

The journey home begins with us



OUR JOURNEY HOME

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

**MID TERM
REPORT
July, 2014**



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Introduction:

In response to a challenge to end chronic homelessness issued by the United States Interagency Council on Homelessness in 2001, Pitt County and the City of Greenville developed and adopted a 10-Year Plan to End Chronic Homelessness in 2008. The plan represented a comprehensive effort of various community organizations, leaders and citizens to create a roadmap that would lead this community to end chronic homelessness within ten years. Our funding partners, Pitt County Government, City of Greenville, United Way of Pitt County, East Carolina Behavioral Health, LME, Vidant Foundation (Pitt Memorial Hospital Foundation) and the Greater Greenville Community Foundation provided the financial support to create the plan. United Way of Pitt County, Pitt County Government and the City of Greenville committed to two years of support to begin its implementation. Pitt County Government became the Lead Agency in overseeing the work and monitoring progress. Implementation of the plan began in July 1, 2009, with the hire of a project manager and the appointment of an advisory board to oversee this effort.

During the first five years, the Pitt County Advisory Board focused on identifying and implementing key strategies (see Table 1) that would have an immediate and lasting impact on reducing the number of chronically homeless individuals. As a result of these targeted community-wide programs and initiatives, the **number of chronically homeless individuals has declined by 88%**. In the 2008 publication of the 10-Year Plan to End Chronic Homelessness, Pitt County reported 24 individuals who were identified as being chronically homeless during the Point in Time (PIT) Survey. During the 2014 PIT Survey, only three individuals were identified as chronically homeless. Pitt County is on track to end chronic homelessness by the year 2016, the same year targeted in the Federal Government’s plan known as “*Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*”. This remarkable achievement is possible because of the full commitment of our local governments, agencies, nonprofits and faith-based organizations.

Table 1: Key Strategies Identified by the Pitt County Advisory Board

1.	Developing and maintaining programs that worked with homeless individuals with disabilities to apply and receive disability benefits.
2.	Aggressively seeking out and applying for new state and federal funds to provide financial and case management assistance to homeless families and individuals as they move from homelessness to stable housing.
3.	Working with qualified agencies to expand the number of Permanent Supportive Housing (PSH) units in Pitt County.
4.	Ensuring that some PSH unites are dedicated to chronically homeless and veterans.
5.	Strengthening the Pitt County Regional Committee, an active regional committee within the North Carolina Balance of State (NC BoS), by providing administrative assistance, maintaining records and reporting outcomes for annual events such as the PIT survey.
6.	Participating in the statewide homeless database system known as the Carolina Homeless Information Network (CHIN).

To highlight our efforts to reduce homelessness, this mid-term report will begin with background information on the 10-Year Plan, followed by our implemented strategies during the first five years, secured grant funding for established programs and annual homeless counts. The remainder of the report focuses on recommendations for continued implementation of the 10-Year Plan.

Background:

In 2008, as Pitt County began its work on developing a 10-Year Plan, at least 131 people in Pitt County were identified as homeless, either living in emergency shelters, transitional programs or on the street.

Twenty-four (24) individuals were identified as chronically homeless. Chronically homeless is defined as an unaccompanied individual having a disability and living on the streets or in a shelter for one year or having four episodes of homelessness in the past three years. Many individuals who are chronically homeless have both mental and additional issues. Due to their challenging disabilities, they are more likely to access health care, mental health treatment and substance abuse services through the most expensive provider options, such as emergency rooms.

Although the chronically homeless in the United States make up about 10% of the homeless population, they consume over 50% of the resources and services available to the homeless, including emergency medical services, psychiatric treatment facilities, shelters, and law enforcement and correctional facilities. In an Economic Impact Report developed for the 10-Year Plan, it was estimated that in 2008, Pitt County spent at least \$1,982 per month or \$23,786 annually per individual who was identified as chronically homeless without providing shelter or supportive services. The Fair Market Rate (FMR) for a one-bedroom apartment in Pitt County in 2007 was \$470. Providing 12 months of rental support for a person who is chronically homeless would amount to \$5,640.

