that expansion. Currently, social service organizations compete locally for inclusion in the Supportive Housing Grant application, which competes with applications from across the nation for a pool of funds that is dwindling as a result of budget cuts in response to the war and natural disasters. Current recipients view additional funding requests at the local level as potential reductions in their

own funding stream.

Utilization of existing services can be restricted by an individual's ability to commute from one location where they are living to another location where services are being offered. The portion of the homeless community without their own transportation complains about the effectiveness of the local bus service and the limited hours of operation. The scattering of service providers across Fayetteville makes it difficult for clients to get from one provider to another if they need to see several providers in one day.

Homeless individuals also indicated that their situations are complicated by the lack of a single location where they are able to access some of the basic services that most people take for granted. These services include access to laundry facilities, the opportunity to take a shower, a mailing address for personal correspondence, storage space for any possessions they may have, access to computers for resume development and checking email, and phones for following up on job applications. The shelters provide a base for these activities for those who stay there, but many homeless individuals do not stay at the shelters and, in some cases, the shelters are closed during the day, forcing residents to spend

their days elsewhere around the city.

Service/Resource Recommendations

Create a One-Stop Shop/Day Resource Center – this recommendation combines two concepts in an effort to address two separate problems in a single location. The One-Stop Shop concept provides office space for service providers in an attempt to provide access to a variety of social services together and relieve the burden on homeless individuals of having to travel around the city to the various agencies. Agencies can staff their offices so that assistance is available daily, or they can establish one or two specified days each week when clients can expect the office to be staffed. The facility should be centrally located in an area where homeless persons currently tend to congregate. Individuals who stay in other locations around the county will have to arrange transportation to the facility, but it still relieves them of having to go from office to office around the city if they have more than one appointment to keep.

The Day Resource Center concept provides a collection of daily needs to homeless individuals during

hours when their shelter facilities may not be open to them. Clients can utilize the facility for showers, laundry, phone, storage, mail, and computer access. Being located adjacent to the One-Stop Shop, clients can make better use of their time, checking in with service providers while checking on email, mail, and messages.

Homelessness prevention programs need more funding – national data indicate that the most frequent length of homelessness is one day and the second most frequent length is two days. This indicates that with more funding available in homeless prevention programs, many of those who experience brief periods of homelessness don't have to experience homelessness at all. Homeless prevention programs include emergency assistance programs that help families meet mortgage or rent payments and utility bills. These efforts can often forestall foreclosure or eviction measures during a time that the family is going through a temporary financial crisis.

Childcare for homeless families – one of the major obstacles for parents attempting to find gainful employ-

ment is finding suitable childcare services for their children. With limited financial means, typical childcare tuition is beyond the ability of homeless parents to meet. There is a need for low/no-cost assistance for parents to allow them the time to look for work or go to work, without having to leave their children in an unsafe or unproductive childcare environment.

Additional shelter space – homeless individuals indicate that there are not enough shelter spaces available to meet the needs in Cumberland County. The 2006 Continuum of Care put the gap in shelter beds at 65 beds for individuals and 65 beds for families with children. If homeless prevention funding is increased, these unmet needs may be reduced, but with a current inventory of 99 shelter beds, there will continue to be more space needed.

Safe parking program – without more shelter space being made available, additional measures need to be taken to provide temporary housing options. While living in a car is not typically considered a viable alternative to shelter space, it is a reasonable alternative to sleeping in the open. Unfortunately, in most

cities people are discouraged from sleeping in their cars in public parking lots or on the streets. A program needs to be developed which will identify public parking lots, owned by the City, County, or religious institutions, where homeless individuals can temporarily park overnight without fear of being run-off by property owners or the police. Most parking facilities around the city are not utilized during nighttime hours, leaving space available for homeless individuals and families needing a place to sleep for the night. Other communities utilizing this program use parking permits as a means of limiting the use of the parking lots, while others simply indicate a location that may be used.

Transportation options – alternatives to help with transportation issues include bus passes and a taxi subsidy program that assists with longer trips.

Family Reunification Program – many homeless individuals in the county moved to the area from other parts of the country while serving in the military or in support of a spouse serving in the military. As these individuals enter homelessness, they lose their ability to reconnect with family back in their hometowns.

There should be a program available to those individuals that work to assist them in their efforts to reattach themselves to the social networks back home. The program should work to assure that the individuals that they assist are indeed going back to a housed situation and not merely moving their homelessness to another community. A similar program is currently being managed by a local non-profit service provider.

Identify additional funding sources for local programs

– with the reductions in domestic assistance programs resulting from the war and major disaster relief efforts over the past few years, additional funding sources will be needed to make a substantial impact on homelessness at the local level. The additional sources may include local foundation and corporate donations, City and County tax allocations, and faith-based contributions resulting from special offerings or line item budget expenses. Funding should be sought from the VA for programs targeted at homeless veterans, a recommendation which will be discussed further below.

