

CONTINUUM OF CARE
WINSTON-SALEM FORSYTH COUNTY

**STRATEGIC PLAN TO END HOMELESSNESS IN
WINSTON-SALEM/FORSYTH COUNTY**

JUNE 2018



Strategic Plan to End Homelessness in
Winston-Salem/Forsyth County
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- *Focus Strategies* for their technical assistance in the design of the planning process, analysis of local data, research on best practices, and drafting of the Strategic plan.

EXECUTIVE SUMMARY

The Winston-Salem/Forsyth County Continuum of Care (CoC) is dedicated to ensuring that people in our community who are experiencing homelessness return to housing as quickly as possible and do not experience further housing crises. This five-year Strategic Plan sets out a roadmap to achieve this goal, using strategies informed by the analysis of our own local performance data, and building upon what we have learned from the previous Ten-Year Plan to End Chronic Homelessness. This Plan sets out measurable goals and objectives for reducing homelessness – targeting our efforts towards the activities and interventions that will yield the greatest possible results.

Achieving “functional zero,” or effectively ending chronic and all homelessness, is within reach for the community. We define this as attaining a state in which homelessness is rare, brief, and non-recurring. This means we will put in place a homeless crisis response system that quickly identifies, assesses, and determines a housing solution for each person or family experiencing homelessness, as well as those at imminent risk of becoming homeless. We will aim to ensure no one experiences homelessness for longer than 30 days and, once housed, households do not return to homelessness.

This plan describes in detail how our current homeless system is performing – identifying areas of strength and elements that need improvement. This includes a quantitative analysis of our existing system performance and quantitative modeling to understand how much we can reduce homelessness through improved performance. Based upon this analysis, the CoC has developed three main goals for the next five years. Moving forward, we will strive to align all our work to achieve these objectives:

1. Continue Progress Towards Ending Chronic Homelessness by expanding the supply of permanent supportive housing, continuing to prioritize available housing assistance for households experiencing chronic homelessness, and preventing homeless households from “aging in” to chronically homeless status.
2. Reduce Homelessness for Families, Youth and Non-Chronically Homeless Adults by implementing problem-solving and shelter diversion systemwide, providing “light-touch” resources, and housing-focused case management for people in emergency shelter; expanding high performing rapid re-housing programs; implementing landlord recruitment initiatives and offering housing location services systemwide; expanding case management capacity and improved connections with mainstream resources; and expanding access to subsidized affordable housing for those experiencing homelessness.
3. Improve Performance Throughout the System by setting systemwide performance targets and tracking progress in meeting targets.

Over the past ten years, the Winston-Salem/Forsyth County CoC has risen to the challenge of addressing homelessness in the community. By focusing on those households with the greatest needs, investing in proven solutions, and creating a more coordinated, systematic, and data-informed approach, the community has seen reductions in homelessness, particularly for those experiencing chronic homelessness. Over the next five years, the CoC will not only maintain these gains, but also implement strategies that will lead to the elimination of unsheltered homelessness and further reductions in overall homelessness. By continuing to build upon our successes and scale up our work to all the populations of people experiencing homelessness, we can truly ensure that homelessness in our community is rare, brief, and non-recurring.

STRATEGIC PLAN

I. Background

a. Purpose of this Plan

The Winston-Salem/Forsyth County Continuum of Care (CoC) is committed to ending homelessness for all people who are experiencing a housing crisis within the community. This means ensuring that those who are unsheltered or living in emergency situations return to housing as quickly and efficiently as possible. This Strategic Plan is designed to articulate a path to achieve these goals over the next five years by utilizing strategies informed by analyses of our existing homeless response system in Winston-Salem/Forsyth County and continuing to build upon the foundation and success of the previous Ten-Year Plan to End Chronic Homelessness.

Over the last 12 years the Winston-Salem/Forsyth County CoC has developed a robust HMIS system and invested in the infrastructure to support the collection and maintenance of complete, reliable data. CoC members have been building their capacity to use this data most effectively to improve system performance through local action camps and routine evaluation of systemwide data. This investment in data and evaluation is evident in the Strategic Plan developed by our community. The Plan is data-driven and outlines measurable goals and objectives for reducing homelessness. It is based upon evidence about what works. It is targeted and focused on efforts that will yield the greatest possible results. It is designed to provide the CoC and community leadership with a roadmap for ending the crisis of homelessness amongst our most vulnerable citizens.

b. Local Context: 10-Year Plan to End Chronic Homelessness

In 2006, the Continuum of Care published the Ten-Year Plan to End Chronic Homelessness in Winston-Salem/Forsyth County, with approval from the Winston-Salem City Council and Forsyth County Board of Commissioners. The plan set forth the goal of providing “effective solutions and accessible services to eliminate chronic homelessness and improve the system’s effectiveness for all persons experiencing a housing crisis.” A group of community leaders, the Blue Ribbon Task Force on Homelessness, was commissioned by the Winston-Salem Mayor to assess the needs of those experiencing homelessness in the community and lead the development of this strategic plan to end chronic homelessness. The task force gathered community input; assessed community services and interventions for people experiencing homelessness and/or a housing crisis; examined the ways in which people access the emergency shelter system; and conducted a scan of best practices and model communities across the country working to effectively address homelessness.

The Ten-Year Plan set the specific goals of (1) creating around 600 new units of permanent supportive housing (PSH) for people experiencing homelessness with high service needs; (2) developing strategies to promote and improve collaboration amongst homeless service providers; (3) adopting a Housing First approach to reducing homelessness; (4) implementing system refinements to streamline access to mainstream and homeless system resources; and (5) creating employment services for people experiencing homelessness.

With the adoption of a Housing First approach, the community recognized that “access to housing is a basic human need that should not be conditioned on external measures of client readiness, such as employment, sobriety, or willingness to accept treatment.” The adoption of a Housing First orientation also led the community to shift away from a model that imposes high barriers to housing and services, towards a person-centered homelessness response system that quickly places people experiencing homelessness into safe, appropriate housing, then provides additional services and supports as desired by the client. Additionally, the Ten-Year Plan to End Chronic Homelessness calls for refining the emergency shelter system to shorten clients’ lengths of stay and improve flow into housing; bolstering prevention services for people at-risk of homelessness; implementing best practices, such as motivational interviewing, to street and shelter outreach programs; and employing the Transition in Place model to help families sustain permanent housing through rental subsidies and supportive services. The plan also outlined a governance structure, including a Ten-Year Planning Commission, established to ensure successful implementation of the plan’s strategies and monitor ongoing success.

c. Accomplishments in the Past 10 Years

Since the Ten-Year Plan to End Chronic Homelessness was published, homelessness in Winston-Salem/Forsyth County has been successfully reduced, according to results of annual Point In Time (PIT) counts. In 2006, the community’s PIT reported that 1,040 people experienced homelessness on any given night, while the Ten-Year Plan estimated that the number of people experiencing homelessness each year was around 1,800. In 2018, the PIT results found 440 people who were homeless on the night of the count (58% decrease since 2006). Chronic homelessness also dropped significantly, with 165 people identified as experiencing chronic homelessness in 2006 and only 72 individuals in 2018.

In terms of housing inventory, the CoC has significantly increased its supply of critical permanent housing interventions, including permanent supportive housing (PSH) and rapid rehousing (RRH), over the last several years. As articulated in the Ten-Year Plan, the community committed to increasing the number of PSH beds – providing permanent housing attached to flexible, onsite supportive services – available for people with chronic mental health needs, substance abuse, or physical disabilities. Since 2006, the community has added 280 year-round PSH beds (a 60% increase), including scattered site and project-based units. This has substantially increased housing options available for people with the greatest needs, though it has been challenging for the system to ensure that case management services are available to support all these tenants.

Rapid rehousing is a relatively new housing intervention type for people experiencing homelessness, which was brought online in the community following the publication of the last strategic plan. The CoC now operates 112 beds of RRH, per the 2018 Housing Inventory Count (HIC). RRH program slots are targeted to and filled by households that have acute housing needs but do not necessarily require permanent supportive housing to remain stable (though in past years, some RRH was used as a “bridge” to permanent supportive housing). To meet the CoC’s goal of improving and expanding data collection, as articulated in the Ten-Year Plan, housing intervention providers (PSH and RRH) now enter all client data into the local HMIS. Improved and expanded data collection allows the CoC to be data-driven in its goals, strategies, and programs to house people experiencing homelessness.

d. Federal and State Policy Context: Emphasis on System Performance

While building upon the successes of the ten-year plan, this new five-year plan also integrates a system performance framework. In recent years, federal policy on homelessness has shifted towards a data-driven approach, with a focus on assessing and holding communities accountable to how well homeless systems are performing and whether they are achieving measurable reductions in homelessness. The Department of Housing and Urban Development (HUD) has developed a set of performance measures to evaluate the effectiveness of community efforts to address homelessness at the overall system level. These measures provide a method for communities to assess the results achieved from their efforts and to devise strategies for continuous improvement. As part of the work that went into the development of this Plan, the Winston-Salem/Forsyth County CoC conducted a homeless system performance assessment that aligns with this national policy framework (see Section III for results of this assessment). The State of North Carolina has also begun aligning statewide policies and efforts to reduce homelessness with federal objectives, including bringing the State's Emergency Service Grant (ESG) Program in line with federal housing objectives related to street outreach, emergency shelter, prevention services, rapid re-housing, and data collection via HMIS.

As part of this broad shift towards performance measurement, the United States Interagency Council on Homelessness (USICH) has set specific goals and timelines for communities across the country, including ending homelessness for Veterans by 2015, chronic homelessness by 2017, and family and youth homelessness by 2020, as well as setting a path to ending all types of homelessness. So far, the Winston-Salem/Forsyth County CoC has successfully met one of these goals – in 2015, the community was recognized by USICH for housing all homeless Veterans by “putting in place resources to rapidly find permanent housing for anyone identified as a homeless veteran.” Winston-Salem/Forsyth County is also well on its way to reaching functional zero chronic homelessness, attributable to the community's continued commitment to and focus on quickly and effectively housing the chronically homeless population, as set forth in the Ten-Year Plan. This new five-year plan also turns attention to reducing homelessness among families, youth, and non-chronically homeless adults.

II. Process: How This Plan Was Developed

To develop this strategic plan, the Winston-Salem/Forsyth County CoC engaged Focus Strategies, a national consulting firm dedicated to helping communities develop and implement data-driven strategies to reduce and end homelessness. Focus Strategies provided technical assistance in the planning and development of this plan, including the facilitation of a community input process and analysis of homeless system data from HMIS.

a. Community Input

The community input process, which took place between October and December 2017, included gathering and analyzing input from a variety of community stakeholders about the existing homeless response system in Winston-Salem/Forsyth County and using system performance data to inform strategic decision-making. The process consisted of four key components:

1. *Stakeholder interviews:* During October 2017, Focus Strategies staff conducted a series of six group interviews and one one-on-one interview over the phone with key stakeholders to gather contextual information about specific topics. The purpose of the phone interviews was to solicit information from those involved with efforts to address homelessness in Winston-Salem/Forsyth County to shed light on key elements of the current homeless response system including: Coordinated Entry, emergency shelter, transitional housing, permanent housing, Continuum of Care (CoC) governance, family homelessness, and special populations experiencing homelessness. The interviews were also designed to illuminate how the system as a whole is operating, as well as its key strengths and challenges.
2. *Listening sessions:* Focus Strategies conducted four community listening sessions on October 18 and 19, 2017. Participants included homeless system providers, local government representatives, and other key stakeholders. The listening sessions were designed to provide a venue for stakeholder feedback and discussion on the current system, its strengths and challenges, and top priorities for moving forward in the strategic planning process. These public forums were also an opportunity for participants to be oriented to the strategic planning process, framework, and timeline, as well as to understand how to provide input to shape the strategic plan.
3. *Focus group:* On October 18, 2017, Focus Strategies staff conducted a focus group with people experiencing homeless in the community, including current and former recipients of assistance from homeless system programs. The purpose of this group was to hear about their experiences accessing housing and/or services. The focus group provided an opportunity to hear about clients' perception of what is working well and what could be improved in terms of the community's response to assisting people who are experiencing a housing crisis.
4. *Strategy Session:* On December 7, 2017, Focus Strategies facilitated a strategy development session with homeless system stakeholders, including representatives from non-profit homeless service and housing providers, local government staff, and others. The purpose of this meeting was to review the input from the listening sessions and analysis of system data and to begin the process of formulating the key strategies presented in this Strategic Plan.

A detailed summary of the input collected is provided in Appendix A and a complete list of the individuals who participated in the process is provided in Appendix B.

b. System Performance Assessment and Modeling

To understand the existing homelessness response system in Winston-Salem/Forsyth County, Focus Strategies worked with the CoC to analyze a range of information and available community data, and assessed the performance of existing programs and projects designed to serve people experiencing homelessness. The purpose of this analysis was to understand how each program and the homeless response system as a whole are performing, as well as who is being served by the system and what results are being generated in relation to invested funds.

Focus Strategies has developed a set of performance metrics that build upon HUD's system performance measures and policies. The data analysis that informed this Plan uses Focus Strategies' System-Wide Analytics and Projection (SWAP) suite of tools, which was designed in partnership with National Alliance to End Homelessness, to help communities plan and prioritize changes to bring about the greatest possible reduction in homelessness. The data analysis used information from the Winston Salem/Forsyth County CoC's 2017 Housing Inventory Count (HIC), which is submitted annually to HUD and accounts for the community's inventory of emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing. Focus Strategies also analyzed data exported from the community's Homeless Management Information System (HMIS) for a two-year period from July 2015 to June 2017, as well as 2017 Point in Time (PIT) count results. To understand program performance in relation to the level of financial investment, project budget data was collected from individual providers and analyzed; information collected included the total annual operating cost of each program, its revenue sources, and amounts. Data from the Base Year Calculator (BYC) was also used to model a range of possible system changes and assess their impact on the size of the homeless population.

Focus Strategies conducted analytic work to assist the CoC to develop the system assessment and strategies detailed in this plan. Please consult Appendix C for a detailed summary of the performance assessment data. Appendix D provides a summary of the modeling analysis.

III. Assessment: The Current Winston-Salem/Forsyth County Homeless Response System

The strategies developed for the next five years are based upon a robust analysis of the existing homeless system, with a particular focus on system performance. This section provides a summary of the current system of housing and services for people experiencing homelessness in the community, including data on the population of homeless people, the inventory of homeless programs and their capacity, how well the system is performing, and projections of what might be accomplished by achieving targeted performance improvements.

a. Population of People Experiencing Homelessness

Winston-Salem/Forsyth County's most recent Point in Time (PIT) Count was conducted on January 31, 2018 and provides information on how many people experience homelessness on any given day in the community.¹ The 2018 PIT reported that a total of 440 people (made up of 376 households) were experiencing homelessness on a single night. A majority of Winston-Salem/Forsyth County's homeless population was found to be sheltered, with 344 households (91%) living in emergency shelters or transitional housing. Only 32 households (about 8%) were unsheltered (living outdoors, in vehicles, or other places not meant for human habitation). The 344 households in shelter or transitional housing accounted for 407 people, while the 32 households in unsheltered situations represent 33 adults at least 18 years old. The rate of people experiencing chronic homelessness in Winston-Salem/Forsyth county was 16% (72 of 440).

¹ The analyses included in this plan were based on the 2017 PIT because the 2018 data was not yet available at the time this plan was developed.

The 2018 PIT Count also found that 349 households (93%) were single adults or adult couples without children, while 27 family households with children (7%) and no youth-only households were identified. None of the family households were considered to be experiencing chronic homelessness; 72 of 351 (20%) people in adult only households were chronically homeless. The following tables present these figures and other data from the 2018 PIT:

| 2018 Homeless Populations | | | | |
|-----------------------------------|------------------|--------------|--------------------|--------------|
| All Households/All persons | <i>Sheltered</i> | | <i>Unsheltered</i> | TOTAL |
| | Emergency | Transitional | | |
| Number of Persons (Children) | 45 | 7 | 0 | 52 |
| Number of Persons (age 18 to 24) | 11 | 4 | 4 | 19 |
| Number of Persons (Adults) | 285 | 55 | 29 | 369 |
| TOTAL HOUSEHOLDS | 288 | 56 | 32 | 376 |
| TOTAL PERSONS | 341 | 66 | 33 | 440 |

| 2018 Homeless Subpopulations² | | | |
|---|-----------|-------------|--------------|
| | Sheltered | Unsheltered | TOTAL |
| Chronically Homeless Individuals | 67 | 5 | 72 |
| Chronically Homeless Families | 0 | 0 | 0 |
| Persons in Chronically Homeless Families | 0 | 0 | 0 |
| Veterans | 50 | 3 | 53 |
| Severely Mentally Ill | 54 | 3 | 57 |
| Chronic Substance Abuse | 54 | 2 | 56 |
| Persons with HIV/AIDS | 4 | 0 | 4 |
| Victims of Domestic Violence | 8 | 0 | 8 |

Using community data from HMIS in Winston-Salem/Forsyth County, Focus Strategies found that the total unduplicated number of people served in HMIS-participating programs between July 2015 and June 2017 was 3,366. Of these, 70% were adults 25 and older, 7% were transition age youth (TAY) ages 18 to 24, and 19% were children. Although both the PIT and HMIS data reflect no or low rates of youth homelessness, community stakeholders reported that homelessness amongst the population exists, although it is less visible. Youths' living situations often do not align with HUD's literal homeless definition – such living situations often include “couch surfing,” doubled up, and moving from place to place.