In studies throughout the United States, communities found similar results— that it was more expensive for a person with disabilities to remain homeless than to provide housing with supportive services. At the same time, communities were beginning to change how they provided services to help the chronically homeless. These programs focused on a “Housing First” approach. A Housing First approach seeks to assist people to exit homelessness as quickly as possible by placing them in permanent housing situation and linking them to needed services. If a chronically homeless person is able to quickly obtain stable, appropriate, permanent housing, then the issues of mental illness, substance abuse, education, and employment become imminently more manageable.

Multiple studies show that there is a cost benefit to both the community and the individual by investing in these supportive housing programs. The Jordan Institute for Families at the UNC-Chapel Hill School of Social Work completed a study of a permanent supportive housing program in North Carolina in 2007. The study followed 21 residents for two years before and two years after entering the supportive housing program, and found that overall costs for services for these individuals fell by 26%. Cost of inpatient substance abuse treatment, outpatient mental health services, and incarceration also fell.

Current Status and Trends:

Although Pitt County is very close to reaching its goal of ending chronic homelessness, families and individuals still become homeless. In historical data presented in the PIT surveys, the numbers of homeless individuals and families have remained constant over these years while the numbers of chronically homeless have dramatically declined. At the same time, many families remain unstably housed for long periods of time. While the strategies outlined in the 10-Year Plan were primarily focused on ending chronic homelessness, the full implementation of the plan was intended to also reduce homelessness overall in our community.

In 2009, the United States experienced a recession and with it came home foreclosures, job losses, high unemployment and a rise in poverty levels across the nation. North Carolina and Pitt County were not immune to this financial decline. Many families experienced homelessness for the first time, adding a new dimension to this problem.

During this same time period (2009), the federal government reauthorized the McKinney-Vento Homeless Assistance Act, changing the name to the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act). The HEARTH Act has made substantial changes to focus on program outcomes for federally funded programs. Among those changes were defining new goals for

ending homelessness, including: 1) reducing the length of homelessness to 30 days or less; 2) reducing the overall number of people experiencing homelessness; and 3) reducing recidivism. Another important feature of this Act is that reducing homelessness must be measured on a community-wide basis, not just at a program or agency level. This means that communities must be engaged with all agencies and programs working to reduce homelessness.

Because Pitt County and the City of Greenville committed to the 10 Year Plan, our community is well positioned to take advantage of new funding sources and gauge program outcomes at the level expected by federal and state programs. Our community's commitment to create new partnerships to end chronic homelessness has changed how our community views individuals and families who become homeless. We now see a future where chronically homeless individuals are no longer homeless, but stably housed, and where individuals and families who become homeless have access to appropriate services and assistance to become rehoused quickly. Supporting the next phase of implementation of the 10-Year Plan will bring the desired results—ending chronic homelessness by 2016 and reducing homelessness in our community.

10-Year Plan Goals, Outcomes and Accomplished Strategies for First 5 Years:

Our Journey Home 10-Year Plan focuses on two major goals and five outcomes (listed below), along with several strategies to combat chronic homelessness. Strategies implemented during the first five years are described below.

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

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

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

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

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

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

The SSI-SSDI Outreach Access and Recovery Program (SOAR):

SOAR is a program sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) to increase access to Social Security Administration (SSA) disability benefits for people who are homeless and at risk of homelessness. SSA disability benefits include SSI (Supplemental Security Income) and SSDI (Social Security Disability Insurance). These programs both include monthly income benefits and healthcare benefits. SSI recipients receive Medicaid benefits and SSDI recipients are eligible for Medicare benefits.

In order to improve applications, SOAR educates caseworkers about how SSA and Disability Determination Services (DDS) determine if an individual qualifies for disability benefits and what information caseworkers can provide to help SSA and DDS make accurate decisions. The SOAR model asks caseworkers to take a more active role in communicating with SSA and DDS during the application process. Caseworkers also gather medical information and personal accounts about the applicant's disabling condition in order to write a detailed report for SSA. The average SOAR case requires more effort during the initial application process (an average 35-40 hours per case), but results in more approvals of initial applications in less time when compared to non-SOAR applications.