5.2. Sub-population

Sub-population Issues

The major sub-population of concern in Fayetteville and Cumberland County is the veterans due to the presence of Fort Bragg. A point in time survey of homelessness in 2006 identified 877 homeless individuals (including children) of which over 11 percent who responded to a survey administered at the time of the count identified themselves as veterans. Some service providers in Cumberland County estimate that the veteran population is much higher than that, many of whom were not counted in 2006. Service providers reported that the presence of veterans in the homeless population is growing as soldiers return from the war zone and are released from active duty and are not able to reintegrate themselves into civilian life.

Chronic homelessness is another sub-population of homelessness that needs to be addressed specifically. Chronic homelessness is defined as:

1. An unaccompanied individual
2. With a disabling condition
3. Who has been either continuously homeless for more than one year or has had at least four epi-

sodes of homelessness in the past three years.

These individuals have mental or physical disabilities which make it very hard for them to fit into conventional social structures. Many have drug or alcohol addictions, often resulting from attempts to self-medicate for mental conditions. They have problems keeping appointments and maintaining their own medication schedules. Many live in completely unstructured environments under bridges or in secluded woods. Reports tell of former members of the Special Forces living in seclusion on the base. Most of these individuals would benefit from structured living arrangements with intensive case management and mental health and substance abuse treatment in an area of town where they can have easy access to supportive services.

Families are another of the sub-populations with particular needs that should be addressed. As already mentioned above, childcare needs pose a problem as parents attempt to find work or maintain the jobs they already have. Other issues on note include shelter space where all members of the family are welcome. In Cumberland County, if an intact family becomes homeless, there are no shelters that can accommodate the whole family. Some will take mothers with

children, but none will take a whole family. The existing shelter space for mothers with children is limited as well, with only 29 beds available according to the 2006 Continuum of Care. Families would benefit from increased funding from homelessness prevention programs, mentioned above. It is getting increasingly difficult from lower income families in Cumberland County to find housing units that are affordable. When households with limited incomes are paying too high a percentage of their income on housing expenses, unexpected disruptions in their income stream often lead to episodes of homelessness.

Sub-population Recommendations

Lobby Congress for a special appropriation to assist homeless veterans – with the continuing rotation of troops in and out of the war zone, Cumberland County is witnessing an increase in the number of soldiers leaving active service into homelessness, many of whom remain in the community near the base. Their families may have broken up while they were overseas or they may have returned with emotional issues that they have been unable to resolve. Whatever their individual stories, the population of homeless veterans in Cumberland County is growing and

the effort to address this population from the Department of Veteran Affairs seems to be making little difference. Therefore, local City and County officials need to initiate a lobbying effort to encourage the State's congressional delegation to secure a sizable appropriation from the federal budget earmarked for assistance to homeless veterans in Cumberland County. These men and women have served their country well and deserve some assistance with rebuilding their lives. Don't be timid in the request. Ask for an amount that will have a significant impact on the situation. Our federal government is spending \$80 billion a year in Iraq, is it too much to ask for \$100 million to assist our soldiers returning from that war? Maybe more? Ask for whatever is needed to address the problem.

Housing First – the Housing First model provides housing for chronic homeless individuals and supplies them with whatever social services their situations require. Successful programs around the country have taken individuals who are the biggest drain on local resources (primarily in the form of emergency medical care and police intervention), placed them in a sup-

portive housing situation, provided intensive case management, and helped them make scheduled appointments and maintain their medication regimen. Housing First units can be located in scattered sites around the community or located at a single site in the form of a Single Room Occupancy (SRO) development. Housing First can also be implemented by the Faith-based Community, with individual congregations accepting responsibility for one homeless individual or family and working with the social service agencies to see that their needs are met.

SRO – Single Room Occupancy developments are typically a conversion project where an underutilized hotel or an abandoned commercial structure is renovated to accommodate units that have a single room, bath, and limited kitchen facilities (sink, refrigerator, and hot plate). The SRO can be a stand alone project or combined with the One-Stop Shop/Day Resource Center concept offered above. As a part of a Housing First program, the SRO tenants should be offered (required to accept) case management assistance, where social service agencies evaluate their needs and work with them to manage their care,

whether it's medical or mental health treatment, job training, or any other needs. SRO funding is available through the Supportive Housing Program operated by the U.S. Department of Housing and Urban Development (HUD).

Develop new affordable housing units – the need for additional affordable housing units will be further stressed as additional troops are relocated to Fort Bragg. The current market is already strained, with rents exceeding the capacity of many of the area's poorer households. Several incentive programs are currently available to encourage affordable housing production. Low Income Housing Tax Credits provide equity for multifamily housing developers willing to include a set-aside for low-income households. Shelter Plus Care, a part of the Supportive Housing Program, provides Section 8 assistance for projects where persons with disabilities are housed. HUD also provides funding assistance for housing projects for seniors. Additional encouragement could be offered locally with bridge loans funded through Section 108 Loan Guarantees.

