



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

North Carolina Department of Health and Human Services Strategic Housing Plan

March 1, 2023

This page intentionally left blank.

Table of Contents

Executive Summary	5
Background.....	5
Strategic Housing Plan Overview.....	8
Implementation.....	9
Introduction	12
Overview of the Strategic Housing Plan and Its Guiding Principles.....	12
Permanent Supportive Housing Framework.....	13
NCDHHS' Role in Permanent Supportive Housing in North Carolina.....	15
Methodology	22
Planning with NCDHHS, State Partners, and Community Stakeholders.....	22
Permanent Supportive Housing: The Plan's Unifying Foundation	30
Description of the Objectives and Strategies	31
Goal Area 1: Housing Development	31
✓ <i>Goal Area 1, Objective 1. Develop and implement an equity-centered PSH policy framework, supported by a diverse leadership structure, within eighteen (18) months of Strategic Housing Plan adoption.....</i>	<i>32</i>
✓ <i>Goal Area 1, Objective 2. Facilitate and support the creation of 4,500 new PSH opportunities through new construction and rehabilitation development pipeline in targeted areas within 5 years of the Strategic Housing Plan adoption.</i>	<i>35</i>
✓ <i>Goal Area 1, Objective 3. Work with NCHFA and affordable housing developers on mechanisms to ensure that at least 80% of existing PSH units/projects identified as "at risk" are secured as long-term PSH assets for at least 20 years over the 5 years of the Strategic Housing Plan.....</i>	<i>43</i>
Goal Area 2: Non-Development	45
✓ <i>Goal Area 2, Objective 1. Secure housing resources and supports to increase access to affordable housing for the Plan's focus population statewide within 5 years.....</i>	<i>45</i>
✓ <i>Goal Area 2, Objective 2. Secure resources for long-term rent assistance and better utilize, prioritize, and target existing rent assistance and subsidized housing for the target population statewide within 5 years.</i>	<i>48</i>
✓ <i>Goal Area 2, Objective 3. Promote the reasonable use of eviction, criminal, and credit records when screening potential tenants to provide protections for those searching for housing.....</i>	<i>50</i>
✓ <i>Goal Area 2, Objective 4. Increase the quality of existing affordable private market units by year 5 of the Plan.....</i>	<i>52</i>
✓ <i>Goal Area 2, Objective 5. Increase eviction prevention and diversion support to tenants across the state, resulting in an overall reduction of evictions from year 1 to year 5 of this Plan.</i>	<i>53</i>

Goal Area 3: Services	54
✓ <i>Goal Area 3, Objective 1. Within the first year of Plan launch, identify all the funding streams that can be used to support pre-tenancy, transition, and tenancy support services (including the various Medicaid service definitions) along with their target populations, caps/limitations, amounts, and departments that currently fund services for all populations.....</i>	<i>55</i>
✓ <i>Goal Area 3, Objective 2. By 6/30/2027, create regional tenancy support service providers to provide housing navigation and support services to people within their geographic region, regardless of disability type or target population, in order to increase access, quality, and oversight of services in the state.....</i>	<i>57</i>
✓ <i>Goal Area 3, Objective 3. By 12/31/2027, develop a training program for the delivery of evidence-based and best practices, including trauma-informed care, for identified providers of pre-tenancy, transition, and tenancy support and/or residential service providers.</i>	<i>58</i>
Goal Area 4: Coordination.....	59
✓ <i>Goal Area 4, Objective 1. Create a formal structure for accountability and shared strategy for all housing functions across State agencies and key stakeholders in year one of this Plan.</i>	<i>60</i>
✓ <i>Goal Area 4, Objective 2. Explore possibility of coordinating or consolidating housing functions across NCDHHS.....</i>	<i>62</i>
Goal Area 5: Partnerships	63
✓ <i>Goal Area 5, Objective 1. With the goal of aligning messaging, increasing coordination among housing stakeholders, and lowering barriers while increasing access for the focus population of this Plan, increase communication between housing agencies including NCDHHS, NCHFA, NCORR, NC Commerce, NC Department of Administration, NC Department of Public Safety (Corrections), PHAs, CoCs, local housing & service providers, and HUD.</i>	<i>64</i>
✓ <i>Goal Area 5, Objective 2. Review existing public-private partnerships for housing development across the state and replicate or create new partnerships in at least 3 additional areas/cities or towns of the state focused on housing development across the state by the end of year 5.</i>	<i>66</i>
Appendix A: State Team and Housing Leadership Committee (HLC) Membership	70
Appendix B: Workgroup Representation	72
Appendix C: Environmental Scan Top Themes by Goal Area.....	74
Appendix D: Focus Group and Interview Representation	76
Appendix E: Potential Five-Year Pipeline for Permanent Supportive Housing	78



Executive Summary

Background

Recognizing the growing need for affordable and supportive housing for the populations served by the North Carolina Department of Health and Human Services (NCDHHS), NCDHHS leadership convened a diverse, broad-based group of stakeholders from across North Carolina in early 2021 to develop a Strategic Housing Plan (Plan); stakeholders included key NCDHHS housing staff, the North Carolina Housing Finance Agency (NCHFA), partner state agencies, and key community stakeholders. NCDHHS engaged the Technical Assistance Collaborative (TAC) to support its statewide planning and implementation efforts.

Focus Population

NCDHHS and other state agencies, in partnership with NCDHHS' housing and services stakeholders, are committed to implementing the goals, objectives, and strategies of this Plan to help maintain, increase, and better utilize affordable, supportive housing for persons served by NCDHHS across the state of North Carolina. The Plan relates to all people served by NCDHHS with a focus on people with disabilities—including people with disabilities experiencing homelessness, residing in congregate settings, or at risk of entry into these settings. Additionally, pursuant to the *Olmstead* Settlement Agreement¹ and the recent *Samantha R. et al. v. North Carolina et al.* decision², NCDHHS' priorities over the next several years will support people with disabilities. Further, NCDHHS is committed to ensuring that this Strategic Housing Plan supports and aligns with the North Carolina *Olmstead* Plan by creating community-based housing opportunities necessary for people with disabilities to live as integrated and thriving members of their community. NCDHHS' Transitions to Community Living program, initiated in

¹ North Carolina reached a settlement agreement with the DOJ in 2012 to facilitate the transition of adults with serious persistent mental illness from adult care homes (ACHs) into more integrated settings. The substantive provisions of the agreement dictate a timeline and benchmarks for transitioning and sustaining eligible individuals in community-based supportive housing slots through in-reach, discharge planning, and transition services, as well as mental health services including Assertive Community Treatment (ACT) teams, community support teams, case management, peer support, psychosocial rehabilitation services, crisis services, and supported employment. For more information on the *Olmstead* settlement agreement, please see [the NCDHHS website](#).