² Subpopulation categories are not mutually exclusive, so these figures do not sum to the total homeless population. People may be represented in multiple categories.

b. Inventory of Available Homeless Interventions

Winston-Salem/Forsyth County offers a range of services, emergency shelter, and housing interventions for people experiencing homelessness, including the key intervention types found in communities across the country. These include both short-term and permanent housing interventions: transitional housing, emergency shelter, rapid rehousing, and permanent supportive housing. The following table presents a summary of the system’s overall capacity, which is drawn from the January 2018 Housing Inventory Count (HIC).

| System Capacity – Total Year-Round Beds | | | |
|--|------------------------------------|---------------------------------|---------------------------------|
| Program Type | Households Without Children | Households With Children | Households Only Children |
| Emergency Shelter | 171 | 87 | 2 |
| Transitional Housing | 46 | 0 | 0 |
| Rapid Rehousing | 43 | 69 | 0 |
| Permanent Supportive Housing | 106 | 96 | 0 |
| Total | 366 | 252 | 2 |
| % of Beds in HMIS | 64.7% | 72.8% | 100.0% |

The following section provides an overview of the programs and interventions available for people experiencing homelessness in Winston-Salem/Forsyth County.

Emergency Shelter: The Winston-Salem/Forsyth County CoC has several emergency shelter programs, which are designed to provide a short-term place to stay and connection to housing and other supportive services for people experiencing homelessness. A high proportion of the community’s system capacity is dedicated to emergency shelter beds, at around 37% of system inventory, according to the most recent HIC. Most of the community’s emergency shelters are congregate facilities (particularly those for single adults) or offer shared living arrangements (for families with children). According to stakeholders who participated in the community input process, Winston-Salem has sufficient emergency shelter inventory and capacity, with beds for single adult men and women, as well as families. Currently, all shelters operate on a first-come-first-served or word-of-mouth basis, while the community’s shelter for domestic violence victims accepts referrals from outside agencies. In general, shelters do not maintain waiting lists.

Transitional Housing: Transitional housing programs are designed to offer longer-term stays paired with intensive case management and other supports to assist homeless system clients transition into permanent housing. While the Ten-Year Plan calls for immediate permanent housing placements for people experiencing homelessness, it recognizes the role of transitional housing in the community and “maintains a level of transitional housing to target those populations that benefit most from a staged housing approach.” Since 2006, the community has reduced its total year-round transitional housing beds by around 40%, as reported to HUD in the annual HIC, which aligns with national best practices of reserving transitional housing for special populations and encouraging the use of permanent housing interventions for people experiencing homelessness.

Rapid Rehousing: Rapid rehousing (RRH) is a critical component of the community's response to homelessness, providing short-term rental subsidies to clients. Clients eventually take over responsibility for paying their rent in full. In Winston-Salem/Forsyth County, rapid rehousing vacancies are filled through the community's Coordinated Entry System (CES), which makes referrals to housing programs in order of priority determined by an individual's score on the community's standardized assessment tool, the VI-SPDAT. Due to the high needs of those receiving assistance, the community's inventory of RRH is sometimes used to assist people who are chronically homeless and/or have significant vulnerabilities. Community stakeholders noted during the input process that the inventory of available RRH is greater than available PSH, which means that people who ideally would be served in PSH are sometimes matched to RRH.

Permanent Supportive Housing: Permanent supportive housing (PSH) provides permanent housing subsidies, paired with flexible, individually-tailored services and supports to people with the highest needs (i.e. chronic substance abuse, mental illness, and/or disabilities). The community's previous Ten-Year Plan supported PSH models that allow for client choice related to housing location and type and non-time limited program participation; incorporate strategies for increasing client income; and provide access to case management and supportive services that match client need. As mentioned, PSH is reserved for people who are identified as chronically homeless. Community PSH projects vary in structure, with a mixture of scattered-site, site-based, and clustered PSH units. Much of the PSH inventory is tenant-based and administered through the local Housing Authority, although the provider Experiment in Self Reliance owns and operates some PSH units in collaboration with the State. Typically, clients who receive housing vouchers are provided some basic housing search guidance but are ultimately expected to locate their own units.

Prevention and Diversion/Housing Problem-Solving: The previous Ten-Year Plan set forth Winston-Salem/Forsyth County's key homelessness prevention approaches: time-limited financial assistance and broader system-level prevention strategies (i.e. enhanced discharge planning). One-time prevention assistance may include rental arrears or short-term subsidies, landlord mediation, budgeting or credit counseling, amongst other services. System-level discharge planning involves coordination with institutions, such as jails and hospitals, with the goal of keeping people from entering or returning to homelessness upon discharge.

The community currently offers minimal formal diversion services. Diversion allows the homeless system to work alongside households who are entering shelter or are at imminent risk of becoming homeless to problem-solve and identify solutions to that household's housing crisis. The next section provides some additional information about diversion and housing problem-solving in the community.

c. System Strengths and Challenges

As part of the development of this Plan, the CoC worked with Focus Strategies to solicit stakeholder input on the strengths and challenges of the current system. This section summarizes the highlights from that process (a more detailed summary is provided in Appendix A).

i. *System Strengths*

- *Committed, Collaborative Leadership:* The Winston-Salem/Forsyth County CoC has the benefit of strong community leaders who are committed to continuously and collaboratively refining the community's response to homelessness, as set forth in the CoC Governance Charter. Local leadership, particularly from the City of Winston-Salem and United Way of Forsyth County, has been effective in setting priorities for serving people experiencing homelessness, identifying and promoting industry best practices, and leading the community towards an effective homeless crisis response system with the goal of ending homelessness. Community stakeholders who participated in the input process agreed that CoC and other community leaders have been exceptionally communicative, collaborative, and strategic in their efforts to meet the needs of people experiencing homelessness. CoC leadership has been effective at keeping housing providers "on track" by setting specific guidelines, being open and communicative, and demonstrating "proactive leadership."
- *Coordinated Entry:* Although still a relatively new system component with room for refinement, the Coordinated Assessment process through the Coordinated Intake Center (CIC) has positively contributed to efforts to reduce homelessness in Winston-Salem/Forsyth County. Generally, the Coordinated Assessment Team is viewed as a strong and transparent entity responsible for matching clients to permanent housing vacancies. The existing CE process allows for regular case conferencing meetings, which promotes more appropriate, individualized housing placements for homeless system clients.
- *Interim Housing and Emergency Shelter:* Winston-Salem/Forsyth County stakeholders report having a well-integrated, coordinated emergency shelter system that is linked to Coordinated Entry and greater CoC efforts. Emergency shelters have strong communication and coordination amongst one another and regularly share client information, locate shelter beds for clients, provide staff trainings, and manage the system's winter overflow shelter in partnership. The community also has sufficient emergency shelter inventory and capacity, with beds for single adult men and women, as well as families. As a result, few people in Winston-Salem/Forsyth County experience unsheltered homelessness (live outdoors, in vehicles, or other places not meant for habitation). Emergency shelters benefit from strong guidance and support from community funders, including the United Way, Kate B. Reynolds Charitable Trust, the Winston-Salem Foundation, Faith Communities, as well as City leadership who promote best practices and "ensure efforts are not duplicated." Additionally, interim housing programs, including shelter and transitional housing, have embraced shorter lengths of stay, as set forth in the Ten-Year Plan.
- *Exits to Permanent Housing:* Local leadership has made a strong commitment to develop new permanent housing units for people experiencing homelessness, as articulated in the Ten-Year Plan. There is a general sense that strong relationships exist between the municipalities that hold housing resources and the providers that administer permanent housing programs (RRH and PSH). Providers have also begun efforts to effectively engage and maintain landlord relationships to expand the system's supply of permanent housing units.

- *Response to Chronic Homelessness:* The CoC has benefitted from the strong commitment of CoC leadership and the community to house and serve those identified as chronically homeless, as reflected in the Ten-Year Plan to End Chronic Homelessness. Currently, Coordinated Entry refers only those who meet the chronically homeless definition to PSH. Additionally, people with high assessment scores, including many chronically homeless households, are prioritized for RRH.
- *Veterans:* In recent years, the CoC has achieved success in housing Veterans experiencing homelessness within the community. In 2015, the community was recognized by the U.S. Interagency Council on Homelessness (USICH) for reaching functionally zero Veteran homelessness, which many stakeholders credit to the work of Commission on Ending Homelessness’s campaign on Veteran homelessness.

ii. Challenges

The following section identifies key gaps and areas that stakeholders have identified as not performing optimally or as in need of improvement.

- *Diversion:* Currently, the system has minimal diversion programming, which is designed to assist households to avoid entering the homeless system through collaborative problem-solving that identifies solutions to their housing crisis. The main goal of diversion is to help people to maintain their current housing situation or identify resources within their networks to help them stay housed. Diversion assistance may include landlord-tenant mediation, small amounts of financial assistance, or connection to mainstream resources. During the community input process, stakeholders said that some diversion assistance is offered to family households by the Salvation Army and the community is working to launch a “diversion tool.” However, shelter diversion/housing problem-solving account for only a small portion of system efforts to address homelessness.
- *Light-touch Interventions:* As mentioned, significant resources have been dedicated to people with the highest needs (i.e. people experiencing chronic homelessness, Veterans), but lighter touch housing interventions are not currently available for lower-need households – for example, rapid re-housing with a limited-term housing subsidy. These services are designed to quickly and effectively assist those who fall into homelessness find and maintain a housing solution. Stakeholders reported that the shelter system is “backed up” with people who receive low VI-SPDAT scores, who may benefit from these lighter-touch housing resources.
- *Case Management Capacity and Supportive Services:* The system’s case management capacity is currently low and therefore not right-sized to meet the needs of people experiencing homelessness, which significantly limits the quality and quantity of assistance available to clients. Stakeholders described a system where housing referrals are made based on which programs have case manager availability and capacity, rather than based on client need. In addition to increased case management capacity, greater support and training for case managers is needed to prevent burnout and retain existing staff. Stakeholders also noted that case management and

supportive services for clients experiencing homelessness could be improved by shifting towards a service model that is more housing-focused and person-centered, while helping all who seek assistance, not just those with the highest needs.

- *Emergency Shelter Operations and Policies:* While many stakeholders had a generally positive perception of the community’s emergency shelter system, its leadership, and coordination, Focus Strategies heard from homeless system clients that emergency shelters tend to be high-barrier (i.e. impose excessive rules, require income or employment). Emergency shelters should ensure they are Housing First, client-centered, and trauma-informed, both in policy and practice.
- *Connection to Mainstream Resources:* Improved coordination with mainstream resources (i.e. social security, disability services, mental health, transportation, affordable housing) is needed for people at-risk of homelessness, not literally homeless, or whose needs are lower. Stakeholders mentioned needing enhanced “post-housing” navigation (i.e. budgeting assistance; connection to mainstream resources) to support housing stability and avoid returns to homelessness.

d. Homeless System Performance

The section above describes stakeholder views on the strengths and challenges of the existing homeless system. To deepen and expand this understanding, Focus Strategies also conducted a system performance analysis to quantify how well the existing homeless system is performing. This analysis found that while overall performance is relatively strong, there are some areas that could be targeted for improvement.

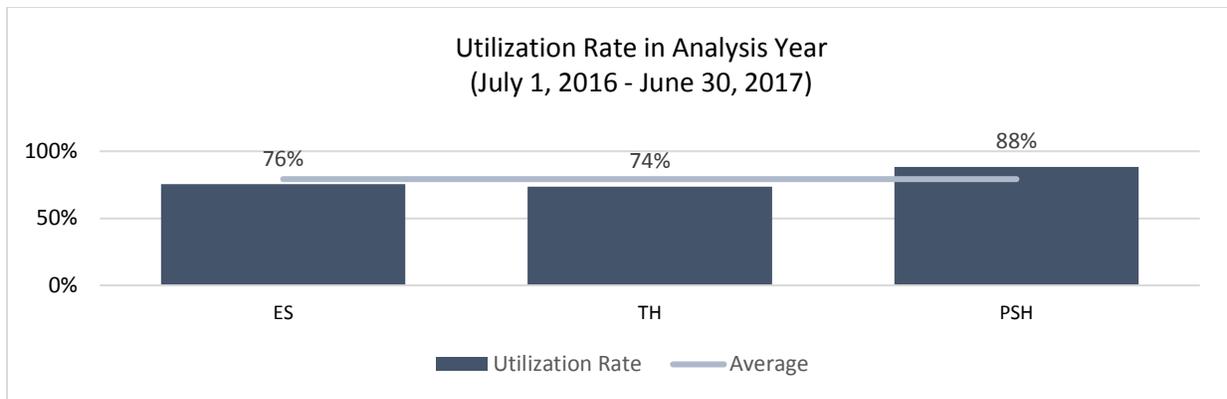
This following section presents a summary of Winston-Salem/Forsyth County’s system performance on six performance measures. Appendix C provides additional information.

Bed and Unit Utilization Rate

Maximizing the use of available bed capacity is essential to ensuring that system resources are being put to their best use and that as many people experiencing homelessness as possible are being served given the existing inventory. The following graph presents the utilization rate for emergency shelter, transitional housing, and permanent supportive housing in Winston-Salem/Forsyth County.³ The measure uses bed utilization for single adult programs, and unit utilization for family programs.⁴

³ Note: Rapid rehousing is not included in this analysis because this program type does not have a fixed bed capacity; the methodology applied to the other program types does not generate a comparable result.

⁴ The formula used for calculating Utilization Rate is: number of beds nights used in HMIS data/number of bed nights available per HIC capacity ((beds for single adults + units for families) x 365).



The analysis found that utilization rate for all program types in the community is lower than might be expected for a homeless system of this scale. Focus Strategies recommends that utilization be at least 90% for all program types to ensure resources are being maximized. Further analysis showed that emergency shelter utilization rate was brought down to 76% because of one shelter⁵ that did not operate at full capacity due to staff turnover. Analyzing utilization rate for shelters without including that program brought the average shelter UR up to 91%.

The utilization rate for PSH programs was also found to be somewhat low. Stakeholder feedback indicated this reflects the difficulty in accurately reporting voucher capacity on the HIC that results from the variation in rental subsidy, potential for over-leasing, and staffing changes in provider organizations. Lack of case management capacity and challenges in connecting clients to mainstream resources are also factors that can result in under-utilization of available PSH rental assistance capacity.

Entries from Homelessness

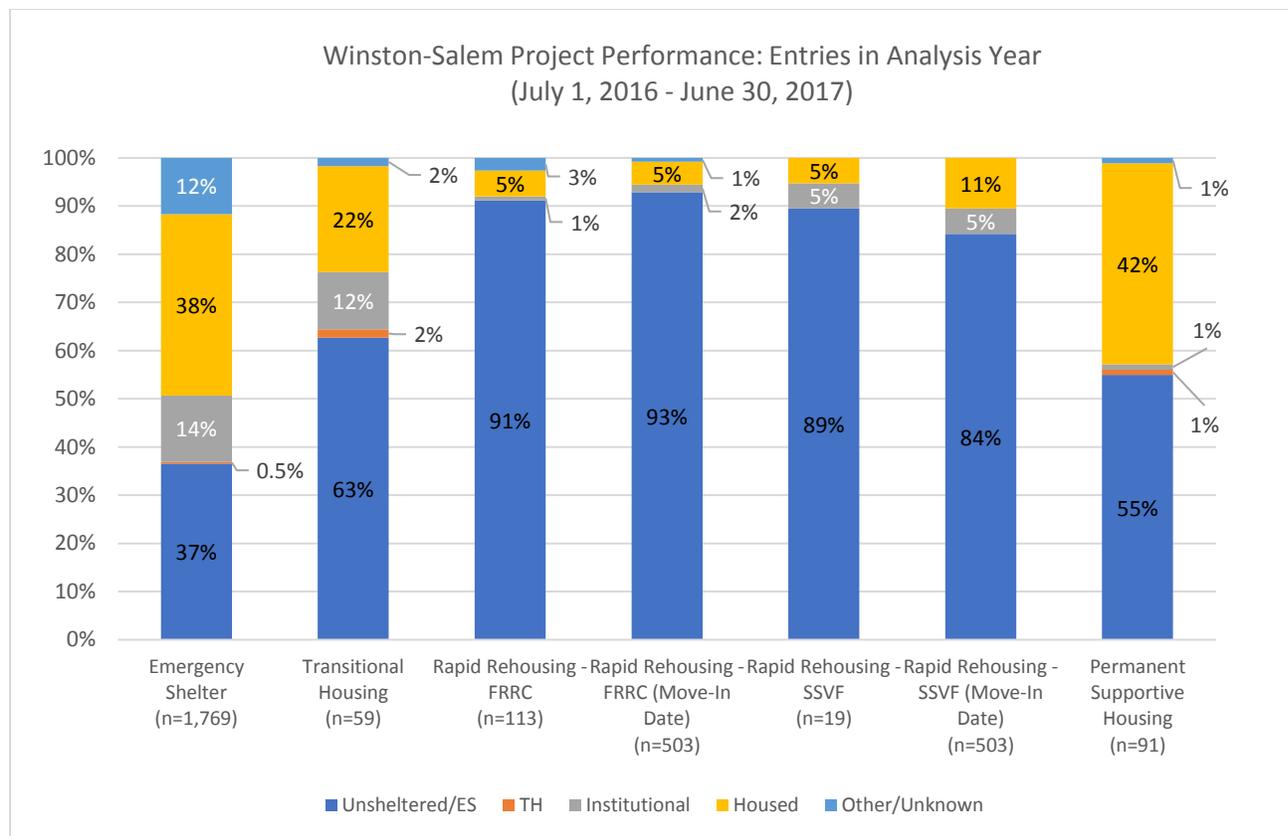
Program entries from literal homelessness looks at the degree to which programs are serving people with the most acute housing needs, namely those who are literally homeless (i.e., they are living outdoors, in a vehicle, or in an emergency shelter). While certain funders may allow programs to serve people who are living in other situations (i.e., those at risk of homelessness), successfully reducing homelessness depends on prioritizing those with the highest need for available units. This measure reflects the federal policy goals of ending chronic homelessness and prioritizing literally homeless people for permanent housing.