5.3. Faith-based Community

Faith-based Community Issues

The faith-based community in Fayetteville and Cumberland County has made, and continues to make, considerable contributions to serving homeless families and individuals. The contribution of food and congregation sponsored meals have been of a magnitude that most service providers in the area suggest that a homeless person in Cumberland County should not go hungry. There is plenty of food available as long as the homeless know where to find it and have a way to get there. The faith community also supports the Interfaith Council, which runs a shelter in Fayetteville.

Even with all the food assistance, the faith community could do more. The website www.usachurch.com lists over 700 Christian congregations in Fayetteville alone. At a minimum, the faith community could become a significant source of funding to support programs that assist homeless persons through special offerings or the allocation of portions of their budgets earmarked for homeless assistance. There is no limit to how much of an impact the faith community could have if homelessness became a major prior-

ity. The Bush administration focused on faith-based initiatives as a resource for combating some of the country's social ills. It is time for Fayetteville's and Cumberland County's faith community to stand up and be counted as a means to the end of homelessness.

Faith-based Community Recommendations

A Week to Confront Homelessness – the faith community in Cumberland County should work together to establish a single week every year where local congregations address the issue of homelessness. Special offerings could be collected to fund homelessness and homeless prevention programs, sermons could help educate congregations on the real face of homelessness in Cumberland County, and special assistance could be offered to homeless families through out the week to get congregations more involved in meeting the needs of their friends and neighbors living on the streets.

Congregations adopt homeless individuals or families – larger congregations in Cumberland County should organize an effort to adopt a homeless family or individual and supply them with temporary housing, food,

and assistance finding work and addressing any social service needs that they may have. Many larger congregations will have members who have some level of expertise in some aspect of social service delivery systems. Doctors, psychologists, health care workers, social workers, and business managers each have skills that could be contributed to the successful operation of a homeless assistance ministry. As with the Housing First model, homeless families or individuals should be offered housing in exchange for an agreement to work with the ministry to address specific issues that help them achieve self-sufficiency.

5.4. Community Impact

Community Impact Issues

The public face of homelessness for many people in Fayetteville and Cumberland County are the panhandlers that occupy the medians at intersections around the County. The sad fact is that many of these individuals are not homeless, even though their signs say that they are, and offers of assistance, other than money, are often rejected (temporary job offers don't pay as much as they can make on the street). But these individuals represent the image that most people

have of homelessness. They are unaware that each night dozens of families find themselves without shelter – that hundreds of men and women seek food at the feeding programs and at existing shelter around the county, without ever posing a threat to normal citizens and their ways of life. They don't realize that many of the homeless people have mental or physical disabilities that would complicate the lives of even well-off individuals. And while they might not feel compelled to help a panhandler on the street, who could turn their back on a mother with a couple of young kids who have fallen on hard times? There needs to be an effort to recast the image of homelessness in Fayetteville and Cumberland County to more accurately reflect the wide spectrum of families and individuals who need the community's help.

Community Impact Recommendations

Community Awareness/Education Campaign – a concerted effort should be organized that attempts to recast the image of homelessness in Fayetteville and Cumberland County. The campaign should include a series of public interest articles in the newspaper that profile individuals and families from the homeless population and explores the variety of backgrounds

and obstacles experienced by those living on the streets or at local shelters. The campaign should highlight local homeless statistics, such as the size of homeless population and the number of veterans and families living on the streets. It should work to combat NIMBY (Not In My Back Yard) issues that often block efforts to help homeless persons. In addition to a print campaign, radio and television public service announcements should be utilized to reach a larger audience and educate them on issues of homelessness. The goal of the effort should be to change the face of homelessness in the community from that of the panhandler on the street to a more sympathetic icon that brings volunteers into the support network, rather than repelling them.

Outreach – there needs to be an outreach network that works with homeless individuals to bring them into the social support system and work with them to address their needs and help them back to self-sufficiency. This need is currently being addressed on a limited basis with a peer counselor that works with homeless veterans and those with substance abuse problems, but should be expanded to have a wider

impact in the homeless community.

Discharge Planning – there is not currently a requirement in the State of North Carolina that persons being released from prison, discharged from medical or mental treatment facilities, or aging out of the foster care system are not to be put out on the street, but that there should be some housing option identified for those individuals prior to their release. The City of Fayetteville and Cumberland County should work with other communities across North Carolina to push the State Legislature to pass legislation to prevent discharge into homelessness. Prisons, child welfare offices, and medical and mental treatment facilities should all be required to have worked with the client prior to release to identify a housing option.