² The court case issued an order to the state of North Carolina to develop and implement a plan that would (a) reduce the reliance on institutional settings, including state facilities and ICF-I/DDS; (b) eliminate the Innovations waiver waiting list over a period of 10 years by reallocating funds, seeking additional funding, and developing alternative services; and (c) address the direct support professional workforce crisis through credentialing and increased pay.

response to the *Olmstead* settlement agreement, provides a sustainable model of offering integrated, supportive housing for people with disabilities across the state.

Permanent Supportive Housing

Permanent supportive housing (PSH) is an evidence-based intervention designed to serve people with disabilities in integrated, community-based settings. PSH combines a permanent housing subsidy with access to voluntary, tailored support services to provide stable housing. Decades of research and practice show that community-based affordable housing coupled with voluntary supportive services is more efficient and effective than institutional, congregate, and other more restrictive housing options. PSH is proven to show positive results such as reduced hospitalization and homelessness, and to improve behavioral and physical health outcomes.^{3 4 5} Consequently, the Strategic Housing Plan focuses on PSH and sets forth goals, objectives, and strategies that will increase quality, access, and availability of PSH statewide.⁶

NCDHHS Strategic Planning Process

At the start of the planning process, the deputy secretary for North Carolina Medicaid at NCDHHS, Dave Richard, set forth the Plan's charge:

The plan will address the housing needs of individuals with disabilities, to include people with disabilities who are currently receiving or eligible for NCDHHS-funded services at the state and local levels, who are either experiencing homelessness, currently residing in congregate settings or at risk of entry into these settings.

This Housing Plan will provide a strategic guide to focus policy efforts and resource decision making in creating and maximizing community-based housing opportunities for identified populations over a five-year horizon.

The plan will build on existing Olmstead efforts within the NCDHHS (i.e., Transitions to Community Living and Money Follows the Person).

Beginning in May 2021, NCDHHS (with TAC's support) convened a group of key and diverse stakeholders and NCDHHS staff — collectively known as the Housing Leadership Committee (HLC) — to offer broad-based, diverse leadership in developing the Plan. Based on the charge

³ Culhane, D. P., Metraux, S., & Hadley, T. (2002). [Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing](#). *Housing Policy Debate*, 13(1), 107-163.

⁴ Larimer, M. E. (2009). [Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems](#). *JAMA*, 301(13):1349.

⁵ Chalmers McLaughlin, T. (2010). [Using common themes: Cost-effectiveness of permanent supported housing for persons with mental illness](#). *Research on Social Work Practice*, 21(4):404–411.

⁶ Because the focus population of this plan is people with disabilities with ongoing supportive services and permanent housing subsidy needs, the plan focuses on permanent supportive housing. However, the plan puts forth strategies for other evidence-based models of housing such as rapid rehousing, and standalone support services such as eviction prevention, housing navigation, and other tenancy supports.

from Deputy Secretary Richard, the HLC developed a collective vision, mission, guiding principles, and strategy for the Plan's development. The HLC formed five workgroups to gain input from a variety of stakeholders. NCDHHS organized the workgroups around five goal areas; the goal areas were identified through an environmental scan conducted by NCDHHS and TAC prior to the kickoff of the planning process. The five workgroups are:

- Increasing Housing Development (Development)
- Expanding and Improving Affordable Housing through Non-Development Activities (Non-Development)
- Improving and Increasing Supportive Services (Services)
- Enhancing Coordination among State Agencies Administering Housing Funding and Programs (Coordination)
- Increasing Partnerships across the State to Bolster Affordable Housing (Partnerships)

The HLC and workgroups met several times over the course of 6 months (late 2021 through early 2022) to set forth the Plan's vision and mission; to discuss strengths, challenges, and opportunities related to housing; and to develop objectives and strategies under each goal area.

With support of the HLC, NCDHHS developed the following vision, mission, guiding principles, and equity statement:

Vision: *Quality community-based housing, services, and supports needed for people with disabilities to thrive.*

Mission: *Develop a comprehensive five-year plan to eliminate barriers to housing and create quality affordable, accessible, and inclusive housing that supports the whole individual by improving services, funding, communication, and statewide coordination for the populations we serve.*

Guiding Principles:

- The Strategic Housing Plan will provide a strategic guide to focus NCDHHS' policy efforts and resource decision-making in creating and maximizing community-based housing opportunities for people with disabilities.
- The Plan will focus on people with disabilities, including people with disabilities who are served by or who qualify for NCDHHS services.⁷

⁷ Including people with intellectual and developmental disability (I/DD), traumatic brain injury (TBI), physical disabilities, people living in institutional settings or at risk of institutionalization, people who are elderly, people who are disabled and experiencing homelessness or at risk of homelessness.

- The Plan will have a cross-disability focus to include people with disabilities who are experiencing homelessness, living in an institution, or at risk of institutionalization.
- The Plan will cover a five-year implementation period (2023–2028).

Equity and Inclusion: NCDHHS is committed to forming a broad, representative, inclusive Housing Leadership Committee membership that incorporates a range of different perspectives and experiences, including people with disabilities, in the planning and decision-making. During the implementation of the Plan, NCDHHS, with the support of the HLC, continues to be committed to reviewing progress to ensure that equitable outcomes are produced for NCDHHS' priority populations and all people with disabilities. NCDHHS will accomplish this by a periodic review of data and outcomes demographically as well as by accounting for qualitative feedback from people with lived experience (personal, firsthand experience) and expertise.