North Carolina has a coordinated SOAR program which works at the state-level to improve access to SSI & SSDI. Pitt County, through the 10-Year Plan, has been able to maintain a dedicated staff person for its SOAR program. The Pitt County SOAR caseworker attends statewide meetings and training sessions, as well as provides outcome data. Since implementing the SOAR program, 85 referrals have been made and 41 applications have been submitted. Of the applications submitted, the SOAR caseworker closed 15 cases prior to determination. Of the 26 remaining applications, 15 applications were approved, seven applications were denied and as of July 1, 2014, four applications are pending a decision by the SSA office.

Successful SOAR applications mean that clients now have a stable source of income, have access to medical care (Medicaid) and in most cases, stable housing. In the Pitt County program, 15 clients' applications were approved for SSI funding. Of those, 3 individuals have died and three individuals have moved out of the county, but are stably housed. One (1) individual left Pitt County and we have no information on this person's housing situation. All remaining eight individuals are stably housed in Pitt County.

Strategy 2: Conduct an annual Project Homeless Connect event in conjunction with the Veteran's Stand Down.

Project Homeless Connect (PHC):

Project Homeless Connect (PHC) is a one-day, one-stop event to serve people experiencing, or at risk of experiencing, homelessness in Pitt County. Services provided at the event include health and dental screenings and care, mental health services, Veterans' services, legal services, employment and education resources, housing resources, personal grooming services, and more. Community partners in Pitt County hosted two successful events in 2011 and 2012 (see Table 2).



Project Homeless Connect events make a powerful impact on homeless people's lives by providing a wide range of assistance in one location and by the outpouring of respect and hospitality. It enables service agencies to efficiently reach many people in a single day and to coordinate their services together. At the same time, it educates the community about the issues surrounding homelessness while allowing individual community members to contribute their efforts, talents, and compassion.

Table 2: Project Homeless Connect Greenville/Pitt County Combined Results

	2011	2012
Total Number of Guests	205	279
Total Number of Volunteers	190	204
Number and(percentage) Reported Homeless	78 (38%)	53 (19%)
Number of Services available	48	48
Number Receiving Dental Services	12	100*

* East Carolina University School of Dental Medicine provided a complete dental clinic staffed by ECU staff and students for the 2012 PHC Event, enabling over 100 people to receive free dental care.

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

Table 3: Total Grant Funds for Financial Assistance

Grant Name	Year(s) Awarded	Grant Type	Amount (\$)	Total (\$)
Homeless Prevention and Rapid Re-Housing Program (HPRP)	2009-2013	Federal 3 Year One-Time	\$1,000,000	\$1,000,000
Emergency Solution Grant (ESG)	2012-2013	State Annual	\$116,411	\$173,711
	2013-2014		\$57,000	
Total Grant Funds for Financial Assistance				\$1,173,711

Homeless Prevention and Rapid Rehousing Program (HPRP):

On February 17, 2009, President Obama signed the American Recovery and Reinvestment Act of 2009, which included \$1.5 billion for a Homelessness Prevention Fund. Funding for this program, called the Homelessness Prevention and Rapid Re-Housing Program (HPRP), was distributed based on the formula used for the Emergency Shelter Grants Program. This three-year program would provide communities with funds to assist individuals and families who were homeless or at risk of becoming homeless with rent and utility payments.

In North Carolina, seven cities (Asheville, Fayetteville, Raleigh, Durham, Greensboro, Winston-Salem and Charlotte) and one county (Wake) received a direct distribution of HPRP funds from the federal government. The remaining funds were awarded to the State of North Carolina Department of Health and Human Services (NC DHHS). NC DHHS created a competitive application process to distribute these funds. Pitt County’s Department of Social Services (Pitt Co. DSS) was one of only 20 agencies that were

successful, receiving a grant for \$1 million dollars for the three-year contract beginning November, 2009 and ending August, 2012.

Over this time period, the Pitt County DSS staffed over 848 cases for program eligibility. This program provided financial assistance and case management services for 278 households and assisting a total of 643 people. Services included financial assistance with monthly rent and utilities, rental application fees, deposits for apartments and utility services, as well as moving and hotel vouchers. All clients received case management and housing location services while in the program.