Currently, emergency shelters in the community are admitting more than one-third of households from housed situations and less than one-half from literal homelessness (streets, vehicles, emergency shelter). This suggests that there are many households entering shelter that could be better served using a diversion strategy. This finding is consistent with input heard from stakeholders. Transitional housing projects enroll fewer than 65% of households from literally homeless locations, suggesting that this expensive resource is not being targeted to the highest need population. Rapid rehousing projects enroll most households from literal homelessness and a small number of households from housed locations, signifying excellent performance on this measure for this project type. Finally, although the data for

⁵ Experiment in Self Reliance operates an emergency shelter project called Burton Street which had a utilization rate of 37%.

permanent supportive housing indicates that 42% of households are enrolling from housed locations, this accurately reflects local policy, which until December 19, 2017 had been to use rapid rehousing as a bridge to permanent supportive housing when needed.”

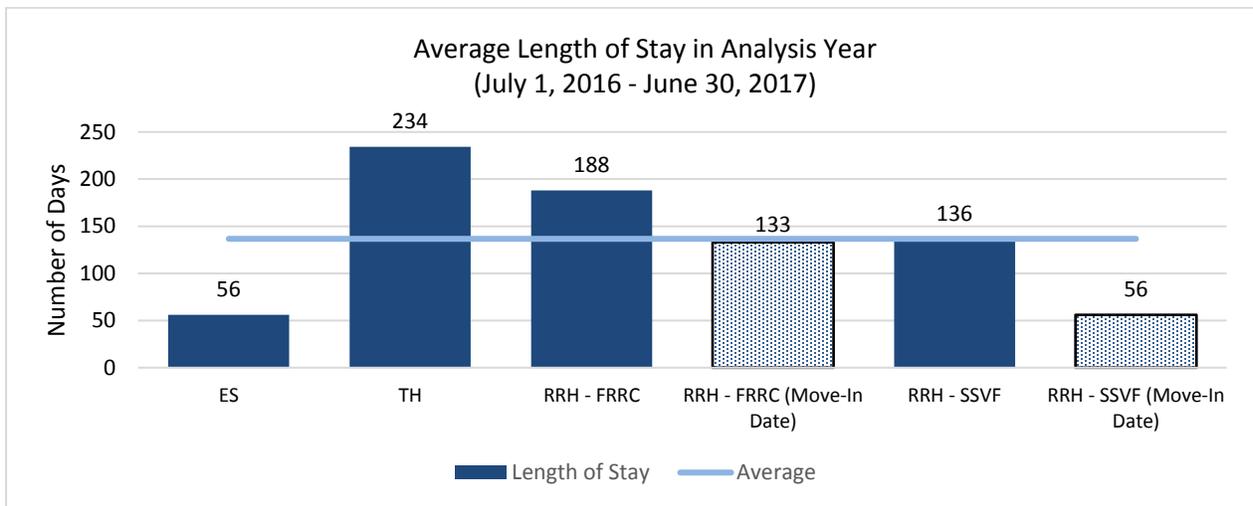
The following graph presents the data reflecting prior living situations for households entering emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing in Winston-Salem/Forsyth County. Included is data on persons coming from institutional locations, which include but are not limited to hospitals, treatment facilities and prisons. The graph also differentiates between HUD-funded rapid re-housing provided through the Forsyth Rapid Re-housing Collaborative (FRRRC) and the VA-funded Supportive Services for Veterans Families (SSVF) Program. Finally, the graph presents RRH data using two different ways looking at the program: (1) entries measured based on the date a household was enrolled in the program; and (2) entries measured based on whether and when a household moved into housing.



Lengths of Stay, Exits to Permanent Housing, and Returns to Homelessness

There are three related measures that most accurately assess the efficiency of a homeless system: the length of time people spend in homeless programs, whether they exit to a permanent housing situation, and whether they return to homelessness after being housed. Considered collectively, these three measures provide critical data to help pinpoint strategies for improved system performance.

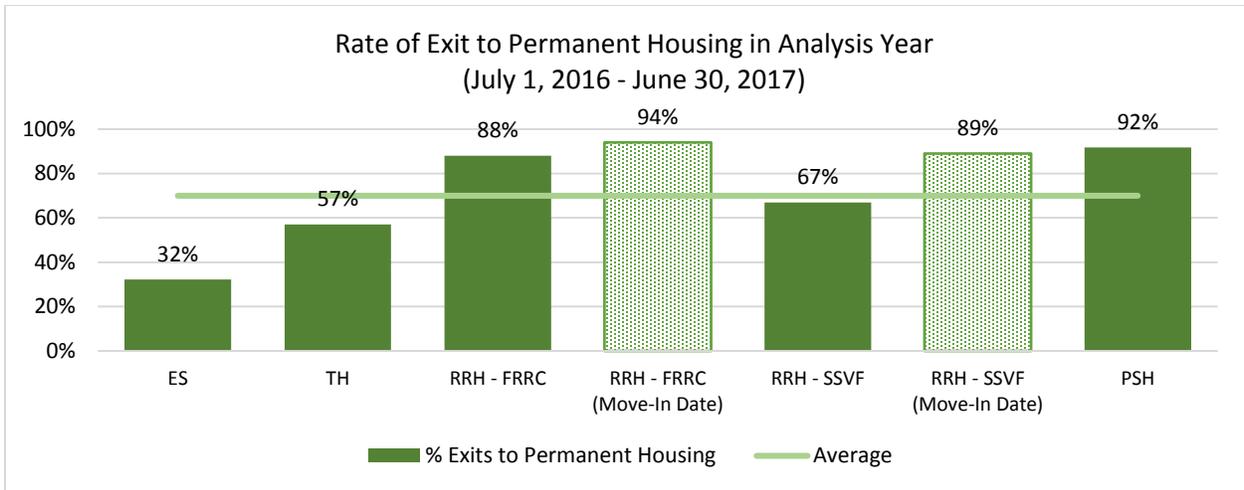
The table on the following page shows data on lengths of stay by program type. Achieving relatively short lengths of stay in emergency shelter, transitional housing, and rapid rehousing programs is essential to ending homelessness. Every day a person is homeless has an associated cost – reducing lengths of stay results in a higher rate of exit and a lower cost per exit, which in turn allows more people to be served. Currently, none of the system components in the community have achieved an average length of stay shorter than 30 days, although the average length of stay in shelter is relatively short at 56 days. Transitional housing stays are the longest, with an average of 234 days. In contrast, rapid rehousing program stays are much shorter, especially when looking only at those who moved into their housing.⁶



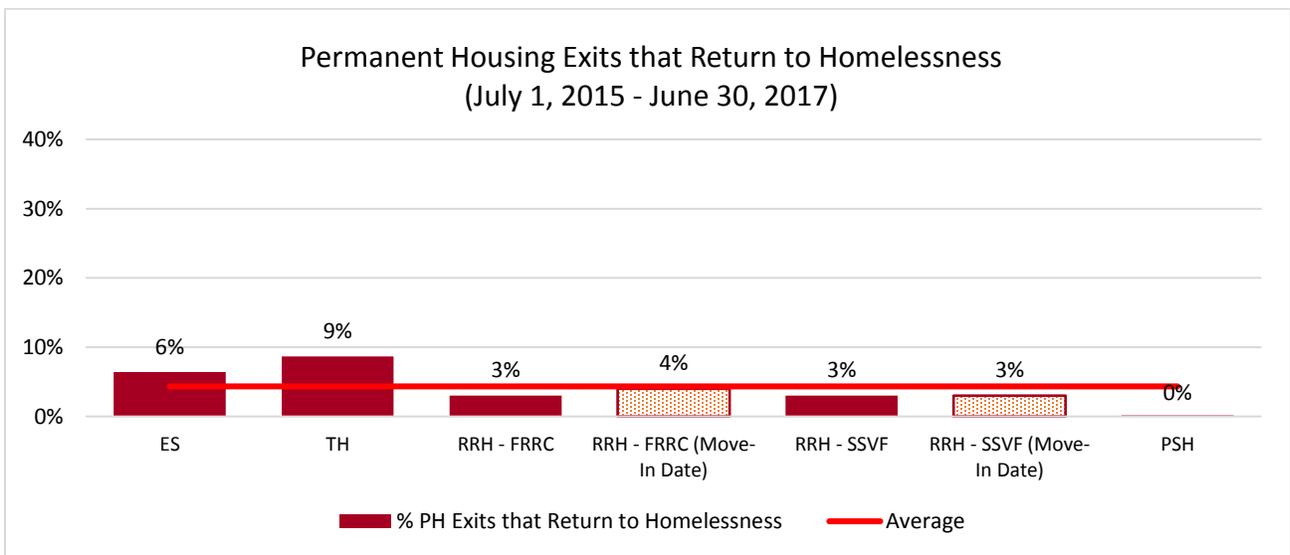
While helping households exit shelter and transitional housing quickly is a key strategy to end homelessness, it is just as important to understand where people go when they exit. The rate of exit to permanent housing is a very important metric and one that HUD has asked communities to report on for several years. “Permanent housing” includes any housed situation that is not time-limited, such as a market rate apartment, a subsidized housing unit, shared housing with a roommate, or staying permanently with family or friends.

As shown in the next graph, the rate of exit to permanent housing for emergency shelter programs in Winston-Salem/Forsyth County is 32%, which should be considered in relationship to household entries. Emergency shelters are entering households from housing at a rate of 36% and exiting households to permanent housing at a lower rate (32%). The results for transitional housing are better, but still below what would be expected in a high-performing system. In general, rapid rehousing has a higher success rate on this measure than either shelter or transitional housing, with the highest success rates associated with those with a move-in date. This is true even while the lengths of stay in rapid rehousing are shorter than in transitional housing. Thus, there is no evidence that staying longer in each program results in a higher rate of successful exit.

⁶Charts in this Plan present RRH data using two different ways of measuring length of stay: (1) stays measured based on the date a household was enrolled in the program; and (2) stays measured based on when a household moved into housing.



Reducing lengths of stay and increasing rates of exit to permanent housing must be balanced by ensuring that people who exit programs do not return to homelessness. Returns to homelessness was calculated by looking at all households who exited programs and determining whether any had a new entry into an emergency shelter or transitional housing program within 12 months. Currently, the rate of return is acceptable for all project types, between 0% and 9%. This data again supports the premise that rapid rehousing is just as effective as transitional housing, if not more so, in helping people move quickly to a permanent housing situation that sticks.

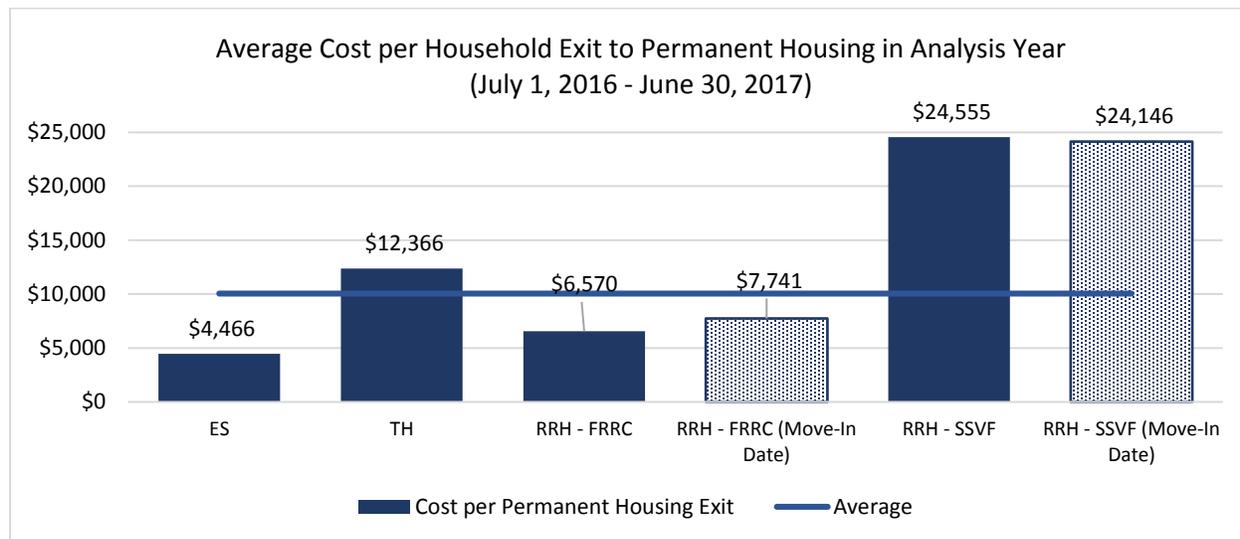


Cost Per Household Exit to Permanent Housing

To create a more efficient system, it is essential that investments are aligned with the objective of ending homelessness. Cost per permanent housing exit is a key performance measure because it assesses not only whether a program is helping clients to move to permanent housing, but also whether they do so in a cost-effective manner. As funds are shifted from expensive programs to those that are more cost

effective per person served, system capacity will increase and the numbers of people experiencing homelessness will be reduced.

The cost per permanent housing exit for transitional housing programs in Winston-Salem/Forsyth County (\$12,366) is almost twice the cost for non-SSVF rapid rehousing programs of those enrolled in the program (about \$6,600) or those with a move-in date (about \$7,700). This is consistent with many national studies which have found that rapid rehousing typically is more cost effective and achieves better housing outcomes than transitional housing. To the extent new resources are available, investing in more cost effective RRH rather than TH will result in many more homeless households being assisted.



e. Modeling the Impact of System Shifts

Using the data collected for the performance analysis, Focus Strategies conducted a further analysis to assess the impact of possible system changes that the CoC might consider implementing. The modeling looked at the impact of increased emergency shelter capacity, the addition of a Rapid Response program, and achieving a set of performance targets in all projects of each project type. A particular focus of the performance targets was to simulate investing in shelter diversion in order to increase the proportion of people who enter shelter from unsheltered situations. The modeling results suggested that by setting and meeting performance targets for bed utilization, entries from homelessness, length of program stay, and rate of exit to permanent housing, it would be possible to completely eliminate unsheltered homelessness for both single adults and families by 2020 and to reduce sheltered homelessness by 19% over the next three years. The next section of this Plan describes the programmatic strategies the community will implement to achieve these targets. Appendix D presents the results of the modeling analysis.

IV. The Next Five Years: Strategic Plan Goals and Strategies

The Winston-Salem/Forsyth County CoC has taken significant steps to end homelessness, refining our efforts using a more housing-focused and data-driven approach. Achieving “functional zero” or effectively ending chronic and all homelessness is within reach for the community. We define this as reaching a state

in which homelessness is rare, brief and non-recurring. This means that our homeless crisis response system will work to quickly identify, engage, and determine a housing solution for households experiencing homelessness, as well as those at imminent risk of becoming homeless to prevent them from entering the homeless system whenever possible. This also means that the CoC will aim to ensure no one experiences homelessness for longer than 30 days and, once housed, households do not return to homelessness.

To achieve these goals, the community needs to continue building and refining a systemic approach in which all people experiencing homelessness are quickly connected to a housing solution. This section sets out our goals for the next five years and the primary strategies we will use to reach these goals.

Goal 1: Continue Progress Towards Ending Chronic Homelessness

Winston-Salem/Forsyth County has already ended homelessness for veterans and we are well on our way to ending chronic homelessness. Over the next five years, we will continue to pursue the same approaches that have yielded strong results thus far – prioritizing this population for available assistance and expanding permanent supportive housing supply.

Strategies:

a. Expand Supply of Permanent Supportive Housing

We will continue to seek out and pursue funding opportunities that will allow the community to expand the supply of permanent supportive housing, including through federal targeted homeless assistance (CoC) as well as other sources. Ensuring that existing units are fully utilized will also help ensure that more clients will be served. Performance targets will include increasing from the current 88% utilization rate to 95%.

b. Continue Prioritizing System Resources for Chronically Homeless Households

To ensure that those with the greatest needs and vulnerabilities receive the assistance they need to resolve their homelessness, we will continue prioritizing people experiencing chronic homelessness for available permanent housing resources through our Coordinated Entry system and policies. This will include prioritizing all permanent supportive housing for people who are chronically homeless, as well as offering rapid re-housing as appropriate. Rapid re-housing will be offered to high need non-chronically homeless people as well as people experiencing chronic homelessness for whom rapid re-housing can resolve their homelessness.

c. Prevent Households from “Aging In” to Chronic Homeless Status

People who have a disability and experience an episode of homelessness are at risk of becoming chronically homeless if their housing crisis is not addressed swiftly. To maintain the progress made to date and ensure that chronic homelessness continues to decline, the CoC will prioritize access to rapid re-housing for those non-chronically homeless households with the greatest needs.