Environmental Housing Scan

Prior to and in addition to convening the HLC and goal area workgroups, NCDHHS and TAC conducted an environmental scan of the housing needs of NCDHHS service populations across the state. The environmental scan included interviews and focus groups with more than 100 stakeholders from across the state and a survey that had more than 500 responses from people with lived experience, parents and legal guardians, and service providers. Information, data, and feedback provided in the environmental scan drove the focus and development of the goals, objectives, and strategies of the Plan. The Plan's five goal areas represent the priority themes from the environmental scan.

Strategic Housing Plan Overview

Drawing on feedback from the HLC and workgroups, as well as the environmental scan, NCDHHS sets forth the following objectives to maintain, increase, and better utilize supportive housing for people with disabilities in North Carolina over the next five years. The objectives and high-priority strategies are summarized by goal area below.

Within the five goal areas, there are sixteen (16) objectives with supporting strategies. From the strategy development sessions, NCDHHS identified several as short-term, high-priority strategies; these will serve as the priority areas for implementation in the initial years of the Plan.

Development: *Increase access to and development of supportive housing.* NCDHHS' primary objective for this goal area is to support the creation of 4,500 PSH opportunities —through the construction of new units and through the rehabilitation of existing properties to provide new access to existing units. High-priority, short-term strategies include sustaining the HLC for ongoing plan implementation support as well as conducting a PSH needs assessment and developing a statewide PSH framework.

Non-Development: *Increase the stability of households and increase efficient access to supportive, affordable housing.* Strategies for this goal area include identifying and securing additional funds for rent assistance, leveraging and streamlining existing resources, lowering barriers to housing access, and improving the quality of existing housing. In addition, under this workgroup (and contingent on securing new resources), NCDHHS proposes to increase housing navigation, landlord supports and incentives, and eviction prevention services.

Services: *Provide quality housing support services statewide and support the development of training related to these evidence-based services.* Strategies for this area include identifying and leveraging funding streams to support pre-tenancy, transition, and tenancy support services, and increasing provider capacity and system infrastructure.

Coordination: *Explore the creation of a formal structure for accountability and strategy alignment across all state agencies.* Strategies include those related to the efforts of the Interagency Council on Coordinating Homeless Programs (ICCHP) as well as exploring the centralization of housing functions within NCDHHS.

Partnerships: *Increase coordination and partnerships at the state and local levels, leverage funding, and identify housing-related needs and system gaps across the state.* Under this workgroup, NCDHHS also developed objectives and strategies that serve to increase partnerships and communication with housing providers and developers, Continuums of Care (CoCs), Public Housing Agencies (PHAs), and all state-level departments involved in housing activities. Strategies include the development of formal partnerships between NCDHHS and localities to increase affordable housing options and leverage housing resources.

Implementation

NCDHHS plans to launch the NC Strategic Housing Plan in June 2023. NCDHHS, with the support of the partner state agencies and the HLC, will develop an action plan that outlines the priority strategies within each goal area for the first year of implementation. Supported by TAC, NCDHHS will convene workgroups to evaluate current capacity, identify additional resources, and support the implementation of these strategies. The HLC will continue to offer their expertise and leadership and will convene regularly to offer feedback and assess progress in achieving the objectives outlined in the plan throughout the five-year implementation period.

The North Carolina Department of Health and Human Services would like to thank everyone who participated in the development of this plan. NCDHHS and the HLC are excited to launch the Strategic Housing Plan, which will move North Carolina forward with increasing community-based supportive housing. NCDHHS, the HLC, and the stakeholder network are committed to implementation of the objectives and strategies of this Plan and increasing partnerships and understanding of common goals shared by leaders and policymakers in the services and affordable housing systems.

The full NC Strategic Housing Plan is below and available on [NCDHHS' Transitions to Community Living webpage](#). For more information on the NC Strategic Housing Plan and how you can get involved, contact NCDHHS at tclolmstead.housing@dhhs.nc.gov.

This page intentionally left blank.



Introduction

Overview of the Strategic Housing Plan and Its Guiding Principles

The North Carolina Department of Health and Human Services (NCDHHS) Strategic Housing Plan offers goals, objectives, and strategies to help provide affordable, supportive housing for populations served by NCDHHS across the state. Specifically, the plan’s focus is on maintaining, increasing, and better utilizing permanent supportive housing (PSH) for priority populations served by NCDHHS.⁸ The NCDHHS and its key partners and stakeholders are committed to using this plan to guide community-based and cross-disability supportive housing over the next five years.

As a part of the strategic housing planning process, NCDHHS developed the following framework. It includes guiding principles, vision and mission statements, and equity and inclusion statements. This framework will guide continuing implementation of the Plan:

Vision: Quality community-based housing, services, and supports needed for people with disabilities to thrive.

Mission: Develop a comprehensive five-year plan to eliminate barriers to housing and create quality affordable, accessible, and inclusive housing that supports the whole individual by improving services, funding, communication, and statewide coordination for the populations we serve.

⁸ Because the focus population of this plan is people with disabilities with ongoing supportive services and permanent housing subsidy needs, the plan focuses on permanent supportive housing. However, the plan puts forth strategies for other evidence-based models of housing such as rapid rehousing, and standalone support services such as eviction prevention, housing navigation, and other tenancy supports. If sufficient resources are available in the future, NCDHHS will seek to serve other priority populations including people experiencing homelessness or at risk of homelessness.

Guiding Principles

- The Strategic Housing Plan will provide a strategic guide to focus NCDHHS' policy efforts and resource decision-making in creating and maximizing community-based housing opportunities for people with disabilities.
- The Plan will focus on people with disabilities to include people with disabilities who are served by or who qualify for NCDHHS services.
- The Plan will have a cross-disability focus to include people with disabilities who are experiencing homelessness, living in an institution, or at risk of institutionalization.
- The Plan will cover a five-year implementation period (2023–2028).