Table 4: Homeless Prevention and Rapid Rehousing Program (HPRP) Results

Total Households Served	278
Total People Served	643
Prevention (At Risk)	590 (92%)
Homeless Assistance (Literally Homeless)	53 (8%)
Age & Gender	
Adults	361
Females	225 (62%)
Males	136 (38%)
Children	278
(2 clients missing data not included)	
Ethnicity	
Non-Hispanic	98%
Hispanic	2%
Race	
White	11%
AA/Black	86%
Other	3%
Veterans Served	65 (18%)
Length of stays in program (in days)	
Prevention (at risk)	
Average Stay	98 day
Median Stay	96 days
Homeless Assistance (literally homeless)	
Average Stay	54 days
Median Stay	46 days

Rapid Re-Housing Program (RR):

The Rapid Re-housing program is part of a new grant established by the federal government when the McKinney-Veto act was re-authorized in 2009 under the name of the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act). The HEARTH Act consolidated three of the separate homeless assistance programs administered by HUD into a single grant program, and revises the Emergency Shelter Grants program renaming it the Emergency Solutions Grants (ESG) program. The change in the program’s name, from Emergency Shelter Grants to Emergency Solutions Grants, reflects the change in the program’s focus from addressing the needs of homeless people in emergency or transitional shelters to assisting people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.

In North Carolina, the ESG funds are available to communities through an annual competitive application process. Pitt County's application included funding to support two programs: emergency shelter facilities and a Rapid Re-housing (RR) program. The RR program is housed with Pitt County Government (Planning and DSS) and supports a Housing Coordinator as well as providing financial assistance to eligible homeless individuals and families so that they can move quickly to permanent, stable housing. Two emergency shelters, Greenville Community Shelter and New Directions (emergency shelter for domestic violence victims) receive ESG funds to support their facilities. Over \$173,000 in ESG funds have been received during the first two funding cycles.

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

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

Strategies 1-5: Housing Inventories, assistance for temporary housing, adequate funding for emergency shelters, increase housing units ear-marked for chronically homeless and adopt best practice housing models such as Housing First.

What do we mean when we talk about a Housing First Approach?

A *Housing First Approach* (HFA) seeks to assist people to exit homelessness as quickly as possible by placing them in permanent housing and linking them to needed services. This approach assumes that the factors that have contributed to an individual's homelessness can be best remedied once the individual is housed rather than in emergency shelters or transitional settings. It also accepts that, for some individuals, life-long support may be required to prevent the reoccurrence of homelessness. If a person who is chronically homeless is able to quickly obtain stable, appropriate permanent housing, then the issues of mental illness, substance abuse, education and employment become imminently more manageable. Our community has supported the HFA through HPRP and ESG programs.

What are Permanent Supportive Housing (PSH) program(s)?

Permanent Supportive Housing (PSH) programs are long-term, community-based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or coordinated by the applicant and provided by other public or private service agencies. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites. There is no definite length of stay. In Pitt County, several PSH type programs are operated by two agencies and funded through the department of Housing and Urban Development (HUD). The Greenville Community Shelters, Inc. (GCS) operates two programs. The Greenville Housing Authority (GHA) has four PSH programs. One (1)

program operated by GHA is for homeless Veterans (VASH) and the remaining three houses a proportion of chronically homeless individuals.

Homeless Counts:

Point in Time (PIT):

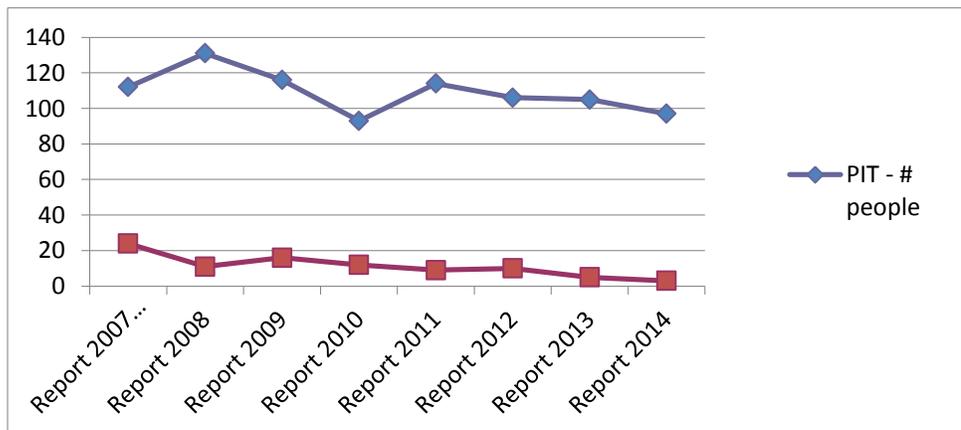
Point-in-Time Counts are conducted in order to try to ascertain how many people are homeless in our communities. The survey is conducted within a 24-hour period and gathers information about persons experiencing homelessness on one given night. The point-in-time provides a snapshot of who is homeless over the course of a year. During the count, staff and volunteers gather data such as demographic information (including gender and race), causes of homelessness, where persons are sleeping, and subpopulation information (such as veterans, victims of domestic violence, etc.). HUD requires conducting an annual PIT count as part of eligibility for its homeless grants. Communities are asked to conduct their counts over a 24-hour period sometime during the last 10 days in the month of January.