Goal 2: Reduce Homelessness for Families, Youth and Non-Chronically Homeless Adults

While continuing to make progress on ending chronic homelessness, the CoC will also focus our efforts on addressing homelessness among other populations. The results of our system assessment and modeling suggest that by expanding “lighter touch” interventions and rapid re-housing, we can make significant progress toward reaching functionally zero homelessness among all populations. The CoC will set performance targets to decrease lengths of stay in shelter, transitional housing, and rapid re-housing, while increasing the rate of exit to permanent housing. (See next section for specific numerical targets). To achieve this goal, the CoC will implement the following strategies:

Strategies:

a. Implement Housing Problem-Solving and Shelter Diversion System-Wide

Our assessment shows that the homeless system will largely benefit from integrating a systemwide problem-solving approach to prevent households from unnecessarily entering the homeless system, when possible. A system with a housing problem-solving approach attempts to help people with unstable housing situations remain where they are or access resources within their natural pool of resources to stay housed and avoid entry into the homeless system. It is critical to keep as many households from entering the homeless system as possible, due to the community’s current insufficient supply of permanent housing interventions. As part of this overall focus on problem-solving, we will also implement shelter diversion. Diversion uses the same general principles of housing problem-solving – strengths-based problem solving, mediation, and small amounts of flexible financial assistance – but specifically targets households that are seeking access to shelter beds and helps them remain where they are or to move directly to alternative housing. Reducing the numbers of people who enter shelter due to housing instability will ensure that shelter is reserved for and targeted to those who have no other options.

To be maximally effective, diversion should target those households who are imminently going to become homeless within one to three days. Generally, this intervention is targeted to households that do not have their own rental unit but are living informally with friends or family or in a motel. Diversion differs from traditional homelessness prevention, which generally helps with back rent for those who are living in their own rental unit and facing a potential eviction. While traditional prevention programs may be effective at preventing evictions, data suggests that few of the households assisted would ever enter the shelter system even if they did not receive prevention help. Diversion uses strengths-based problem solving, mediation and small amounts of flexible financial assistance to help people with unstable housing situations remain where they are or to move directly to alternative housing, often shared housing with friends or family.

b. Provide “Light Touch” Resources and Housing Focused Case Management for People in Shelter

Implementing shelter diversion and housing problem-solving will help reduce the numbers of households that enter the homeless system. Our assessment also identified a need to ensure that more households

that leave shelter do so to a stable housing situation. Given that there is insufficient rapid re-housing and permanent supportive housing, we have identified a need for “light touch” assistance to help those who have lower housing barriers to secure housing upon exit. This would include flexible financial assistance (such as rental deposit and first month’s rent), plus some assistance with housing location and landlord negotiation. Shelters also need to have the capacity to provide residents with housing-focused case management to support them in developing and implementing a plan to secure housing. The goal will be to increase the rate at which people exit from shelter to permanent housing.

c. Expand High Performing Rapid Re-Housing Programs

The performance data we analyzed demonstrated that the existing rapid re-housing programs in the community are achieving strong results in exiting people to permanent housing and with low rates of return to homelessness in comparison to either shelter or transitional housing. The system could likely house significantly more people experiencing homelessness with an expansion of rapid re-housing and a shift of resources from lower performing transitional housing. Providing rapid re-housing at a much larger scale is the key solution to ending homelessness for the non-chronically homeless households in the community, though improving performance of emergency shelter and transitional housing will also yield results (as demonstrated by the modeling analysis).

d. Implement Landlord Recruitment and Offer Housing Location Services System-Wide

As the community seeks to assist more people experiencing homelessness and house people who fall outside of the definition of chronic homelessness, resources dedicated to developing landlord relationships and helping clients with searching for and securing housing will need to be expanded. While currently there are individual providers who have built relationships with landlords and who offer their clients help with housing search, these functions need to be expanded and systematized so that they can benefit all households experiencing homelessness.

e. Expand Case Management Capacity and Improved Connections with Mainstream Resources

Related to the above, the goal of helping more people who fall outside the chronic homeless definition will mean the system must leverage available non-homeless resources to help support households to access available assistance and services that will help speed their movement from homelessness to housing. Our assessment found that case management resources are inconsistently distributed throughout the homeless system, with only some programs able to offer robust case management to assist clients to connect with needed resources, including health, behavioral health, employment, and public benefits. Over the next five years, we will dedicate focused attention to building up case management capacity where needed in the homeless system and ensuring that all clients are connected to needed mainstream resources.

f. Expand Supply of Affordable Housing.

Expanding the supply of affordable housing will benefit people throughout the community who are struggling with unaffordable housing costs. Affordable housing production strategies are particularly

critical for addressing the housing needs of people with unstable housing situations (doubled up or couch surfing) to prevent them from becoming homeless. The City of Winston-Salem is in the process of updating its community development strategies, including the Five-Year Consolidated Plan (2019-2023), which articulates how the community will meet its housing goals. In addition, the City’s Final Assessment of Fair Housing (AFH) has been approved by HUD and will guide implementation of housing strategies. Strategies that could be particularly impactful for addressing homelessness include:

- Maximizing the amount of rental housing produced for incomes at or below 30% Area Median Income;
- Setting a goal that new housing developed with City financing has some set aside of units for people experiencing homelessness;
- Require any units dedicated for people experiencing homelessness to take referrals from Coordinated Entry and prioritize these units for those households who cannot resolve their homelessness without a long-term subsidy (i.e. people who are chronically homeless or for whom rapid re-housing has been attempted but has not been successful).

Goal 3: Improve Performance Throughout the System

The analysis conducted to inform this plan shows that the homeless system in Winston-Salem/Forsyth County is effective, but that performance could be improved. The strategies described above will all help to move the system towards improved performance – reducing the number of people who enter homelessness and speeding up the rate at which people who do become homeless are able to secure housing. By improving performance at both the individual project and overall system level, our system can set a pathway to reaching functionally zero homelessness over the next five years.

Strategies:

a. Set System-Wide Performance Targets and Track Progress in Meeting Targets

As part of the modeling work conducted for this plan, the CoC has worked with Focus Strategies to develop a recommended set of performance targets for all the interventions in the system on four key measures: (1) bed/unit utilization rate; (2) length of stay in programs; (3) rate of exit to permanent housing; and (4) rate of entry from literally homeless situations (unsheltered or emergency shelter). These targets assume the strategies outlined under Goals 1 and 2 have been implemented, including: continued expansion of PSH supply and targeting of PSH for people experiencing chronic homelessness; implementing housing problem solving and shelter diversion system-wide; light touch housing resources for people in shelter; expanded RRH capacity; and leveraging available mainstream resources.

While the goal will be to reach all these targets by 2019, the modeling assumes a phased in process for meeting the targets for entries from unsheltered homelessness, in which the new targets are not fully met until 2021 (see Appendix D for more details).

| Performance Measure | ES | TH | RRH | PSH |
|----------------------------|-----|-----|-----|-----|
| Utilization Rate | | | | |
| <i>Target</i> | 85% | 85% | NA | 95% |
| <i>Current Performance</i> | 76% | 74% | NA | 88% |

| | | | | |
|---|--|----------|------------------------------------|-----|
| <i>Length of Stay</i> | | | | |
| <i>Target</i> | 45 days | 180 days | 150 days | NA |
| <i>Current Performance</i> | 56 days | 245 days | 188 days (FRRC) 136 days (SSVF) | NA |
| <i>Exits to PH</i> | | | | |
| <i>Target</i> | 30% (S) / 80% (F) | 80% | Maintain current | NA |
| <i>Current Performance</i> | 7% (S) / 71% (F) | 57% | 94% (FRRC) 89% (SSVF) | NA |
| <i>Entries from literal homelessness</i> | | | | |
| <i>Target</i> | 35%(S)/23%(F) [2019] 75%(S)/50%(F) [2021] | 75% | 95% | 95% |
| <i>Current Performance</i> | 20% (S) /13% (F) | 66% | 93% (FRRC) 84% (SSVF) | 74% |

Meeting these targets will set the CoC on a course to achieve a high functioning system in which there is strong “throughput” of households from homelessness into housing. The CoC and system funders will formally adopt these performance targets and set up an ongoing system and project performance measurement process to track the community’s progress in meeting them.

V. Conclusion

Over the past ten years, the Winston-Salem/Forsyth County CoC has risen to the challenge of addressing homelessness in the community. By focusing on those households with the greatest needs, investing in proven solutions, and creating a more coordinated, systematic, and data-informed approach, the community has seen dramatic reductions in homelessness, particularly for those experiencing chronic homelessness. Over the next five years, the CoC will not only maintain these gains, but also implement strategies that will lead to the elimination of unsheltered homelessness and a further reduction in overall homelessness. Critical new work will include investing in solutions for families, youth, and adult households who are not yet chronically homeless: problem-solving and diversion to prevent them from entering the system, “light touch” housing assistance to support rapid exit from shelter, additional rapid re-housing, landlord engagement, and streamlined connections to mainstream systems and services. The CoC and funders will adopt a set of performance targets and strive to align all of our work to a shared set of objectives. By continuing to build upon our successes and scale up our work to all the populations of people experiencing homelessness, we can truly ensure that homelessness in our community is rare, brief, and non-recurring.

Appendix A: Community Input Summary

The United Way of Forsyth County engaged Focus Strategies to provide technical assistance to the CoC to develop this Strategic Plan. As part of the planning process, Focus Strategies gathered and analyzed community input about the existing homeless response system in Winston-Salem/Forsyth County. This input collection process included three main components:

1. *Group stakeholder interviews:* During October 2017, Focus Strategies staff conducted a series of six group phone interviews and one one-on-one interview with key stakeholders identified to provide contextual information about specific topics.
2. *In-person listening sessions:* Focus Strategies conducted four community listening sessions during a two-day in-person trip on October 18 and 19, 2017. Participants included homeless system providers, local government representatives, and other key stakeholders.
3. *In-person focus group:* During the in-person trip in October 2017, Focus Strategies staff also conducted one client focus group comprised of people who are clients of homeless system programs and other people experiencing homelessness in Winston-Salem/Forsyth County.

The purpose of the six group interviews was to solicit information from those involved with efforts to address homelessness in Winston-Salem/Forsyth County to help Focus Strategies better understand the key elements of the current homeless response system. Each interview focused on specific elements of the homeless crisis response system, which included: Coordinated Entry, emergency shelter, transitional housing, permanent housing, Continuum of Care (CoC) governance, family homelessness, and special populations experiencing homelessness. The interviews were also designed to provide Focus Strategies with an understanding of how the system as a whole is operating, as well as its key strengths and challenges. Individuals who were interviewed represented a range of community agencies and programs in order to elicit a variety of perspectives and opinions. A complete list of individuals who were interviewed and the organizations they represent is provided in Appendix B.

The listening sessions, which were facilitated by two Focus Strategies staff members on October 18 and 19, were designed to provide a venue for stakeholder feedback and discussion on the current system, its strengths and challenges, and top priorities for moving forward in the strategic planning process. These public forums were also an opportunity for participants to become oriented to the strategic planning process, framework, and timeline, and understand how to provide input to shape the strategic plan. The listening sessions were organized by stakeholder type, including: emergency shelter, housing, and service providers; as well as members from the Commission on Ending Homelessness.

During the in-person visit, Focus Strategies staff also conducted a focus group with clients of the homeless system and others experiencing homelessness to hear about their experiences accessing housing and/or services. The focus group provided an opportunity to hear about clients' perception of what is working well and what could be improved in terms of the community's response to assisting people who are dealing with a housing crisis. Appendix B lists the dates, locations, and topics for each listening session and the focus group.

I. Stakeholder Interviews and Listening Sessions

The following sections provide a high-level summary of the information and input collected during Focus Strategies' group interviews and in-person listening sessions with key community stakeholders in Winston-Salem/Forsyth County. The input summary is organized by key elements and topics of the homeless crisis response system. It includes key strengths and challenges of the current system, as well as hopes and concerns for the strategic planning process as expressed by those who participated.

a. Coordinated Entry

During our interview regarding the County's existing Coordinated Entry System (CES) in Winston-Salem/Forsyth County, the stakeholder group described steps of the current Coordinated Entry (CE) process as follows:

1. First, clients are assessed using the VI-SPDAT by shelter staff or outreach workers;
2. All households who have been assessed then go to the Community Intake Center (CIC) Coordinator who works for the United Way of Forsyth County. The CIC is not a physical location, but rather a system function operated by the United Way. The CIC Coordinator manages a central list that is ordered by VISPDAT scores and chronic homeless (CH) status. The CIC Coordinator also selects which households to move forward for review by the Coordinated Assessment Team – a group of providers that oversee the matching and referral process – for referral to available housing interventions.
3. Members of the Coordinated Assessment Team convene and receive the names and documentation of clients who have been prioritized for vacancies, then collaboratively work to match these households to appropriate vacancies. At this time, the Coordinated Assessment Team was unable to see the entire priority list.

Currently, the system only prioritizes and provides housing assistance to those who meet the federal definition of chronic homelessness. Once all chronically homeless households in Winston-Salem/Forsyth County are matched with housing solutions, the system will then begin assisting non-chronically homeless households to resolve their housing crises.

Challenges and Gaps: In general, stakeholders expressed growing frustration over the current CE process. Some said that households who do not meet the chronic homelessness definition, or whose VI-SPDAT scores are not "high enough," cannot access any housing assistance and end up getting "stuck" in the shelter system. Additionally, stakeholders said that "light-touch" housing interventions are not currently available for lower-need households – for example, rapid re-housing with a limited-term housing subsidy or housing problem-solving/diversion programming. Some stakeholders said these services are essential to quickly and effectively helping those who fall into homelessness find a housing solution, as well as to prevent these households from becoming chronically homeless in the future. Winston-Salem/Forsyth County's shelter system is "backed up" with people who receive low VI-SPDAT scores, who may benefit from lighter-touch housing assistance. Additionally, stakeholders said that a majority, if not all, housing programs in the community participate in CE – which some feel further limits lower-need and non-chronically homeless households from accessing assistance and services due to the systemwide CH requirement.

Additionally, some do not perceive the CE process as a collaborative community effort – in particular, the steps controlled by the Coordinated Intake Center (i.e. management of the client list and selection of tenants for vacancies) are seen as siloed. To some, CE is seen as a “top-down” process driven by a singular agency, the United Way. Until January 1, 2018, the Coordinated Assessment Team could not access the entire priority list and only received client information on the day of their weekly vacancy matching meeting. This resulted in less-than-appropriate referrals, according to interviewees. Some felt that providing the Coordinated Assessment Team with client information in advance to the weekly meeting would better inform case conferencing and housing placements.

Strengths: Despite these concerns, stakeholders expressed that the County’s population of people who are chronically homeless are extremely well-served by the CES. Additionally, the current process allows for regular Coordinated Assessment Team meetings and provides a valuable opportunity for “true case conferencing.”

b. Emergency Shelter

Strengths: During our interviews, stakeholders expressed satisfaction with the emergency shelter system and the greater CoC. Stakeholders said that the Winston-Salem/Forsyth County shelter system, especially compared to other communities, is extremely well-coordinated and does not struggle with “duplication of effort.” The shelters “seamlessly” communicate and coordinate with one another to share client information, locate shelter beds for clients, provide staff trainings, and manage the system’s winter overflow shelter.

According to stakeholders, the community has sufficient emergency shelter inventory and capacity, with beds for single adult men and women, as well as families. Currently, all shelters operate on a first-come-first or word-of-mouth basis, while the community’s shelter for domestic violence victims accepts referrals from outside agencies. In general, shelters do not maintain waiting lists. Stakeholders said shelters typically offer or are connected to some housing coordination, support services, and other mainstream resources – such as employment and “job readiness” programs, case management, criminal justice services, drug and alcohol recovery services, and other supports. According to stakeholders, shelters are also coordinated with mental health services for clients and cooperate with local hospitals to conduct mental health triage in the shelters. Overall, the current system is believed to be working very effectively and sufficiently meeting the needs of clients. Additionally, emergency shelter provider agencies are said to be very well-integrated into the CoC and Coordinated Entry processes, and are linked to housing services for clients.

Further, all shelters that receive CoC or ESG dollars are required to enter data into the Homeless Management Information System (HMIS) and have been provided directives by the CoC to begin using HMIS data to understand program performance. As mentioned, the CoC has been an advocate of implementing a Housing First approach and practices, and emergency shelter providers generally believe their programs to be Housing First. However, some stakeholders noted that the community still operates some recovery-based shelters, such as the Rescue Mission and the SECU Commons, which are not currently funded by the CoC.

Throughout the interviews and listening sessions, stakeholders spoke of the various strengths of the emergency shelter system, including a strong group of funders (the United Way, Kate B. Reynolds Charitable Trust, and the Winston-Salem Foundation) who coordinate and collaborate to ensure shelter

providers do not duplicate efforts. Stakeholders also praised the City of Winston-Salem's strong leadership and said the City is organized, knowledgeable about current best practices, and skilled at leading the community in the right direction. Because of this strong leadership from the City and funders, stakeholders said that shelters and other providers do not have to "fight for funding," and can instead coordinate with one another to ensure funding is being maximized across all agencies.

Challenges and Gaps: Despite mostly positive input about the emergency shelter system, stakeholders said they have struggled with people who "shelter hop" and utilize much of the system's shelter resources. One stakeholder suggested developing new strategies to target housing assistance and other supports to these individuals to free up capacity in the shelter system. We also heard that emergency shelters typically do not conduct diversion or housing problem-solving activities, although some family reunification has happened through the shelters and other partner agencies. In general, shelter leadership and staff feel most people entering shelter have already "burned all their bridges" and thus exhausted all alternative housing opportunities, so diversion would not yield a high rate of positive outcomes.