Equity and Inclusion: NCDHHS is committed to forming a broad, representative, inclusive Housing Leadership Committee membership that incorporates a range of different perspectives and experiences, including people with disabilities, in the planning and decision-making. During the implementation of the Plan, NCDHHS, with the support of the HLC, continues to be committed to reviewing progress to ensure that equitable outcomes are produced for NCDHHS' priority populations and all people with disabilities. NCDHHS will accomplish this by a periodic review of data and outcomes demographically as well as by accounting for qualitative feedback from people with lived experience and expertise.

Permanent Supportive Housing Framework

The concept of permanent supportive housing came about in the late 1990s and became a national best practice model for housing people with disabilities and people experiencing homelessness. PSH is a type of supportive housing for people with disabilities with longer-term support needs; it provides a permanent rent subsidy along with voluntary and tailored support services.⁹ In 2010, the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services named PSH as an evidence-based practice. SAMHSA defines PSH as, “decent, safe, affordable community-based housing that provides tenants with the rights of tenancy under state and local landlord tenant laws and is linked

⁹ Because the focus population of this plan is people with disabilities with ongoing supportive services and permanent housing subsidy needs, the plan focuses on permanent supportive housing. However, the plan puts forth strategies for other evidence-based models of housing such as rapid rehousing, and standalone support services such as eviction prevention, housing navigation, and other tenancy supports. If sufficient resources are available in the future, NCDHHS will seek to serve other priority populations including people experiencing homelessness or at risk of homelessness.

to voluntary and flexible supports and services designed to meet tenants' needs and preferences.”¹⁰ The Department of Housing and Urban Development (HUD), the Centers for Medicare and Medicaid Services (CMS), the Department of Justice (DOJ), and the U.S. Interagency Council on Homelessness (USICH) all recognize PSH as a best practice.

People with co-occurring and significant disabilities benefit from PSH and can live successfully in community-based integrated settings with the appropriate services and supports. Personal stories and research continue to validate integrated community-based housing with voluntary and flexible support services as a successful intervention. Research shows that PSH is effective for those with more severe disabilities and complex needs — including people with severe mental illness, people with intellectual and developmental disabilities (I/DD), people impacted by substance use and substance use disorder, those experiencing chronic homelessness, and people exiting institutions. Research has also demonstrated that PSH is cost effective for people with co-occurring conditions who are often experiencing homelessness and are frequent users of costly emergency and institutional services.^{11, 12, 13} Overall, PSH results in positive outcomes on health, including behavioral health, as well as overall housing stability.¹⁴

Nationally accepted PSH principles are:¹⁵

- Providers offer support services to promote independent living and help consumers find, get, and keep housing.
- Support services are consumer-driven, individually tailored, and flexible — and providers offer services primarily in vivo (in the consumer's home or in other community settings of their choice for instance).
- Neither support service compliance nor following treatment plans is a condition of accessing housing or maintaining tenancy.
- Supportive housing consumers have all the rights and responsibilities of tenancy.
- Housing is not subject to time limitations other than lease requirements.

¹⁰ Substance Abuse and Mental Health Services Administration (2010). *Permanent supportive housing: How to use the Evidence-Based Practices KITS*. HHS Pub. No. SMA-10-4509, Rockville, MD: U.S. Substance Abuse and Mental Health Services Administration.

¹¹ Culhane, D. P., Metraux, S., & Hadley, T. (2002). *Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing*. *Housing Policy Debate*, 13(1), 107-163.

¹² Larimer, M. E. (2009). *Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems*. *JAMA*, 301(13):1349.

¹³ Chalmers McLaughlin, T. (2010). *Using common themes: Cost-effectiveness of permanent supported housing for persons with mental illness*. *Research on Social Work Practice*, 21(4):404–411.

¹⁴ Rog, D., Marshall, T., Dougherty, R., George, P., Daniels, A., Ghose, S. S., & Delphin-Rittmon, M. (2014). *Permanent supportive housing: Assessing the evidence*. *Psychiatric Services*, 65(3):287-94.

¹⁵ Substance Abuse and Mental Health Services Administration (2010). *Permanent supportive housing: How to use the Evidence-Based Practices KITS*. HHS Pub. No. SMA-10-4509, Rockville, MD: U.S. Substance Abuse and Mental Health Services Administration.

- Leases are renewable contingent on compliance with standard lease terms and property rules.
- Ongoing, regular communication must occur between service providers, property managers, and tenants to help tenants remain successfully housed by resolving any difficulties and preventing eviction.

NCDHHS and stakeholders acknowledge that access to quality services and supports are key to the overall success of PSH and a consumer's long-term housing stability. NCDHHS also recognizes the challenges in building a system that is able to support full community integration; such challenges include lack of affordable and appropriate housing, limited supportive employment options, and lack of funding for services. The Strategic Housing Plan offers a set of objectives and strategies that will work to achieve community inclusion and transform North Carolina's human services system to support full integration for all, with a focus on people with disabilities.

NCDHHS' Role in Permanent Supportive Housing in North Carolina

The mission of NCDHHS is to work in collaboration with partners to provide essential services to improve the health, safety, and well-being of all North Carolinians. A key aspect of providing whole-person care and addressing social drivers of health is housing. NCDHHS has recognized the access to safe, quality, affordable housing and the supports necessary to maintain that housing is critical to the health, safety, and well-being of its residents. It is well established that housing has a significant impact on health outcomes; particularly for people with disabilities, housing shapes overall well-being.¹⁶ NCDHHS is committed to building a whole-person centered system that addresses both medical and nonmedical drivers of health.¹⁷ With this commitment in mind, NCDHHS administers and oversees several housing related programs across the state, described on the following pages.

Targeting and Key Programs

North Carolina has been at the national forefront of leveraging partnerships, infrastructure, and resources to provide community-based integrated PSH. Since 2002, NCDHHS and NCHFA have partnered closely to include PSH targeted to people with disabilities and people experiencing homelessness in Low-Income Housing Tax Credit (LIHTC)¹⁸ financed housing

¹⁶ Taylor, L. (2018, June 7). [Housing and health: An overview of the literature](#). *Health Affairs blog*.

¹⁷ North Carolina Department of Health and Human Services. (n.d.). [2021-2021 Strategic Plan](#).