The State of North Carolina coordinates its annual PIT survey, asking that all communities participate in the survey during the same 24-hour period to reduce the possibility of counting the same person in multiple communities. Pitt County has been participating in the annual PIT survey since 2008. In 2014, the NC PIT was conducted over a 24 hours period, beginning Wednesday, January 29 and ending Thursday, January 30, 2014.

Table 5: Annual Point in Time Results

Report Year	PIT - # people	PIT # chronic
Report 2007 (baseline)	112	24
Report 2008	131	11
Report 2009	116	16
Report 2010	93	12
Report 2011	114	9
Report 2012	106	10
Report 2013	105	5
Report 2014	97	3

Figure 1: Annual Point in Time Results



Recommendations:

Since 2009, the Pitt County Planning Department has been the lead agency for implementing the 10-Year Plan, providing supervision to the project manager, office space, technical support and financial

oversight. An Advisory Board, appointed by Pitt County Board of Commissioners and Greenville City Council, provided oversight regarding the direction of the implementation and new efforts needed to realize successful outcomes. The Advisory Board also provided a base of community support through 15 representatives from such engaged groups as East Carolina University, Pitt County United Way, Pitt County Community College, Vidant Medical Center, Pitt County Regional Committee for the NC Balance of State, East Carolina Behavioral Health, Law Enforcement and representatives from both the City Council and Board of Commissioners.

The resignation of the project manager in July, 2013 provides a unique opportunity to evaluate current programs strategies, outcomes and the organizational structure. Through this evaluation process, the following recommendations were developed:

- Establish New Lead Agency to oversee Homeless Program initiatives.
- Merge the 10-Year Plan Advisory Board with Pitt County Regional Committee for the NC Balance of State.
- Replace 10-Year Project Manager with a Homeless Program Coordinator.
- Re-align the Pitt County 10-Year Plan with the federal plan published in 2010, "Opening Doors: Federal Plan to Prevent and End Homelessness".
- Establish a Coordinated Assessment system in cooperation with the Balance of State.

Details for each recommendation are listed below.

Establish New Lead Agency to oversee Homeless Program initiatives:

At this point in the implementation process, it is recommended that the homeless initiative be moved to a nonprofit (501(c)3) agency which focuses on community-wide outcomes. It is our recommendation that United Way of Pitt County be approached to become the Lead Agency. United Way of Pitt County's goal is to create lasting change by addressing the underlying causes of community issues. It currently supports a safety net of basic needs services, while striving to strengthen families by focusing on school success and workforce development.

- United Way of Pitt County is a neutral organization that would reduce government oversight.
- As a nonprofit, United Way of Pitt County has an opportunity to receive additional funding that is not available to a governmental agency to support homeless programs.

Funding for the program (including Coordinator's salary) should be provided by county and city. Other local community foundations can also be approached, but it is important that both governmental organizations in our community provide the financial support for this initiative.

Merge 10-Year Plan Advisory Board with the Pitt County Regional Committee for the NC Balance of State:

The Pitt County Regional Committee for the NC Balance of State is an active committee. Its members include some of the representatives on the current Advisory Board. The Regional Committee is active and provides grant review and ranking for the Permanent Supportive Housing programs currently operating in Pitt County. The Regional Committee is also responsible for annual submission of Emergency Solutions Grant (ESG) that provides funds to support emergency shelter facilities and the rapid rehousing program in Pitt County.