Stakeholders also said both locally and federally, there must be a greater focus on helping clients gain employment and increase income while utilizing emergency shelter.

c. Permanent Housing

According to stakeholders, almost all the system's rapid re-housing (RRH) and permanent supportive housing (PSH) providers receive client referrals for vacancies through the CES. Supportive Services for Veteran Families (SSVF), which is operated by Veterans Affairs, is the only program that was known to accept referrals through a process alternative to CE. As mentioned, CE only refers people who meet the HUD chronically homeless definition to housing based on order of priority determined by individuals' VI-SPDAT scores. Due to the high needs of those receiving assistance, until approval of the community's Community Intake Center Policies in December 2017, the inventory of RRH had been used as a bridge to PSH pending availability of a PSH opening. We were told that the community's inventory of RRH is much greater than PSH, which has caused a gap in appropriate housing placements. Currently, most PSH inventory in the community is tenant-based and administered through the local Housing Authority, although the provider Experiment in Self Reliance owns and operates some built PSH units in collaboration with the State. Typically, clients who receive housing vouchers are provided some basic housing search guidance, but are ultimately expected to locate their own units.

Strengths: During our interviews and listening sessions, stakeholders said that the CoC and its leadership has been exceptionally communicative, collaborative, and strategic in working to meet the needs of people experiencing homelessness. CoC leadership has been effective at keeping housing providers "on track" by setting specific guidelines, being open and communicative, and demonstrating "proactive leadership." Some said that the Coordinated Assessment process through CIC, although still being developed and refined, has also positively contributed to efforts to reduce homelessness in Winston-Salem/Forsyth County, and the Coordinated Assessment Team is viewed as a strong and transparent entity responsible for matching clients to housing vacancies.

Housing providers also felt that strong relationships exist between the municipalities that hold housing resources and the providers that administer these programs. Providers have also begun effectively engaging and building relationships with local landlords in order to expand the system's supply of

permanent housing units – however, some felt landlord engagement and retention efforts could still be bolstered to yield greater outcomes.

Challenges and Gaps: Despite these key strengths, stakeholders noted several gaps and challenges related to permanent housing in Winston-Salem/Forsyth County. Many said CE is still not “solid” in terms of the permanent housing referral process. For example, the CoC could better manage the by-name-list and make it more accessible to providers to improve how the CoC identifies and matches clients to vacancies. Stakeholders said they’d like to see this process become more efficient, so that ideally, vacancies would be filled in under 30 days. Many providers also perceive there to be a mismatch between people who receives vouchers (both PSH and RRH) and those who have the highest need. Some said this may be due to inconsistencies in administering assessments via the VI-SPDAT, and that it is common for the same client to receive radically different assessment scores if completed by a different assessor and/or on a different day.

Additionally, many said the region’s expensive rental market and the system’s limited permanent housing stock impose significant barriers to housing people experiencing homelessness. For example, housing providers often have difficulty convincing landlords to accept high barrier clients. We were also told that the system’s case management capacity is very low, which significantly limits the quality and quantity of assistance available to clients. Stakeholders described a system where clients are referred to housing programs based on which programs have case manager availability and capacity, rather than on client need. More information about case management is provided in the following section, “Supportive Services.”

While many feel that the system has adopted a strong Housing First approach, some believe additional resources and focus on helping people *maintain* housing are much needed. Generally, clients who exit RRH and PSH programs go on to move into Section 8 housing, out of town, or in with family members. Stakeholders said that other common reasons that clients exit permanent housing programs include “losing their voucher” for criminal activities, drug abuse or drug-related charges, and missed rent or utility payments.

d. Family Homelessness

During our interview about the homeless system’s response to family homelessness, we learned that the majority of the population of families experiencing a housing crisis are not unsheltered, but rather are doubled up or couch surfing. During the cold winter months, the system tends to experience an uptick in the number of families entering emergency shelter. Currently, homeless system inventory for families includes two domestic violence (DV) shelters, an emergency shelter and some housing for Veteran families through SSVF, and a family-specific shelter with around 100 beds dedicated to families and overflow beds during the winter. Stakeholders said that some diversion assistance is offered to family households by the Salvation Army and the community is working to launch a “diversion tool.” However, diversion or housing problem-solving is currently very minimal throughout the system (including for families) and remains primarily case management-based.

Generally, the group who was interviewed expressed satisfaction with the response to family homelessness in Winston-Salem/Forsyth County. Stakeholders described the CoC as a “strong, longstanding network” that’s focused on meeting families’ housing needs in a quick and effective way. Additionally, the City of Winston-Salem is actively engaged in conversations around the housing market

and affordability, and working to find creative solutions to house households experiencing homelessness *and* prevent others from entering homelessness. Stakeholders also noted that the system’s DV providers have been particularly successful at housing families who are fleeing domestic violence by using RRH.

Challenges and Gaps: Despite a general sense that the CoC has an effective response to family homelessness in place, some said that the CoC still needs a better process for navigating available homeless system and mainstream resources, once families are housed. Stakeholders generally felt additional, more easily accessible resources including case management, mental health services, employment support, transportation, and healthcare would help family households remain housed long-term and result in better overall system outcomes. This would involve greater program coordination amongst provider agencies and better communication to the public to help families know where and how to access such resources.

Stakeholders also said that additional public funding and housing resources for families experiencing homelessness who do not meet the chronic homeless definition is needed. Stakeholders explained that families often do not meet the CH criteria, as they tend to enter and exit homelessness cyclically, rather than remain homeless for long periods of time. We also heard that a greater stock of PSH and affordable housing is needed to house families and keep them from becoming homeless in the future.

e. Supportive Services

Gaps and Challenges: During our listening sessions and interviews, the system’s lack of case management capacity was one of the most commonly cited challenges related to providing supportive services to clients. As mentioned under the previous section, “Permanent Housing,” the system’s case management staffing capacity is very low, and clients are often referred to housing programs based on which programs have available case management capacity, rather than on client need. In some cases, clients did not know who their case manager is or are unable to reach them when needed. The system needs to increase the number of case managers and “support the ones that are here” by increasing compensation and training opportunities, rather than continuing to “fund burnout,” one stakeholder said.

Additionally, supportive services for clients experiencing homelessness could be improved by shifting towards a service model that is housing-focused and person-centered, and helps all who seek assistance. One stakeholder said that case managers and other services staff must work to “walk in clients’ shoes” and be more respectful and compassionate; return client phone calls; and practice patience. Service providers said that better coordination with the CIC *and* amongst service providers is needed to determine ways to most effectively meet client needs through “true case conferencing;” help clients access needed mainstream services (i.e. mental health, transportation, public benefits); and identify systemwide service gaps and areas in need of improvement. Further, service providers said the system would benefit from strategies to engage families and individuals who are at-risk of homelessness (i.e. doubled up); provide diversion assistance when possible; and offer better “post-housing” navigation (i.e. budgeting assistance; connection to mainstream resources) to support housing stability.

f. Special Populations

The following sections summarize stakeholders’ input on how the system serves several subpopulations within the general homeless population in Winston-Salem/Forsyth County.

LGBTQ: During our interview regarding special populations, we heard that the community has recently seen an uptick in individuals who identify as lesbian, gay, bisexual, transgender, and/or queer (LGBTQ) who are experiencing homelessness. However, few homeless system resources currently exist for LGBTQ-identifying individuals – for example, there are no LGBTQ-specific emergency shelters in Winston-Salem/Forsyth County. Currently, the only resource for LGBTQ-identifying individuals experiencing homelessness is the North Star LGBTQ Center, a new, small non-profit in Winston-Salem that works to connect individuals with LGBTQ-safe organizations to help meet their individual needs. However, the North Star LGBTQ Center operates outside of the homeless system and serves a broader population – thus, this provider often lacks the resources to assist people to address and end their housing crises. Stakeholders said that although many of the system’s emergency shelters and programs serve people who identify as LGBTQ, because of the faith-based nature of many local programs, many LGBTQ individuals do not feel comfortable accessing them. As a result, many LGBTQ-identifying people choose to stay outside or on the streets. Overall, stakeholders felt efforts to bolster education and anti-stigma efforts within the CoC are needed to heighten community awareness and improve service delivery to these individuals. We also heard that data on this population is very limited and should be improved to better understand their needs.

Chronically Homeless with SMI or SA: Throughout our interviews, we heard that the community has focused a great deal of resources on helping people who meet the federal definition of chronic homelessness (CH) – many of whom also experience serious mental illness (SMI) or chronic substance abuse (SA). Stakeholders said that in general, the CoC is great at identifying best practices, such as harm reduction, motivational interviewing, and Housing First. However, although the community and its leadership are extremely knowledgeable about these models, some question how commonly they are practiced. For example, shelters and other homeless system programs should be more trauma-informed and better equipped to serve people with SMI, SA, and other high needs, as many people are involuntarily exited from shelters and other housing programs due to mental illness or substance abuse-related behavior issues.

Stakeholders also said the community has a group of around ten individuals who are chronically homeless with severe mental illness, who the system has yet to effectively engage. These individuals are said to “fly under the radar and rarely interact with the homeless system or other systems of care,” and some feel the CoC must work more collaboratively to determine how to engage and assist these individuals. It was also suggested that the CoC should invest resources into housing people with high rates of recidivism and utilization across the homeless, legal, and hospital systems.

Youth and TAY: During our interviews and listening sessions, stakeholders expressed feeling the community does not have a specific strategy for addressing youth and transition aged youth (TAY) homelessness, particularly related to housing assistance. Currently, the community only has a few youth-specific programs and one winter overflow emergency shelter will serve youth. During our interviews regarding special populations, stakeholders said that in the current system, youth experiencing homelessness have an extremely low likelihood of receiving housing assistance. Although a small number of youths (approximately five individuals) have been housed through RRH in recent years, few of these individuals were able to maintain their housing due to adult-focused housing models and limited developmentally-appropriate services available to ensure housing stability. Further, youths’ chance of being housed is very low, as few meet the chronic homeless status and are unlikely to be prioritized for housing due to their age and level of need. The community currently has not established a preference or

method for prioritizing youth and TAY experiencing homelessness, several said. “Even if [youth and TAY] do make it through an already very prohibitive process, they have a limited margin of success [in obtaining housing],” one stakeholder said.

Additionally, stakeholders felt that the local and federal response to homelessness has generally been to treat youth and TAY as adults, when their unique developmental needs and lack of practical life skills should be recognized. Although RRH has been offered to a limited few youth and TAY in the CoC, providers feel that youth have not developed the necessary life skills needed and require more support services to maintain housing than is offered in the RRH model. Stakeholders called for more training and focus around youth and TAY experiencing homelessness, as well as employing “youth specialists” in emergency shelter and housing programs to ensure they are youth-friendly, safe, and developmentally appropriate.

Veterans: Throughout the input gathering process, stakeholders repeatedly mentioned the community’s success in reaching functionally zero Veteran homelessness. Many credited this accomplishment to the Commission on Ending Homelessness’s campaign to house all homeless Veterans in Winston-Salem/Forsyth County, which was recognized by the U.S. Interagency Council on Homelessness (USICH) in 2015.

Other Subpopulations: In addition to these key subpopulations, Focus Strategies also heard input that the community needs to broaden its response to homelessness for subpopulations including those with HIV/Aids, registered sex offenders, and people exiting the criminal justice system.

g. CoC Governance Structure

During our interviews, we learned that the CoC governance structure is divided into three entities:

- The Commission on Ending Homelessness, which is a governing body for coordinating and implementing system planning, overseeing new initiatives, and funding/investments;
- CoC Operating Cabinet, which is comprised of members elected by the CoC’s full council and includes providers, the VA, medical/hospital system and educational system representatives, the local Housing Authority, faith community members, affordable housing developers, law enforcement, people who have experienced homelessness, etc.;
- CoC Full Membership, which is made up of persons and organizations engaged in efforts to end homelessness. Anyone who is interested can join.

The main purpose and goal behind this structure is to prevent conflicts of interest and allow for people with a diversity of expertise and involvement in addressing homelessness to participate in CoC decision making. Those interviewed expressed the feeling that the Winston-Salem/Forsyth County CoC have a really sound and effective governance structure in place, although it can be difficult at times to ensure the separate bodies are all working in alignment with one another.

During our interview regarding governance structure, we learned that as a body, the Commission on Ending Homelessness has been particularly focused on moving the system to implement best practices such as Housing First, as outlined in the community’s Ten Year Plan. As previously mentioned, we heard that providers and other community members tend to be supportive of the Commission and the ideas of

Housing First, but at times, it is unclear whether Housing First practices and principles are truly understood and implemented on the ground.

Additionally, the three governing bodies have not yet established ways to utilize data to monitor system and program performance, and drive other system changes. Currently, the CoC Rating Panel, a subgroup of the Commission, reviews and utilizes U.S. Department of Housing and Urban Development (HUD) Annual Performance Report (APR) data, but only in relation to rating and ranking projects for the annual HUD CoC Application. However, some efforts by the governing agencies to set performance standards and determine methods for data reporting to the CoC are currently in motion.

Overall, we heard from stakeholders that there is a high level of engagement around addressing homelessness in Winston-Salem and Forsyth County, particularly by the City and its mayor, as well as the local faith community and business community (including the Downtown Business Association). However, the County has traditionally viewed homelessness as a “City problem,” rather than one that the County may be able to address. Although the County has some staff who work on homelessness and/or sit on the Commission, over time, these responsibilities have shifted away from higher to lower management employees, “which has made it more difficult to move items forward at the County level.”

Currently, CoC leadership has several new initiatives underway, including:

- Improvement of the Coordinated Entry System;
- Creation and expansion of diversion services;
- A “high hospital system utilizers program” in partnership with the Baptist Hospital to house high-utilizers of the hospital system;
- Ongoing program improvement and quality assurance work; and
- General CoC improvement efforts.

While many expressed feeling that CoC leadership has been instrumental in driving positive system change and focusing on best practices, some stakeholders said that the CoC needs to ensure it remains focused on its mission of helping people experiencing homelessness, rather than constantly driving new initiatives, which can be a distraction from greater purpose of the CoC.

h. Strategic Planning Process

During the four in-person listening sessions, each group was asked to weigh in on the Strategic Planning process underway in Winston-Salem/Forsyth County in collaboration with Focus Strategies. The following table summarizes key hopes, concerns, and priorities for the Strategic Planning process expressed by stakeholders.

| | |
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| Hopes | <p>Stakeholder said they hoped the Strategic Planning process would:</p> <ul style="list-style-type: none"> • End homelessness; • Help the system achieve equity; • Bring people together to improve consistency; • Include the hardest to reach and create a system that consciously works to serve the most vulnerable; • Allow all voices to be heard in the process; • Drive down the number of chronically homeless people; |
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| | <ul style="list-style-type: none"> • Help people – including people without income – to remain housed once assisted by the system; • Streamline access to services and service delivery; • Identify more affordable units to house people experiencing homelessness; • Improve housing and resource navigation for people experiencing homelessness; • Result in a realistic plan that takes the housing crisis into consideration; • Build a system that results in investments from all sectors (i.e. public and private); • Holistically “heal people;” • Modernize the ten-year plan by using system data; • Better address mental health and substance abuse related needs; • Include mainstream systems; and • Create actionable goals with specific timelines. |
| Concerns | <p>Concerns for the Strategic Planning process included:</p> <ul style="list-style-type: none"> • Harder to reach people are difficult to account for and a structured plan for doing so is needed; • Emergency shelters may be forced to close and/or there won’t “be a place” for some providers anymore; • There is limited funding for addressing family homelessness; • Some voices will not be heard; • Systemic issues, like the lack of housing stock, won’t be addressed; • The availability of affordable housing will limit the system’s ability to carry out an effective strategic plan; • Systemwide consensus will not be reached; • Funding will be inadequate to achieve set goals; • Providers won’t be able to engage landlords at the scale needed; • Follow-through won’t happen; • The shortage of case managers will limit the system’s ability to carry out plan; • The plan is not designed to help people out of poverty, so the system will make people “reliant;” and • Needed stakeholders won’t buy-in to the process because “change is unpleasant.” |
| Priorities | <p>Finally, stakeholders said the Strategic Planning process must prioritize and address topics including:</p> <ul style="list-style-type: none"> • The CIC referral process, continuing to connect unsheltered people to the CIC and standardizing the referral process across all providers; • Improving mental health service linkage and wraparound services for clients; • Formal diversion activities, including support and training from the system; • Data collection; • Strategies to engage and influence landlords; • Funding sources for permanent housing; • Youth and family homelessness, as well as other vulnerable populations; • Access to permanent housing (i.e. PSH and RRH); • Community awareness of the issue; • Strategies for working together “smoothly;” |

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| | <ul style="list-style-type: none"> • Case management capacity and approach; • Implementing a housing-focused, person-centered systemwide approach; • Filling system gaps; • Identifying and addressing causes of homelessness; and • Consistent provider implementation. |
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II. Client Focus Group

During the two-day in-person visit to Winston-Salem/Forsyth County, Focus Strategies conducted a focus group with clients of the homeless response system who are currently experiencing homelessness. The purpose of the focus group was to gain insight into clients’ experiences, and learn from their perspective what is working well and what could be improved in how the community helps people experiencing a housing crisis. Topics discussed included clients’ current living situations, programs and services they are currently accessing or have accessed recently, as well as system gaps and barriers encountered while accessing these programs and services. To elicit the most forthright and honest responses from clients, Focus Strategies assured all focus group participants that all input provided would remain anonymous. The following section provides an overview of the client input provided.

During the focus group, a majority of participants reported being sheltered at the time, although several shared that they had lived outside and other places not meant for human habitation at some point in their lives. Locations where clients said they were staying or had stayed in the past included hotels, emergency shelters, tents, abandoned buildings, with friends or families, and in institutions (i.e. hospitals).