¹⁸ Created by the Tax Reform Act of 1986, the LIHTC program gives [State and local LIHTC-allocating agencies](#) the equivalent of approximately \$8 billion in annual budget authority to issue tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income households. Quoted from, and for more information, see: <https://www.huduser.gov/portal/datasets/lihtc.html>

developments. This resulted in the creation of set-asides of PSH units within new affordable rental housing properties and a sustained production pipeline of integrated supportive housing for people with disabilities, resulting in 6,900 units¹⁹ created through the Targeting Program. NCDHHS and NCHFA require housing developers with PSH units in their properties to receive referrals from the NCDHHS Regional Housing Coordinator staff who coordinate with local human services agencies to ensure the coordination of community-based services with the intended focus populations.

North Carolina was an early adopter of this integrated PSH model for people with disabilities, and other States have since replicated it, most notably Louisiana following Hurricanes Katrina and Rita in 2005. NCDHHS leadership played an important role in the adoption of the Targeting Program within the state's broader housing policy and was crucial to developing strong support for the program within the General Assembly to ensure state revenue to support and sustain the program. NCDHHS, in partnership with NCHFA, has led the Targeting Program through several significant changes and enhancements over the years, including: the creation of the Key Program to provide project-based rental assistance to make PSH units affordable to extremely low-income (ELI) people with disabilities; and the reassignment of waiting list management for Targeting Program units from local service entities to regionally based NCDHHS housing coordination staff to ensure long-term program sustainability of the referral process and to allow service agencies to focus on ensuring successful tenancies. NCDHHS has also led the expansion of Regional Housing Coordinators across the state.

The entry of NCDHHS into an *Olmstead* settlement agreement with the DOJ to move a substantial number of individuals with serious mental illness out of adult care homes (ACHs) and into integrated PSH settings served as an added catalyst to expand integrated PSH in the state and to build on the efforts of the Targeting Program. Although the NCDHHS target population for the Targeting Program units is extremely low-income households with disabilities including frail seniors and persons who have experienced homelessness, NCDHHS prioritized people with mental illness living in or at risk of entering ACHs for these PSH opportunities. While this step is necessary to meet the aggressive timelines and benchmarks in the settlement agreement, NCDHHS is committed to build upon lessons learned from the Targeting Program and continue its housing and service partnerships to create and sustain integrated PSH for a broader range of NCDHHS populations across North Carolina in the future.

***Olmstead* Settlement Agreement and Community Integration Goals**

As mentioned above, North Carolina reached a settlement agreement with the DOJ in 2012 to facilitate the transition of adults with serious persistent mental illness from ACHs into more integrated settings. The substantive provisions of the agreement dictate a timeline and benchmarks for transitioning and sustaining eligible individuals in community-based supportive housing slots through in-reach, discharge planning, and transition services, as well as mental

¹⁹ Number from NCHFA as of October 2022.

health services that include Assertive Community Treatment²⁰ teams, community support teams, case management, peer support, psychosocial rehabilitation services, crisis services, and supported employment.

NCDHHS continues to implement its plan to meet the terms of the settlement agreement under its Transitions to Community Living (TCL) initiative. The North Carolina General Assembly has appropriated resources for NCDHHS to expand supportive services to meet the needs of members of the target population who transition to community-based PSH settings. NCDHHS also provides state-appropriated funding for tenant-based rental assistance, called the Transitions to Community Living Voucher. State agency partners have primarily focused on tenant-based PSH strategies in an effort to meet the aggressive timelines and benchmarks in the agreement, and, as noted above, have prioritized access to Targeting Program units.

Currently, NCDHHS has not met the settlement requirements for housing placement. NCDHHS continues to collaborate closely with the six Local Management Entities/Managed Care Organizations (LME/MCOs) to identify TCL-eligible individuals and transition them to PSH, and to ensure that ongoing tenancy support services are delivered through the LME/MCO provider networks. NCDHHS has completed a root cause analysis and has implemented strategies to address identified barriers to speed up housing placements as well as offer tenant support needed to sustain long-term tenancies. NCDHHS has been working with the LME/MCOs to address barriers to effective service delivery and is working to improve the quality and outcomes of Medicaid-financed community-based tenant supports and housing-related services for the TCL and other potential PSH target populations.

NCDHHS is committed to ensuring that this Strategic Housing Plan builds upon these existing *Olmstead* successes and lessons and insights learned from existing programs such as Transitions to Community Living and Money Follows the Person. As NCDHHS achieves the goals of the settlement, NCDHHS expects to renew its commitment to cross-disability planning. The strategic planning process and this resulting Plan renew NCDHHS' strong commitment to a cross-disability approach and offer a guide to providing housing and services with a cross-disability focus. As part of the implementation of the Plan, to pursue this cross-disability approach, NCDHHS remains committed to broaden its PSH prioritization policies to other priority NCDHHS subpopulations outside of the TCL population covered by the DOJ settlement.

NCDHHS Housing Programs

In addition to the above, and serving a broader population, NCDHHS sponsors and administers other housing programs, including the following:

Emergency Solutions Grant

NCDHHS administers HUD Emergency Solutions Grant (ESG) funds. Under the ESG program, the NCDHHS' ESG Office funds local government entities and nonprofit organizations located

²⁰ North Carolina Department of Health and Human Services. (n.d.). [Assertive Community Treatment](#).

across the state. The State of North Carolina receives an annual ESG grant award from HUD, and the State subsequently allocates these funds to qualified local governments and nonprofit organizations that provide assistance, shelter, or services to people experiencing homelessness or to those individuals or families at risk of experiencing homelessness.

In 2020, HUD allocated NCDHHS \$32.35 million in ESG CARES Act (ESG-CV) funding for homeless services providers in North Carolina to assist with responding to the COVID-19 public health crisis. The overarching goal for this funding was to preserve life and health through investments to prevent the spread of COVID-19 in homeless populations; to promote system transformation to address overcrowding; and to promote housing stability during the public health crisis. NCDHHS prioritized the ESG-CV funding for housing stability activities (Homelessness Prevention, Rapid Rehousing) to assist individuals and families living in unsheltered environments and those exiting congregate and non-congregate shelter sites to permanent housing. NCDHHS worked collaboratively with Continuums of Care (CoCs) to provide funding both to current ESG subrecipients and new applicants; funded activities include those that are crucial to preserving life and health as well as forward-looking activities that build a stronger, healthier, more effective homelessness and housing system in North Carolina.