To complete the merge, representatives not currently serving on the Regional Committee should be recruited. These representatives include a City Council and Board of Commissioner

member, Pitt County School System representative, Law enforcement representation, as well as someone from the business community.

Replace 10-Year Plan project manager with a Homeless Program Coordinator:

In the next phase of implementing homeless strategy, a project manager's position should evolve into a Homeless Program Coordinator. The Homeless Program Coordinator would work for the community to continue to coordinate and strengthen partnerships between agencies and organizations that work on homeless issues and/or provide direct services so that our community fully embraces the goals outlined by the HEARTH Act (re-authorization of the McKinney-Vento Act on which oversees federal funding for homeless programs). Creating a coordinator position also recognizes the importance of having a "point" person in the community for these programs.

Responsibilities for Homeless Program Coordinator are:

- Coordinates with current agencies/organizations to continue to access grant opportunities that provide funds for important housing and services programs for homeless in our community.
- Coordinates and provides administrative support to the Pitt County Regional Committee of the North Carolina Balance of State (BoS). It is through this committee that HUD-CoC and State ESG programs are approved and outcomes monitored.
- Ensure that Pitt County Regional Committee participates at the highest level required by BoS.
- Communicate with regional committee agencies about meeting times and places.
- Ensure that appropriate minutes are recorded and submitted to the Steering Committee for the Balance of State.
- Provide data and other reports to the BoS Steering Committee on time and as requested.
- Ensure that members of the Regional Committee participate in subcommittees.
- Ensure that information is shared with regional committee members and government agencies.
- Ensure that the annual event coordinated by the Regional Committee is completed on time and information reported as requested. These include:
 - Point in Time (PIT) Survey. The PIT survey is the annual count of homeless individuals and services. This survey includes conduction an annual count of individuals who are living on the street.
 - Oversight for the Regional Application for HUD-CoC funds that provide financial support for the Permanent Supportive Housing programs in Pitt County.
 - Regional application for NC State ESG funds. This is an annual application process that provides funds for emergency shelter facilities and the rapid rehousing program in Pitt County.
- Maintains historical records for the Pitt County Regional Committee, including annual PIT data, annual homeless reports, bed inventory and other outcome documents that are developed.
- Provides data to the City of Greenville for Consolidated Plan, annual updates and other reports that may be required by HUD – CDBG programs.
- Maintains quality data and outcome reports for community (and grants) by working with agencies using HMIS. Review data quality reports on a monthly basis with agencies.
- Provides and maintains annual Homeless Reports required by HUD and the State of North Carolina.

Realign Pitt County 10-Year Plan with Opening Doors: Federal Plan to Prevent and End Homelessness:

In 2010, the federal government published its 10-Year Plan called Opening Doors: Federal Plan to Prevent and End Homelessness. Included in this document, were new goals initiated that were also incorporated in the HEARTH Act. It is recommended that that the number “10” be dropped for the Pitt County Plan, recognizing that as we end chronic homelessness and reduce homelessness, we must focus on prevention.

To align our plan with HEARTH Goals and the Federal 10-Year Plan, it is recommended that that Pitt County incorporate the following goals:

- Reduce the length of homelessness to 30 days or less
- Establish Length of stay in Emergency Shelter
- Establish Length of stay for homeless on street
- Reduce the number of people who are homeless
- Set % goals for each year
- Reduce the recidivism rate
- Establish recidivism rate for Emergency Shelter

Establish a Coordinated Assessment System in coordination with the NC Balance of State:

Coordinated Assessment refers to a centralized or coordinated process designed to coordinate program participant intake, assessment and provision of referrals that cover the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. Many communities in North Carolina have begun to implement Coordinated Assessment Systems in their communities. This new program emphasis focuses on streamlining the process of helping those in need by coordinating and centralizing program intakes so that assessments are quick and referrals to programs are tailored for the individuals. Coordinated Assessment programs are essential to prevent homelessness. (Balance of State Tool Kit Link - http://www.ncceh.org/media/files/page/6011a172/BoS_Coordinated_Assessment_Draft_Materials.pdf).