When asked about accessing emergency shelter, clients generally shared negative experiences. Commonly, clients shared that shelters and their staff are disrespectful and overly “strict,” imposing rules related to curfew, phone use, and income that were not perceived as realistic. Clients told Focus Strategies that although the shelters generally support gaining employment and income, those who were employed and required to work late at night were often unable to come back to the shelter after their shift had ended, losing their bed and being forced to sleep on the streets. We also heard that many shelters enforce wake-up times as early as 5:30 a.m., so people who worked night shifts are unable to sleep longer and were instead made to leave the shelter early in the morning. Other reported that many shelters require clients to “give up” their cell phones in order to enter the shelter and have a bed for the night. Phone use is often not allowed in the “dorms” and common areas of shelter facilities. “Working within the rules gets you nowhere,” one participant told us. Additionally, clients are sometimes “thrown out” or banned from shelters for no apparent reason, forcing people to sleep on the streets. Others said shelter staff have been known to lose or confiscate and throw away peoples’ belongings once they exit the shelter (whether voluntary or involuntary).

Regarding access to services and housing assistance, clients expressed feeling there is an overall lack of clarity around what’s available and how to access it. Generally, clients struggle to access case management services and often do not know who their case manager is or how to get in contact with them. In cases where case managers leave their position, there is often not a smooth handoff to a new case manager and clients are left in the dark, unsure what to do next. Additionally, some clients felt that case managers tend to be judgmental and “drill you with questions before getting to know you.” Another

client reported being told that they could not work with a case manager until they had obtained an income.

Amongst all people who participated in the focus group, a majority said they had never been offered housing assistance while experiencing homelessness. Many said that although they had tried to access housing assistance or resources at some point in the past, where to access these services (or “entry points”) were not apparent, or the information provided about such assistance was inconsistent or unclear. For instance, one client reported being told that they would have an appointment with the Empowerment Project after a “couple of days in shelter” to explore housing options and other supports, however there was no follow-through on this assurance. Others were told that the Section 8 list is closed or reserved for Veterans, while some were told to “come back later” to talk about housing assistance. Those who *had* received housing assistance said that housing placements are often inappropriate or unsafe – one person provided the example of someone with substance abuse being housed near a brewery. “Some [case managers] seem to want you to fail or go where it’s not safe,” a participant told us.

Overall, homeless system clients felt that more transparent, plentiful housing opportunities are needed in Winston-Salem/Forsyth County – for example, participants said that many of the community’s abandoned buildings could be converted to Section 8 and other affordable housing. Many also expressed feeling that those who work for the system and interact with clients, particularly emergency shelter staff, should treat clients with greater dignity, respect individuals’ self-determination, and put themselves “in the shoes” of those experiencing homelessness.

Appendix B: List of Planning Process Participants and Meetings

The following is a list of stakeholders who participated in group or one-on-one phone interviews with Focus Strategies during the month of October 2017.

| Stakeholder Name | Organization and Role | Date of Interview |
|--------------------------------------|---|-------------------|
| Special Population Group Call | | |
| Obie Johnson | PATH Team Lead, The Empowerment Project, Wake Forest University/Baptist Hospital | October 11 |
| Rayce Lamb | Outreach Director, North Star LGBT Community Center | |
| Coordinated Entry Group Call | | |
| Rochelle Smith | Associate Director, Bethesda Center for the Homeless | October 11 |
| Willis Miller | Associate Director, Samaritan Ministries | |
| Lea Thulberry | Director, City With Dwellings | |
| Shakerra Jones | Executive Assistant to VP/COO, Housing Authority of Winston-Salem | |
| Emergency Shelter Group Call | | |
| Sonjia Kurosky | Executive Director, Samaritan Ministries | October 12 |
| Walt Cooper | Director, Center of Hope, The Salvation Army of Winston-Salem | |
| John Mack | Outreach Specialist, United Way of Forsyth County | |
| Families Group Call | | |
| Tashina Oladunjoye | Director of Social Services, The Salvation Army of Winston-Salem | October 12 |
| Twana Roebuck | Executive Director, Experiment in Self-Reliance | |
| Rebecca Nagaishi | Acting Director, Clinical Services, Family Services | |
| Deb Shields | Executive Director, Next Step Ministries | |
| Permanent Housing Group Call | | |
| Rose Fisher | Director, Forsyth Rapid Re-Housing Collaborative (FRRC), United Way of Forsyth County | October 12 |
| Tashina Oladunjoye | Director of Social Services, The Salvation Army of Winston-Salem | |
| Pamela Ingram | Housing Services Manager, Experiment in Self-Reliance | |
| Karon McKinney | Executive Director, Youth in Transition | |

| Governance/CoC Administration Group Call | | |
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| Mellin Parker | Planning Senior Project Supervisor, City of Winston-Salem | October 17 |
| Andrea Kurtz | Senior Director, Housing Strategies, United Way of Forsyth County | |
| Tim West | Planning Program Supervisors, City of Winston-Salem | |
| Additional One-on-One Follow up Calls | | |
| Karon McKinney | Executive Director, Youth in Transition | October 18 |

The following is a list of the four Listening Sessions, including the dates, topics and participants, held on October 18th and 19th, 2017.

| Listening Session 1: Shelter October 18, 2017 | |
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| Stakeholder Name | Role and Organization |
| Kathleen Wiener | Grants and Projects Manager, United Way |
| Fontella Humphrey | Shelter Manager, Bethesda Center |
| Jessica Lunnemann | Community Intake Center Coordinator, United Way of Forsyth County |
| Willis Miller | Assistant Director, Samaritan Ministries |
| Michael Hall | Housing Case Manager, Positive Wellness Alliance |
| Jose Perez Jr | Forsyth County Public Library, Certified Peer Support Specialist |
| Walt Cooper | Shelter Manager, The Salvation Army |
| Robert L. Martin | Vice Chair, Homeless Caucus |
| Tim West | Project Supervisor, City of Winston-Salem |
| Russ May | Vice Chair, City with Dwellings |
| Katie Bryant | Board Secretary, City with Dwellings |
| Cheyenne Murdock | Member, Homeless Caucus |
| Laura Lama | HMIS Administrator, City of Winston-Salem |
| Karisa McDaniel | MHS, Community Engagement Housing Specialist, Cardinal Innovations Healthcare |
| Listening Session 2: Housing October 18, 2017 | |
| Kathleen Wiener | Grants and Projects Manager, United Way |
| Kristle Coble | Director of Housing Services, United Way of Forsyth County |
| Paula Stephen | Member, Commission on Ending Homelessness |

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| Jessica Lunnemann | Community Intake Center Coordinator, United Way of Forsyth County |
| Tim West | Project Supervisor, City of Winston-Salem |
| Laura Lama | HMIS Administrator, City of Winston-Salem |
| Teraya Paige | Housing Case Manager, Positive Wellness Alliance |
| Pamela Ingram | Housing Services Manager, Experiment In Self-Reliance, Inc. |
| Alan Hodges | Member, Commission on Ending Homelessness |
| Ken Bower | Director, Fellowship Home |
| Cheyenne Murdock | Member, Homeless Caucus |
| Robert L. Martin | Vice Chair, Homeless Caucus |
| Joseph Cheeks | Housing Coordinator, Fellowship Home |
| Trina Brinkley | Lead Case Manager, Bethesda Center for the Homeless |
| Nina Henderson Rucker | Case Manager, Bethesda Center for the Homeless |
| Tashina E. Oladunjoye | MSW, Director of Social Services, The Salvation Army |
| Angela Brown | Wake Forest Baptist Health |
| Michael Hall | Housing Case Manager, Positive Wellness Alliance |
| Listening Session 3: Services October 19, 2017 | |
| Kathleen Wiener | Grants and Projects Manager, United Way |
| Jessica Lunnemann | Community Intake Center Coordinator, United Way of Forsyth County |
| Teraya Paige | Housing Case Manager, Positive Wellness Alliance |
| Robert L. Martin | Vice Chair, Homeless Caucus |
| Trina Brinkley | Lead Case Manager, Bethesda Center for the Homeless |
| Nina Henderson Rucker | Case Manager, Bethesda Center for the Homeless |
| Kristle Coble | Kristle Coble, Director of Housing Services, United Way of Forsyth County |
| Tim West | Project Supervisor, City of Winston-Salem |
| John Mack | Outreach Specialist, United Way |
| Rose Fisher | Director of Forsyth Rapid Re-housing Collaborative (FRRC), United Way of Forsyth |
| Rochelle Smith | Associate Director, Bethesda Center for the Homeless |
| Pamela Ingram | Housing Services Manager, Experiment In Self-Reliance, Inc. |
| Mellin Parker | Senior Project Supervisor, City of Winston-Salem |
| Katie Bryant | Board Secretary, City with Dwellings |
| Russ May | Vice Chair, City with Dwellings |

**Listening Session 4: Commission on Ending Homelessness (COEH)
October 19, 2017**

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|-----------------------|--|
| Jim Godwin | Chair, COEH |
| Kathleen Wiener | Staff |
| Andrea Kurtz | Staff |
| Hank Marsh | Member, COEH |
| Lisa Hinson | Member, COEH |
| Jackie Hundt | Staff |
| Laura Lama | Staff |
| Mellin Parker | Staff |
| Tim West | Staff |
| Robert Martin | Homeless Caucus |
| Max Goelling | Member, COEH |
| Tashina E. Oladunjoye | MSW, Director of Social Services, The Salvation Army |
| Katie Bryant | Board Secretary, City with Dwellings |
| Dan Anthony | Member, COEH |

Appendix C: System Performance Data

I. Information Sources and Methodology

A. Data Sources

The performance analysis was based on the following data sources:

- The community's inventory of emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing beds and units as documented in the 2017 *Housing Inventory County (HIC)* submitted to HUD;
- Client data exported from the community's *Homeless Management Information System (HMIS)* for the two-year period from July 1, 2015 through June 30, 2017;
- *Program budget data* collected directly from homeless program providers, including the total annual operating cost of each program, its revenue sources, and amounts; and
- Data from the Winston-Salem/Forsyth County *Point in Time (PIT)* count from 2017.

B. Programs Included in Data Analysis

The performance analysis incorporates data on programs in Winston-Salem/Forsyth County that provide housing, shelter, and services to people experiencing homelessness. The programs analyzed fall into four categories: (1) emergency shelters, (2) transitional housing, (3) rapid rehousing, and (4) permanent supportive housing. The scope of the analysis is limited only to these four program types and does not include homelessness prevention assistance for people at-risk of homelessness, or other types of safety net assistance or mainstream system services provided to people who are homeless.

The universe of programs analyzed included the four program types that were included on the community's Housing Inventory Count (HIC), participate in the Homeless Management Information System (HMIS), and had two years of data available. To understand program performance in relation to the level of financial investment, data was collected from individual providers about their project budgets, including the total annual operating cost of each program, its revenue sources, and amounts.

C. Methodology

The data sets were uploaded into a customized Web-based application developed by Focus Strategies (Base Year Calculator – BYC) which generates an analysis of HMIS data quality for each project, as well as the performance of each project across a range of measures. The analysis results are summarized in this report, with the project data presented at the level of program types: emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing.

II. Current Homeless System in Winston-Salem/Forsyth County

This section provides a general overview of the current system of housing and services for people experiencing homelessness in Winston-Salem/Forsyth County, including data on who is homeless in the community and the inventory of homeless programs and their capacity.

A. Numbers and Characteristics of People Experiencing Homelessness in Winston-Salem/Forsyth County

The table below presents data from the Homeless Point in Time Count (PIT), conducted in January 2017. The count found a total of 453 people (385 households) experiencing homelessness. The data shows that most of the homeless population in Winston-Salem/Forsyth County is sheltered, with 300 (78%) of counted households living in emergency shelter and 60 households (16%) living in transitional housing. There were 25 unsheltered households, comprising just under 7% of the total households counted.

The overall population is primarily single adults without children (77% of all people counted). Of the 351 homeless single adults counted, 60 (17%) are chronically homeless, defined as: (1) currently unsheltered or in emergency shelter; (2) having been continually homeless for at least a year or four or more times within the last three years with a total duration of at least one year; and (3) having a disability that significantly impairs the ability to secure and sustain housing.

| 2017 Homeless Populations | | | | |
|-----------------------------------|------------------|--------------|--------------------|--------------|
| | <i>Sheltered</i> | | <i>Unsheltered</i> | TOTAL |
| All Households/All persons | Emergency | Transitional | | |
| Number of Persons (Children) | 49 | 10 | 0 | 59 |
| Number of Persons (age 18 to 24) | 24 | 2 | 2 | 28 |
| Number of Persons (Adults) | 280 | 63 | 23 | 366 |
| TOTAL HOUSEHOLDS | 300 | 60 | 25 | 385 |
| TOTAL PERSONS | 353 | 75 | 25 | 453 |

| 2017 Homeless Subpopulations⁷ | | | |
|---|-----------|-------------|--------------|
| | Sheltered | Unsheltered | TOTAL |
| Chronically Homeless Individuals | 58 | 2 | 60 |
| Chronically Homeless Families | 0 | 0 | 0 |
| Persons in Chronically Homeless Families | 0 | 0 | 0 |
| Veterans | 55 | 5 | 60 |
| Severely Mentally Ill | 64 | 14 | 78 |
| Chronic Substance Abuse | 58 | 5 | 63 |
| Persons with HIV/AIDS | 6 | 0 | 6 |
| Victims of Domestic Violence | 74 | 6 | 80 |

⁷ Subpopulation categories are not mutually exclusive, so these figures do not sum to the total homeless population. People may be represented in multiple categories.

B. System Inventory

The table below presents a summary of the system’s overall capacity, which is drawn from the January 2017 Housing Inventory Count (HIC)⁸ and includes the percentage of beds included in the analysis.

| System Capacity | | | | |
|------------------------------|---------------------|--------------------|----------------|--------------------------------|
| Program Type | Number of Providers | Number of Programs | Number of Beds | Percentage of Beds in Analysis |
| Emergency Shelter | 9 | 9 | 382 | 73% |
| Transitional Housing | 5 | 5 | 97 | 47% |
| Rapid Rehousing | 4 | 6 | 123 | 100% |
| Permanent Supportive Housing | 4 | 8 | 433 | 51% |
| Total | 13 | 28 | 1,035 | 65% |

The analysis included complete representation of the community’s rapid rehousing projects and just under three quarters of emergency shelter projects. The low proportions of TH and PSH beds is reflective of a couple of large-capacity providers not participating in HMIS.

C. People Served in HMIS Participating Programs

The data below shows the total number of people served in HMIS participating programs in Winston-Salem/Forsyth County between July 1, 2015 and June 30, 2017. Over the course of the two-year period, the CoC served 3,366 people. Of these, 70% were adults 25 and older, 7% were transition age youth (TAY) ages 18 to 24, and 19% were children.

| Total Unduplicated People | | 3,366 | |
|---------------------------|-------------|-------|-----|
| | | # | % |
| Age | Adults 25+ | 2,370 | 70% |
| | TAY 18 - 24 | 251 | 7% |
| | Children | 633 | 19% |
| | Missing | 112 | 3% |

The following table shows the unduplicated number of people served in the same timeframe by program type. Individuals who received services from more than one program type are reflected more than once (i.e., in each of the service types they received). Programs types with short lengths of stay tend to serve a larger number of people than those with longer or unlimited lengths of stay. Transitional housing served the fewest people because lengths of stay and are long and inventory is small compared to other project types.

| ES | TH | RRH | PSH |
|----|----|-----|-----|
|----|----|-----|-----|

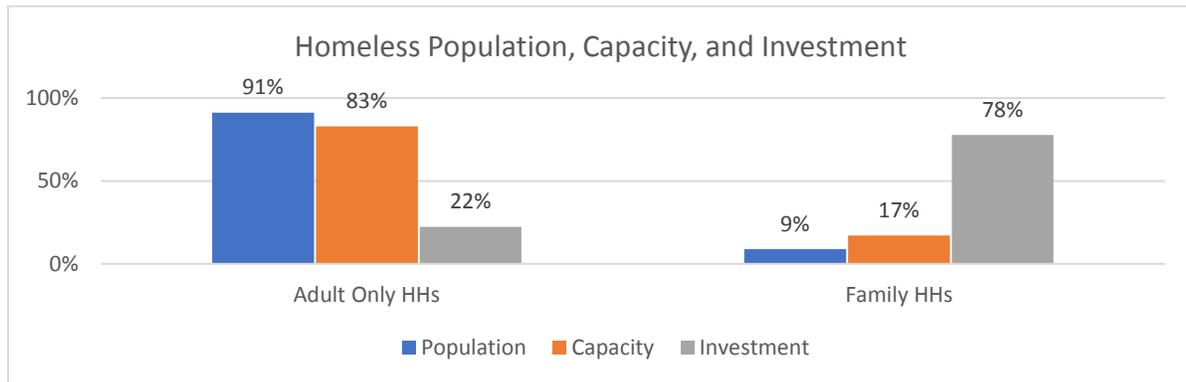
⁸ System capacity data from final compiled budget workbook dated November 2017; provided by the Project Team in Winston-Salem/Forsyth County.

| Total Unduplicated People | | 2,901 | | 149 | | 612 | | 403 | |
|---------------------------|-------------|-------|-----|-----|-----|-----|-----|-----|-----|
| | | # | % | # | % | # | % | # | % |
| Age | Adults 25+ | 2,064 | 71% | 136 | 91% | 393 | 64% | 267 | 66% |
| | TAY 18 - 24 | 224 | 8% | 8 | 5% | 31 | 5% | 20 | 5% |
| | Children | 507 | 17% | 4 | 3% | 183 | 30% | 115 | 29% |
| | Missing | 106 | 4% | 1 | 1% | 5 | 1% | 1 | <1% |

D. Alignment of Inventory and Investment with Need

The graph below illustrates the relationship between Winston-Salem/Forsyth County’s adult only and family households in terms of population size, current system capacity and investment levels.⁹

Though family households comprise just 9% of the total homeless population, 78% of financial investments are allocated to families. A similar disparity is found in the system inventory, where 17% of the bed capacity is designated for just 9% of the total homeless population. For single adult households, only 22% of investment and 83% of bed capacity is allocated to the remaining 91% of the homeless population. This disproportional allocation of resources toward families in relation to the size of the population of homeless families is quite common and evident in several communities Focus Strategies has analyzed.