Money Follows the Person

Money Follows the Person (MFP) is a state project that helps NC Medicaid-eligible North Carolinians living in inpatient facilities move into their own homes and communities with supports. Eligibility for MFP currently includes people who reside in a hospital, skilled nursing facility, or an intermediate care facility for people with developmental disabilities and have resided in a qualified facility for at least 60 days. MFP supports North Carolinians in having more choices about where they receive their long-term supports and addresses barriers to receiving quality, community-based long-term care and supports. Participation in MFP is voluntary and funded through a partnership between NCDHHS and the federal Medicaid agency (CMS). For more information on MFP, visit the [MFP webpage on the NCDHHS website](#).²¹

Healthy Opportunities

NCDHHS is committed to improving the health, safety, and well-being of all North Carolinians. Through complementary initiatives in the Healthy Opportunities Portfolio, NCDHHS seeks to look beyond what is typically thought of as “health care” and invest more efficiently and strategically in health. Healthy Opportunities is dedicated to creating a statewide infrastructure to link health care and human services providers and to pursuing targeted, strategic investments to impact social drivers of health. Social drivers of health are conditions such as food insecurity, housing instability, unmet transportation needs and interpersonal violence; these challenges have a deep impact not only on a person’s health, safety, and well-being but also on health care utilization and costs. Several initiatives within the Healthy Opportunities portfolio are intended for use by all populations — for example, standardized screening questions and NCCARE360, a closed loop referral system shared between health and human service providers. Some initiatives are embedded in Medicaid — for example, requirements and opportunities for

²¹ North Carolina Department of Health and Human Services. (n.d.). [Money Follows the Person](#).

statewide prepaid health plans to invest in social drivers and regional Healthy Opportunities Pilots that seek to test and evaluate the impact of providing select evidence-based, nonmedical interventions related to housing, food, transportation and interpersonal safety to high-needs Medicaid enrollees. For more information related to the Healthy Opportunity portfolio, visit NCDHHS' [Healthy Opportunities website](#).²²

Back at Home Program

In response to Hurricane Florence — and in partnership with NCHFA, North Carolina Coalition to End Homelessness (NCCEH), and other provider agencies throughout the state — NCDHHS developed and established a targeted rehousing program to serve a select high-needs population with no path out of the disaster shelters. Back at Home offered the following housing related services for households who were currently homeless or at risk of homelessness: housing navigation services, housing, rent and move-in assistance, and housing stabilization services. Back at Home was a tremendous success, rehousing more than 270 households, and has been recognized as a national model in disaster response. For more information, visit the NCCEH-sponsored [Back at Home website](#).²³

Coordination of the North Carolina Balance of State Continuum of Care

NCDHHS supports NCCEH in their efforts to coordinate the NC Balance of State Continuum of Care (BoS CoC). The BoS CoC, created in 2005, serves 79 counties across North Carolina to assist rural communities in applying for CoC funding from HUD. CoC funding serves homeless populations through PSH, transitional housing, rapid rehousing, supportive services, and Homeless Management Information System projects. Funding is accessed through an annual application process. For more information on the NC BoS CoC, visit [NCCEH's website](#).²⁴

The North Carolina Council on Developmental Disabilities

NCDHHS supports the work of the North Carolina Council on Developmental Disabilities (NCCDD). The Council is a forty (40)-member body appointed by the governor. By law, 60 percent of the Council's membership is made up of people with I/DD and their families; the remaining 40 percent of appointments include NC government departments, legislators, network partners, LME/MCOs, providers, and members of the public. Members represent the ethnic, cultural, and geographic diversity of NC. NCCDD works collaboratively, across the state, to ensure that people with I/DD and their families participate in the design of and have access to needed community services and individualized supports. For more information, visit the [NCCDD website](#).²⁵

²² North Carolina Department of Health and Human Services. (n.d.). [Healthy Opportunities](#).

²³ North Carolina Coalition to End Homelessness. (n.d.). [Back at Home](#).

²⁴ North Carolina Coalition to End Homelessness. (n.d.). [North Carolina Balance of State Continuum of Care](#)

²⁵ [North Carolina Council On Developmental Disabilities](#)

HOPE Program

NCDHHS supports and partners with the NC Office of Recovery and Resiliency (NCORR) to implement the Housing Opportunities and Prevention of Evictions Program (HOPE), which provides rent and utility assistance to low-income renters who are experiencing financial hardship due to the economic impacts of COVID-19. The program helps prevent evictions and utility disconnections to promote housing stability during the pandemic. For more information, visit the [HOPE program website](#).²⁶

NCDHHS intends that the Strategic Housing Plan will build on these existing housing efforts and provide a strategic guide to focus its policy efforts and resource decision-making in creating and maximizing community-based housing opportunities. NCDHHS is committed to a cross-disability focus, and the focus population of the plan prioritizes and includes, but is not limited to, people with disabilities who experience homelessness, are living in an institution, or are at risk of institutionalization.

²⁶ North Carolina Office of Recovery & Resiliency. (n.d.) [ReBuild NC: NC Housing Opportunities and Prevention of Evictions \(HOPE\) Program](#).

This page intentionally left blank.



Methodology

Planning with NCDHHS, State Partners, and Community Stakeholders

In 2021, NCDHHS leadership, in close consultation with key stakeholders across the state, identified the need to launch a comprehensive strategic planning process. In response, NCDHHS convened a diverse, broad-based group of stakeholders from across North Carolina to develop a Strategic Housing Plan; stakeholders included key NCDHHS housing staff, the North Carolina Housing Finance Agency (NCHFA), other partner state agencies, and key community stakeholders. To assist in the process, NCDHHS engaged the Technical Assistance Collaborative (TAC) whose consultants are nationally recognized experts in the fields of behavioral health and permanent supportive housing.

At the start of the planning process, Dave Richard, the deputy secretary for North Carolina Medicaid at NCDHHS, set forth this strategic guidance to help chart the course of the plan's development:

The plan will address the housing needs of individuals with disabilities, to include people with disabilities who are currently receiving or eligible for NCDHHS-funded services at the state and local levels, who are either experiencing homelessness, currently residing in congregate settings or at risk of entry into these settings.

This Housing Plan will provide a strategic guide to focus policy efforts and resource decision making in creating and maximizing community-based housing opportunities for identified populations over a five-year horizon.

The plan will build on existing Olmstead efforts within the NCDHHS (i.e., Transitions to Community Living and Money Follows the Person).

In early 2021, NCDHHS convened local leaders and experts in affordable housing and services from across the state to determine the scope of assistance needed and to create a timeline for robust stakeholder participation in the development of the Plan. The aim was to develop strategic goals and objectives to guide the actions of NCDHHS leadership and local providers as they create and maintain community-based housing opportunities for persons with disabilities.

Environmental Housing Scan

Prior to the kickoff of the strategic planning process, NCDHHS, with TAC support, engaged in over 100 interviews and focus groups (collectively) with advocates, service providers, and people with lived experience across the state. The aim of these engagement efforts was to gather information on housing need in North Carolina for the Plan’s focus population. NCDHHS and TAC developed and broadly disseminated online housing need surveys to providers, state staff, people with lived experience and expertise, and advocates. NCDHHS and TAC conducted a review of the more than 500 survey responses, and 75 interviews, and analyzed the data to identify major themes.

Twenty top themes that emerged from the interviews and surveys, presented in descending order:

- | | |
|--|---|
| <ul style="list-style-type: none"> 1 Not enough affordable housing to meet the need 2 Increase housing competency and capacity 3 Cost of housing & housing development rising 4 Need for more local & state collaboration (inter and intra as well as public-private) 5 Grow awareness of housing issues 6 Need for more accessible housing 7 Need for more resources – state, federal, local, private 8 Need for more affordable housing development incentives 9 Need for more landlord incentives, support, outreach, communication 10 Need for increased and more flexible transportation options and partnerships to expand options | <ul style="list-style-type: none"> 11 Lower screening barriers for credit, criminal, rental history, eviction 12 Lack of support and tenancy services 13 Lack of service provider coordination 14 Need for more client-centered, trauma-informed care 15 Staff burnout due to natural disasters/pandemic 16 Improved, better coordinated, and prioritized referral systems needed 17 Need more integrated community-based housing options 18 Housing discrimination 19 More focus on eviction prevention & diversion needed – resources, policy reform, leveraging local programs 20 Lack of vouchers/rent assistance |
|--|---|

Interviews and Focus Groups

NCDHHS and TAC also conducted stakeholder interviews and focus groups over the course of several weeks in summer 2021. Interviewees included leadership and frontline staff of behavioral health and homelessness service providers, NCDHHS leadership and program

managers, elected officials (both local and state-level), advocates, housing developers and property managers, and representatives from the justice and legal sectors. NCDHHS staff, with the support of TAC, facilitated focus groups with parents and legal guardians of people with disabilities and people with lived experience and expertise, covering all regions of the state including rural and more populated areas. Overall, more than 100 people participated in interviews and focus groups ([see Appendix D](#) for de-identified sector and disability representation in focus groups and interviews). The most frequently mentioned theme from both the interviews and the focus groups, mirroring the survey results (see below), was the general lack of affordable and accessible housing options across the state.

Online Housing Survey Results

Online Housing Survey with People with Lived Experience

More than 500 people, including 73 people with lived experience, completed a survey. The lived experience respondents self-identified as people with disabilities, people experiencing homelessness, people with a history of justice involvement, and people who use drugs or are in recovery for drug use. A summary of the key findings includes:

- Overwhelmingly, people with lived experience indicated they prefer to live in community-based housing that is integrated with the broader community.
- The affordability of the housing as well as safety of the neighborhood, accessibility, and proximity to public transportation and services were of highest importance.
- Most people responding indicated a need for a reasonable modification or reasonable accommodation to access or remain stable in housing.
- A majority of survey respondents who identified as people with lived experience noted they currently pay more than 30 percent of their income toward housing; almost 30 percent of respondents indicated they pay more than 50 percent of their income toward housing costs.
- Most survey respondents indicated the need for supportive services to access and maintain stability in housing.

Online Housing Survey with Family Members & Legal Guardian

One hundred and two parents and legal guardians responded to this survey. More than 60 percent of respondents reported they have a family member who is disabled and living with their family. Key findings from the survey include:

- Just over 20 percent said they would like their family member with a disability to live on their own in the community with supportive services.
- Ten percent said they would like their family member with a disability to own their own home.
- Over 60 percent reported that their family member needed reasonable accommodations and/or modifications to remain stably housed.
- Over 80 percent said supportive services would help their family member maintain housing.

- Sixty percent indicated that support from family and friends, support in advocating and communicating with the property manager, and increasing transportation options would be advantageous.

Online Housing Survey from Housing and Supportive Service Providers

Housing and service providers included outreach workers, municipal staff, nonprofit employees, housing counselors, emergency shelter staff, Public Housing Agency staff, nonprofit board members, Assertive Community Treatment (ACT) team staff, residential case managers, Continuum of Care (CoC) lead agency staff, property managers, and behavioral health providers. The group included executive directors, program administrators, case managers, and frontline staff providing direct services.

Key responses from the provider survey included:

- Continuum of Care and Referral Methods for PSH
 - Just over half of respondents in this category said they work directly with the CoC on efforts to increase PSH opportunities; of this group, more than 60 percent reported having a positive relationship with their CoC.
 - About half of the respondents said that referrals for PSH come through the CoC in their community. In the other communities, service providers make direct referrals to PSH opportunities and 4 percent report having no referral system for PSH.
 - Forty percent have community-based/scattered-site PSH, 20 percent have single-site PSH, and just over 40 percent have PSH linked with a tenant-based rental subsidy. (Note: communities reported having more than one type of PSH).
- Use of Evidence-Based Housing Models
 - Over half of the participating communities used a Housing First model,²⁷ with 30 percent using a progressive engagement approach,²⁸ just under 40 percent adopting a harm reduction model of care,²⁹ and 45 percent using a trauma-informed lens.
 - More than half reported having a rapid rehousing program in their community.