III. Results: Analysis of Data Quality and System Performance

The sections below present our analysis of homeless system performance using data drawn from HMIS, the HIC, and provider project budget information. While reviewing preliminary results, rapid rehousing providers shared concerns about including all households served rather than only those housed in the analysis. Providers often serve households by helping with utility deposit or providing case management without paying any rent subsidy. To mitigate any impact non-housed households may have on performance measures, Focus Strategies analyzed the data for all households served in rapid rehousing using “Project Start Date” as well as for that subset who were housed using “Housing Move-in Date”.

⁹ Population size from HUD 2017 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulation. System capacity and investment data is from the final compiled budget collection workbook dated November 2017; provided by the Project Team in Winston-Salem/Forsyth County.

A. HMIS Data Quality

A key precondition to any assessment of system performance is the availability of high quality data. The BYC produces assessments of four dimensions of data quality for each project type including: the amount of “missing” data, the amount of “unknown” data, the validity of program lengths of stay, and utilization rate. Overall, the quality of the HMIS data from Winston-Salem/Forsyth County is quite good.

Understanding the difference between “missing” and “unknown” data is key in supporting data quality improvement efforts. *“Missing” data* is information that is simply not recorded in HMIS, which usually means that the project staff are not entering these data elements into the data system. On average, Winston-Salem/Forsyth County emergency shelter and rapid rehousing programs entries are missing prior living situation only 6% and 1% respectively, while emergency shelters are missing exit destinations for only 2% of exits. Winston-Salem/Forsyth County has good data quality in this domain.

“Unknown” data, on the other hand, reflects the percent of entries and exits that do not reflect meaningful or useful responses for assessing performance. Unknown data includes: “missing data,” “data not collected,” “client doesn’t know,” “client refused,” “no exit interview conducted,” and “unknown.” Higher percentages of unknown responses, therefore, suggest that data is not reflected in HMIS in either a compliant (high percentage of missing data), or a useful manner (responses not useful to performance measurement and system improvement). Winston-Salem/Forsyth County’s unknown prior living situations upon entry to emergency shelter are very high (11%), although are only 1% for entries to transitional housing and rapid rehousing. Emergency shelters should target this data element for improvement; other projects exhibit very good data quality in this domain.

With respect to exit destination, fully 34% of exits from emergency shelter are unknown. Other project types, again, show much lower rates of unknown exit destination, with transitional housing at 5%, and rapid rehousing between 2% and 4%. While those who leave emergency shelter are often not available for gathering valid exit information, the high rate of unknown exits negatively impacts other measures. Capturing accurate destination data is crucial for measuring permanent housing outcomes.¹⁰

| Missing/Unknown (% of all Households) | | | | | |
|---------------------------------------|---------------|------------------------|------------------------|-----------------------|-----------------------|
| Project Type | # of Projects | % Prior Living Missing | % Prior Living Unknown | % Destination Missing | % Destination Unknown |
| Emergency Shelter | 5 | 6% | 11% | 2% | 34% |
| Transitional Housing | 3 | 0% | 1% | 0% | 5% |
| Rapid Rehousing - FFRC | 4 | 1% | 1% | 0% | 4% |
| Rapid Rehousing - SSVF | 2 | 1% | 1% | 0% | 2% |
| Permanent Supportive Housing | 7 | 0% | 0% | 0% | 0% |

¹⁰ Unknown data on these variables can affect the performance measures to be reviewed, however, the specific impact is related to whether the unknown data should be: (1) entries from literal homelessness/exits to permanent destinations; (2) entries from housed locations/exits to non-permanent destination; or (3) a blend of both. For the purpose of these analyses we assume that the distribution of unknown responses resembles that of the known responses (option 3), which ultimately has no impact on the conclusions that can be drawn from the data.

| Missing/Unknown (% of all Households) | | | | | |
|---------------------------------------|---------------|------------------------|------------------------|-----------------------|-----------------------|
| Project Type | # of Projects | % Prior Living Missing | % Prior Living Unknown | % Destination Missing | % Destination Unknown |
| <i>Total</i> | <i>21</i> | <i>2%</i> | <i>3%</i> | <i><1%</i> | <i>9%</i> |

We also looked at the *lengths of stay in programs* and found the data suggested no issues with the data quality. We specifically investigated whether the data show negative lengths of stay (indicates data entry error), or the average LOS being very different from the median length of stay (indicates extreme outliers), and neither were indicated in the Winston-Salem/Forsyth County data.

Finally, we investigated possible data quality issues regarding *utilization rate (UR)*. UR might reflect data quality in two ways: a very low UR likely indicates client stay data not being entered into HMIS, or a very high UR likely indicates people not exited from the HMIS program in a timely manner. A third factor related to the project’s capacity as reported on the HIC may also impact UR. Specifically, a very high utilization might be a result of under-reporting capacity on the HIC; likewise, very low utilization might be related to over-reporting capacity on the HIC. Although we did not find evidence of data quality issues associated with UR, we do note in a later section two performance-related issues with utilization that result from program operations.

B. System Performance

In recent years, federal homelessness policy has shifted to look at how well communities are performing in their efforts to reduce homelessness. To further these objectives, HUD has strongly encouraged communities to evaluate the effectiveness both of individual programs as well as the overall system in meeting specific performance measures. Focus Strategies utilizes a set of performance metrics that build upon HUD’s system performance measures and policies as articulated in the HEARTH Act and *Opening Doors: The Federal Strategic Plan to End Homelessness*. While the measures we use are aligned with HUD’s goals and system performance measures, we also incorporate cost effectiveness, so that communities can understand not just system performance, but also performance in relation to the level of investment.

This section presents our analysis of Winston-Salem/Forsyth County’s system performance on six measures:

1. Bed and Unit Utilization Rate
2. Program Entries from Homelessness
3. Lengths of Stay
4. Rate of Exit to Permanent Housing
5. Cost per Permanent Housing Exit
6. Returns to Homelessness

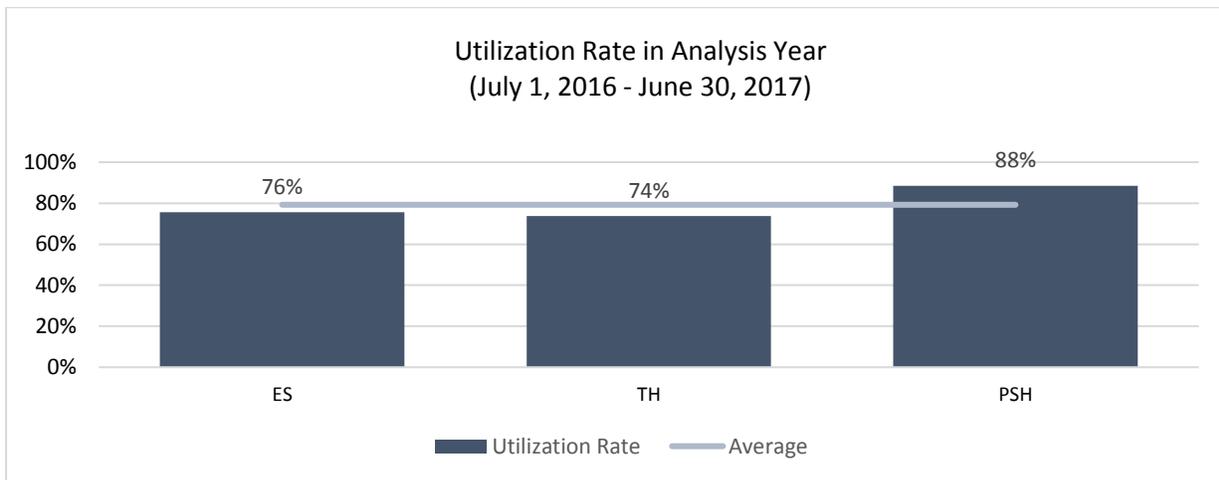
1. Bed and Unit Utilization Rate (UR)

This metric uses HMIS data to assess the average daily occupancy of programs in the system. Maximizing the use of available bed capacity is essential to ensuring that system resources are being put to their best use and that as many people experiencing homelessness as possible are being served given the existing inventory. The graph below presents the UR for emergency shelter, transitional housing, and permanent supportive housing.¹¹ The measure uses bed utilization for single adult programs, and unit utilization for family programs (sometimes a unit in a family program might have unfilled beds simply due to housing a smaller sized family than the unit is designed to accommodate).¹²

UR for all program types is lower than might be expected; typically, average UR is at least 90%. When we looked more closely at the data, we found that emergency shelter UR was brought down to 76% because of one shelter that did not operate at full capacity due to staff turnover. Analyzing UR for shelters without including that program brought the average shelter UR up to 91%.

The UR for PSH also appears somewhat low at 88%. Stakeholder feedback indicated this reflects the difficulty in accurately reporting voucher capacity on the HIC that results from the variation in rental subsidy, potential for over-leasing, and staffing changes in provider organizations. For example, Shelter Plus Care vouchers may be distributed to providers based on staffing capacity; an agency's assigned number of vouchers is fluid and problematic to capture for an analysis like this.

Therefore, with the exception of transitional housing, UR is not of primary concern in this system.



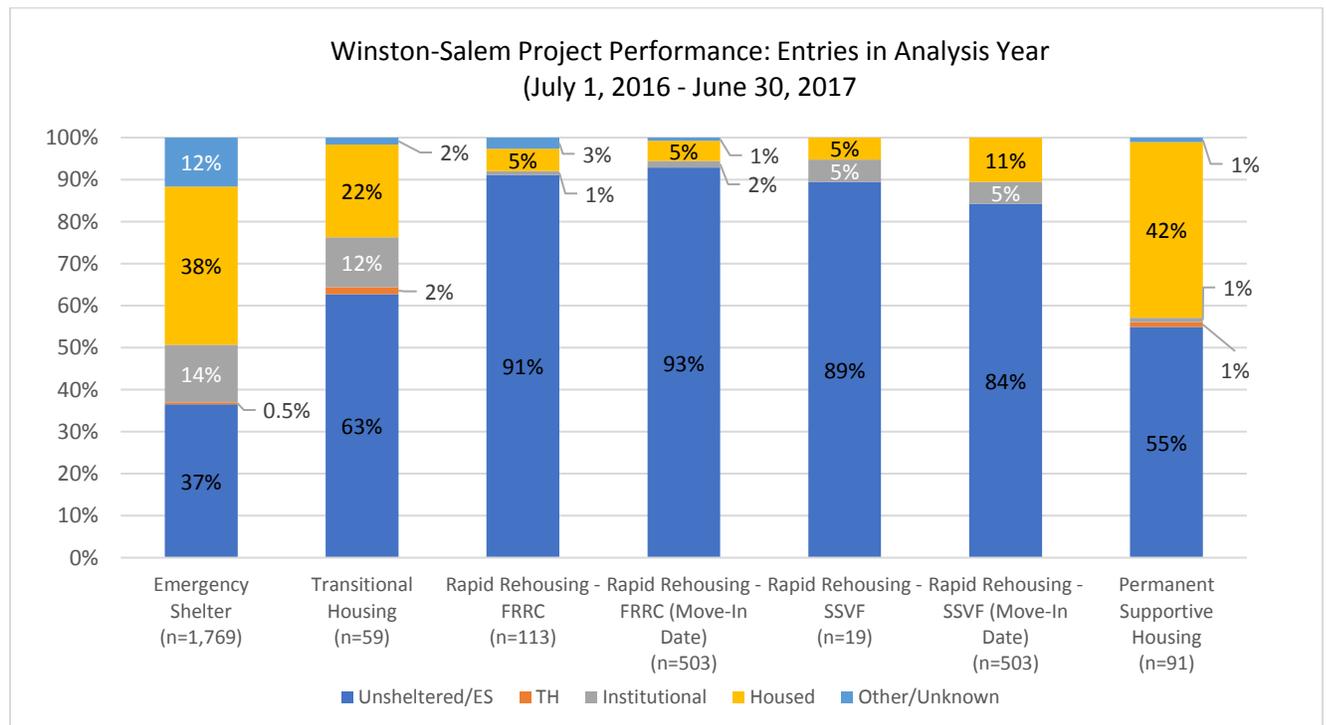
¹¹ Note: Rapid rehousing is not included in this analysis because this program type does not have a fixed bed capacity; the methodology applied to the other program types does not generate a comparable result.

¹² The formula used for calculating Utilization Rate is: number of beds nights used in HMIS data/number of bed nights available per HIC capacity ((beds for single adults + units for families) x 365).

2. Entries from Homelessness

This measure looks at the degree to which programs are serving people with the most acute housing needs, namely those who are *literally* homeless (i.e., they are living outdoors, in a vehicle, or in an emergency shelter). While certain funders may allow programs to serve people who are living in other situations (i.e., those at risk of homelessness), successfully reducing homelessness depends on prioritizing those with the highest need for available units. This measure reflects the federal policy goals of ending chronic homelessness and prioritizing literally homeless people for permanent housing. To create a “right sized” system in which there is an appropriate housing intervention for all people experiencing homelessness, those who are not literally homeless must be diverted from entering the homeless system to begin with, thereby making resources available for those with nowhere to live.

The graph below shows that the data reflecting prior living situations for households entering emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing in Winston-Salem/Forsyth County vary widely in terms of their performance. Currently, emergency shelters are admitting more than a third of households any people from housed situations (38%) and less than half from literal homelessness (37%; streets, vehicles, emergency shelter) indicating the need for systemwide and/or shelter diversion. Transitional housing projects enroll fewer than 65% of households from literally homeless locations, suggesting that this expensive resource may not be targeted to the most appropriate population. Rapid rehousing projects enroll the majority of households from literal homelessness (range from 84% to 93%) and a small number of households from housed locations, suggesting excellent performance on this measure for this project type. Finally, although the data for permanent supportive housing indicates that 42% of households are enrolling from housed locations, this reflects local policy to use rapid rehousing as a bridge to permanent supportive housing when needed, which was in practice until December 19, 2017.

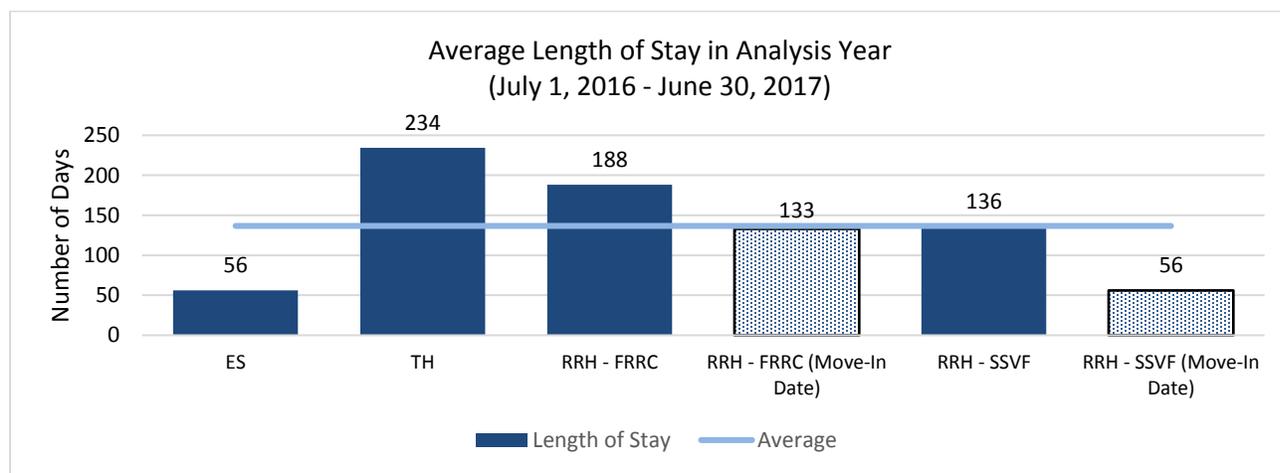


3. Lengths of Stay

Achieving relatively short lengths of stay in emergency shelter, transitional housing, and rapid rehousing programs is essential to ending homelessness. Every day a person is homeless has an associated cost and reducing lengths of stay results in a higher rate of exit and a lower cost per exit, which in turn allows more people to be served. The HEARTH Act has established a goal that no one is homeless longer than 30 days, although this aspiration has not been codified in any HUD requirements. To increase effectiveness and reduce homelessness the entire system must strive for the shortest stays needed to reach this goal.

Length of stay in Winston-Salem/Forsyth County programs was calculated using HMIS data based on the entry and exit dates for each program stay recorded in HMIS.¹³ Currently none of the system components has achieved an average length of stay below 30 days, although the average length of stay in shelter is relatively short at 56 days. Transitional housing stays are the longest, with an average of 234 days. In contrast, rapid rehousing program stays (regardless of whether program entry date or move-in date is used) are much shorter.

This data should be considered in relation to the rate of exit to permanent housing, presented in the next section. Many transitional housing programs are designed with relatively long lengths of stay based on the assumption that longer stays allow households to develop the skills and resources they need to successfully secure housing upon exit. Yet data shows that despite these longer stays, participants in rapid rehousing programs have higher rates of permanent housing exit. The longer stays in transitional housing are not necessarily yielding stronger outcomes. Likewise, the rate of return to homelessness are much lower for rapid rehousing than transitional housing.



4. Exits to Permanent Housing

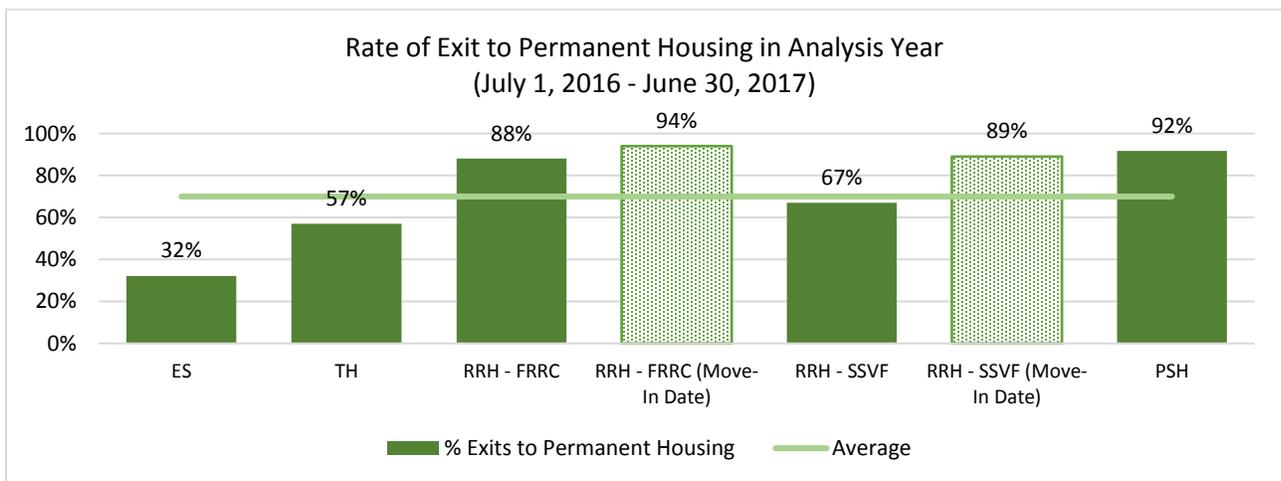
While helping households exit shelter and transitional housing quickly is a key strategy to end homelessness, it is just as important to understand *where* people go when they exit. The rate of exit to permanent housing is a very important metric and one that HUD has asked communities to report on for

¹³ Rapid rehousing programs were also analyzed using housing move-in date in place of project entry date.

several years. This measures the degree to which a project assists client to move to a housed situation and is a critical aspect of project performance.

The next graph shows the rate of exit to permanent housing for all emergency shelter, transitional housing, and rapid rehousing programs in Winston-Salem/Forsyth County. For this measure, “permanent housing” includes any housed situation that is not time-limited, such as a market rate apartment, a subsidized housing unit, shared housing with a roommate, or staying permanently with family or friends. The graph shows that the rate of exit to permanent housing for emergency shelter programs in Winston-Salem/Forsyth County is 32%.¹⁴ The exit rate should be considered in relationship to household entries. Emergency shelters are entering households from housing at a rate of 36% and exiting households to permanent housing at lower rate (32%). The results for transitional housing are better at 57%, but still below what would be expected in a high performing system. As discussed in the next section, emergency shelters and transitional housing are not cost-effective strategies to reduce homelessness in general, and low performance on the rate of exit further reduces cost effectiveness.

We also note that rapid rehousing has a higher success rate on this measure than either shelter or transitional housing. This is true even while the lengths of stay in rapid rehousing are shorter than in transitional housing. Thus, there is no evidence that staying longer in each program results in a higher rate of successful exit.

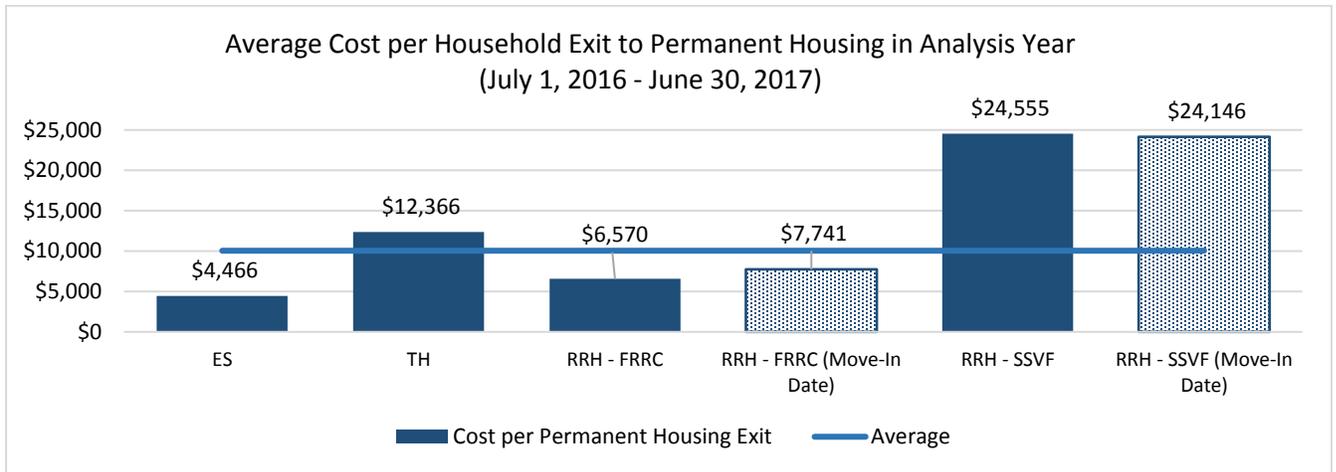


5. Cost Per Exit to Permanent Housing

To create a more efficient system, it is essential that investments are aligned with the objective of ending homelessness. Cost per permanent housing exit is a key performance measure because it assesses not only whether a program is helping clients to move to permanent housing, but also whether they do so in a cost-effective manner. As funds are shifted from expensive programs to those that are more cost effective per person served, system capacity will increase and the numbers of people experiencing homelessness will be reduced.

¹⁴ Individual shelters have wide ranging performance on this indicator, which ranges from a low of 0% exits to PH to a high of 100% exits to PH.

The graph below shows the average cost per permanent housing exit for all program types. These figures are calculated using the total program cost, utilization of beds/units, and household.¹⁵ The cost per permanent housing exit for transitional housing programs (\$12,366) is almost twice the cost for non-SSVF rapid rehousing programs (about \$7,000). This is consistent with many national studies which have found that rapid rehousing typically is more cost effective and achieves better housing outcomes than transitional housing.¹⁶ If investments were to shift from these costlier interventions to those that are more cost effective, the overall system would be able to house many more homeless households.



6. Returns to Homelessness

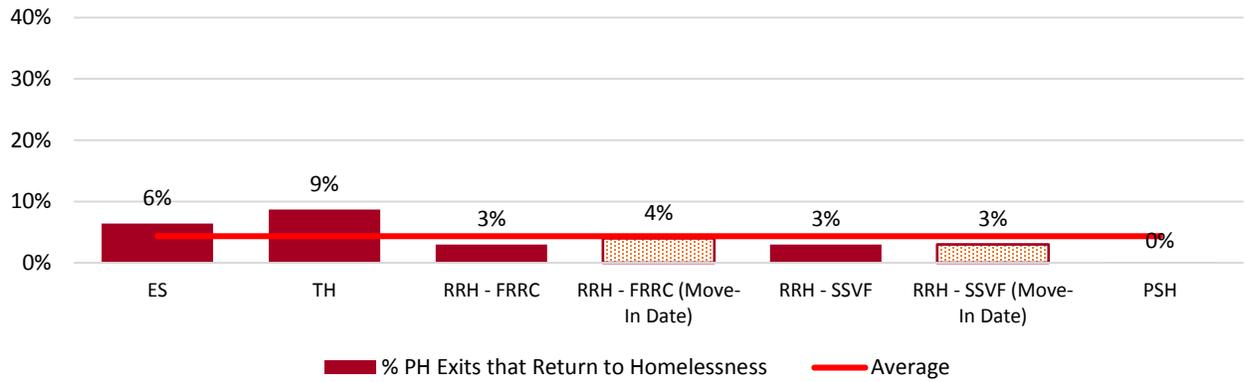
Reducing lengths of stay and increasing rates of exit to permanent housing must be balanced by ensuring that people who exit programs do not return to homelessness. Tracking this metric allows communities to assess whether programs are helping place clients into permanent housing situations that “stick” and are appropriate for their needs. For this analysis, returns to homelessness is calculated by looking at all households who exited programs and determining whether any had a new entry into an emergency shelter or transitional housing program within 12 months.

The next graph presents rate of return to homelessness for people who exited emergency shelter, transitional housing, rapid rehousing, or permanent supportive housing in Winston-Salem/Forsyth County between July 1, 2016 and June 30, 2017 with an exit destination that was a permanent housing situation and, returned within one year of that exit. The rate of return is acceptable for all project types, between 0% and 9%. This data again supports the premise that rapid rehousing is just as effective, if not more so, in helping people move quickly to a permanent housing situation that sticks.

¹⁵ The formula used to calculate Cost Per PH Exit is: (1) Calculate Cost per bed night = Total budget divided by number of bed nights used in HMIS data; (2) Multiply cost per bed and length of stay to get household stay cost; (3) Average household stay cost for all households that exited to permanent housing.

¹⁶ SSVF rapid rehousing programs are often associated with higher cost per permanent housing exit due to the funding available to provide a broader range of services.

Permanent Housing Exits that Return to Homelessness
(July 1, 2015 - June 30, 2017)



Appendix D: Modeling Results

A. Introduction

This document summarizes the results of a modeling analysis conducted by Focus Strategies using system performance data collected from HMIS for the period from January 2016 through December 2017. Performance data was initially analyzed with the Base Year Calculator (BYC). Using the System Performance Predictor (SPP), we then modeled the impacts of increased emergency shelter capacity, the addition of a Rapid Response Program, and performance improvements for all project types.

B. Modeling Assumptions

1. Inventory Adjustments (2018 and 2019)

Winston-Salem/Forsyth County provided Focus Strategies with a list of planned and anticipated inventory changes (added and expanded projects) that were expected over the course of the modeling time frame and these are shown in the table below.

| Model Year | Reason for Adjustment | Details of Adjustment |
|------------|-----------------------|--|
| 2018 | Program expansion | 100 adult-only emergency shelter beds added to City with Dwellings |
| 2019 | Program addition | Rapid Response Program (modeled as 7 RRH beds for chronically homeless adults) |

2. Implementing and Meeting Performance Targets (2018 through 2021)

Winston-Salem/Forsyth County developed a set of performance targets for measures that included utilization rate, length of stay, entries from homelessness, and exits to permanent housing. The specific targets were based on current performance as calculated by the 2017 BYC and improvement targets by project type. Specific performance targets are included at the end of this Appendix and are briefly summarized here:

- *Utilization Rate*: small increases were projected in all project types.
- *Length of Stay*: decreases were projected for all project types.
- *Entries from Homelessness*: increases were projected for all project types. Increases for single adult and family¹⁷ emergency shelter entries from homelessness were increased gradually over time, with the expectation that as the community continues to make system improvements and optimize diversion, entries from literal homelessness will increase to a maximum of 75%. The next table provides current emergency shelter performance on this metric, as well as performance targets over the next three years.

¹⁷ Family targets are applied to all emergency shelters that serve families. In Winston-Salem/Forsyth County all family shelters also serve single adults.

| Model Year | Entries From Literal Homelessness Targets |
|-----------------|---|
| 2017 (current) | 20% (S) / 13% (F) |
| 2018 (maintain) | 20% (S) / 13% (F) |
| 2019 (improve) | 35% (S) / 25% (F) |
| 2020 (improve) | 50% (S) / 35% (F) |
| 2021 (improve) | 75% (S) / 50% (F) |

- *Exits to Permanent Housing*: increases were projected for those exiting emergency shelters and transitional housing; rapid rehousing was projected to maintain performance for this metric. In addition to reaching these targets, BYC exit data for City With Dwellings was modified to reflect that clients predominantly return to unstable living situations rather than to unsheltered situations.¹⁸

B. Results

1. Interpreting SWAP Numbers

The tables presenting the number of households served represent the *count of homeless households served in each year* of the model. The first model year is taken directly from the BYC data and is based solely on HMIS data, while the remaining years are estimated and projected using the assumptions described in the Modeling Assumptions section.

The numbers projected by SWAP are *estimates of the duplicated number of households* expected to be served in ES and TH over the course of a year. That is, if one household is served in Emergency Shelter two times in a year, the household would be counted twice. Likewise, if the household was served twice in Emergency Shelter and one time in Transitional Housing, it would be counted three times.

The unsheltered numbers are based on information from the Point-In-Time count. The 2017 PIT is used as the starting place in this model for the unsheltered estimate. In the modeling results presented from 2017 to 2021, the unsheltered number represents the number of unsheltered households at the end of that year.

Every year after builds on the results of the years before, taking into account changes in inventory and/or performance targets the model is “told” will happen. The projections, therefore, are hypothetical numbers and assume that all conditions are met exactly as defined. As this often will not be the case when system changes are implemented, the projections should be used only as guides for what the system can accomplish given the defined set of circumstances.

¹⁸ This is a known HMIS data quality issue.

2. Impact of Modeling Assumptions on Homeless Populations Served in Winston-Salem/Forsyth County

The results show that by implementing the above changes, by 2021 the annualized total number of sheltered homeless households served is reduced by 17% from 1,783 to 1,484. This includes a 19% reduction in households served in shelter and a 38% increase of households served by transitional housing (due to the increased efficiency associated with achieving performance targets).

| | <i>Total # of Households</i> | | | | | |
|-----------------------------|-------------------------------|--------------|--------------|--------------|--------------|---------------------------|
| | <i>2017</i> | <i>2018</i> | <i>2019</i> | <i>2020</i> | <i>2021</i> | <i>% change from 2017</i> |
| <i>Emergency Shelter</i> | <i>1,727</i> | <i>2,244</i> | <i>2,332</i> | <i>1,698</i> | <i>1,407</i> | <i>- 19%</i> |
| <i>Transitional Housing</i> | <i>56</i> | <i>71</i> | <i>73</i> | <i>77</i> | <i>77</i> | <i>+38%</i> |
| <i>Total</i> | <i>1,783</i> | <i>2,315</i> | <i>2,405</i> | <i>1,775</i> | <i>1,484</i> | <i>- 17%</i> |
| | <i># of Adult Households</i> | | | | | |
| | <i>2017</i> | <i>2018</i> | <i>2019</i> | <i>2020</i> | <i>2021</i> | <i>% change from 2017</i> |
| <i>Emergency Shelter</i> | <i>1,654</i> | <i>2,157</i> | <i>2,249</i> | <i>1,624</i> | <i>1,348</i> | <i>- 19%</i> |
| <i>Transitional Housing</i> | <i>56</i> | <i>71</i> | <i>73</i> | <i>77</i> | <i>77</i> | <i>+38%</i> |
| <i>Total</i> | <i>1,710</i> | <i>2,228</i> | <i>2,322</i> | <i>1,701</i> | <i>1,425</i> | <i>- 17%</i> |
| | <i># of Family Households</i> | | | | | |
| | <i>2017</i> | <i>2018</i> | <i>2019</i> | <i>2020</i> | <i>2021</i> | <i>% change from 2017</i> |
| <i>Emergency Shelter</i> | <i>73</i> | <i>87</i> | <i>84</i> | <i>75</i> | <i>60</i> | <i>-18%</i> |
| <i>Transitional Housing</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>NA</i> |
| <i>Total</i> | <i>73</i> | <i>87</i> | <i>84</i> | <i>75</i> | <i>60</i> | <i>-18%</i> |

3. Impact of Modeling Assumptions on Unsheltered Homeless Populations in Winston-Salem/Forsyth County

Data in the table below indicates that the number of unsheltered households decreases from 25 at the end of 2017 to 0 at the end of 2021; a 100% decrease.

| | <i>End of 2017</i> | <i>End of 2018</i> | <i>End of 2019</i> | <i>End of 2020</i> | <i>End of 2021</i> | <i>% change from 2017</i> |
|-------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|---------------------------|
| <i>Adult Unsheltered HHs</i> | <i>25</i> | <i>304</i> | <i>1</i> | <i>0</i> | <i>0</i> | <i>-100%</i> |
| <i>Family Unsheltered HHs</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>NA</i> |
| <i>Total Unsheltered HHs</i> | <i>25</i> | <i>304</i> | <i>1</i> | <i>0</i> | <i>0</i> | <i>-100%</i> |

Winston-Salem/Forsyth County Performance Targets Used in Modeling

| Performance Measure | ES | TH | RRH | PSH |
|--|--|----------|------------------------------------|-----|
| Utilization Rate | | | | |
| <i>Target</i> | 85% | 85% | NA | 95% |
| <i>Current Performance</i> | 76% | 74% | NA | 88% |
| Length of Stay | | | | |
| <i>Target</i> | 45 days | 180 days | 150 days | NA |
| <i>Current Performance</i> | 56 days | 245 days | 188 days (FRRC) 136 days (SSVF) | NA |
| Exits to PH | | | | |
| <i>Target</i> | 30% (S) / 80% (F) | 80% | Maintain current | NA |
| <i>Current Performance</i> | 7% (S) / 71% (F) | 57% | 94% (FRRC) 89% (SSVF) | NA |
| Entries from literal homelessness | | | | |
| <i>Target</i> | 35%(S)/23%(F) [2019] 75%(S)/50%(F) [2021] | 75% | 95% | 95% |
| <i>Current Performance</i> | 20% (S) /13% (F) | 66% | 93% (FRRC) 84% (SSVF) | 74% |