²⁷ Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. Quoted from and for more information see the [Housing First webpage](#) on the National Alliance to End Homelessness website.

²⁸ Progressive engagement is a person-centered approach to ending someone's homelessness. It is based on tailoring assistance to each individual or household's needs and assessing what works best for them, with their specific strengths, and in their specific situation. Quoted from and for more information see the [What Is Progressive Engagement webpage](#) on the National Alliance to End Homelessness website.

²⁹ Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services. Quoted from and for more information see the [Harm Reduction webpage](#) on the Substance Abuse and Mental Health Services Administration website.

- Almost 80 percent said their agency does not require services/follows a Housing First approach to access housing.
- Gaps & needs:
 - Almost ninety percent reported the need for more affordable housing.
 - Seventy-five percent indicated more accessible housing is needed.
 - Seventy-four percent said more funding for supportive services is needed.
 - Fifty percent said there are not enough staff to support current caseloads.
 - Fifty-six percent said additional training and compensation for staff is needed.
 - Fifty-five percent said more coordination is needed across service systems and stakeholders.

Housing Leadership Committee

Beginning in May 2021, NCDHHS, with TAC support, convened a group of key and diverse stakeholders and NCDHHS staff — collectively known as the Housing Leadership Committee (HLC) — to offer broad-based, diverse leadership in developing the plan. ([See Appendix A](#) for member representation of the HLC.) NCDHHS convened the HLC to support and offer guidance in the development of the Strategic Housing Plan as well as to help support and guide implementation. NCDHHS formed the HLC to represent a wide range of sectors including:

- State agency staff
- NCDHHS leadership
- North Carolina Housing Finance Agency
- Managed Care Organizations (LME/MCOs)
- Housing and service providers
- Housing and disability advocacy organizations
- Veteran organizations
- Elected officials
- Health systems
- Housing developers
- Property owners & property managers
- People with lived experience
- Municipal staff

The HLC met regularly starting in summer 2021 to develop a shared mission, vision, and guiding principles. Based on the charge from Deputy Secretary Richard, the HLC developed a collective vision and mission, as well as guiding principles that set forth the plan's strategic framework (listed prior).

The HLC reviewed and refined the draft objectives and strategies throughout the strategic planning process. HLC members worked to ensure that the process, as well as the objectives and strategies, reflected the environmental scan findings, were inclusive and informed by the contributions of people with lived experience and expertise, and took into account issues of equity.

Workgroups

Based on the environmental scan findings, NCDHHS and the HLC convened five workgroups to develop specific objectives and strategies across five goal areas of focus:

- Increasing Housing Development (Development)
- Expanding and Improving Affordable Housing through Non-Development Activities (Non-Development)
- Improving and Increasing Supportive Services (Services)
- Enhancing Coordination among State Agencies Administering Housing Funding and Programs (Coordination)
- Increasing Partnerships across the State to Bolster Affordable Housing (Partnerships)

Workgroup membership was diverse and included people with lived experience and expertise. The workgroups also included representation from rural and non-rural areas, as well as state and local government. Workgroup members represented the following sectors:

- Housing Finance
- Behavioral Health Services
- Supportive Services
- Affordable Housing Development
- Community Development
- Homelessness Sector/Continuums of Care (CoCs)
- Supportive Housing Development
- Public Housing Authorities
- Local Government
- Nonprofit Service Providers and Developers
- Advocacy
- Legal and Justice Sectors
- People with Lived Experience & Expertise

In addition to NCDHHS, all relevant state agencies participated throughout the development of the plan:

- North Carolina Housing Finance Agency (NCHFA)
- North Carolina Council on Developmental Disabilities (NCCDD)
- North Carolina Office of Recovery and Resiliency (NCORR)
- North Carolina Department of Commerce (Commerce)
- North Carolina Department of Public Safety (NCDPS)
- North Carolina Department of Administration (DoA)

In early 2022, and using the SMARTIE³⁰ method, these workgroups met at least once per month over the course of six months to develop objectives and strategies. Two workgroup leads for each workgroup guided and facilitated discussion and reported on their group's progress to the HLC. After each step in the planning process (objective development, then strategy development), the workgroup leads met with the HLC and key NCDHHS staff to provide progress updates and review and offer comments on the work to date.

³⁰ SMARTIE stands for Specific, Measurable, Achievable, Relevant, Time-Bound, Inclusive, Equitable

The workgroups used the information and data collected from interviews, focus groups, and a housing survey to help inform their direction. TAC and NCDHHS also provided a guide to workgroup members on how to develop clear, measurable objectives and strategies that also centered equity and inclusion.

Acknowledgments

NCDHHS is pleased to release the *North Carolina Department of Health and Human Services Strategic Housing Plan*. This plan is the result of a truly collaborative process that involved many individuals and organizations across the state of North Carolina who offered their feedback and expertise by contributing to the surveys, interviews, and focus groups during the environmental housing scan as well as supporting the goal area workgroups during the strategic planning process. NCDHHS would like to acknowledge the work of the Housing Leadership Committee as well as workgroup leads and members — collectively, a diverse group of stakeholders from a wide range of sectors. A complete list of the HLC members who played a leadership role in the creation of this plan is included in [Appendix A](#). NCDHHS would also like to extend special thanks to Scott Farmer, the executive director of the North Carolina Housing Finance Agency (NCHFA), and Ann Oshel, the senior vice president of Community Health and Well-Being for the Alliance Health Plan, for their leadership and commitment in acting as HLC co-chairs. In addition, NCDHHS would like to recognize the contributions of the NCDHHS housing staff across the various program offices who committed their time, energy, and expertise to ensuring that the strategic planning process stayed on track and resulted in the completion and release of this Strategic Plan. NCDHHS would also like to uplift a special recognition to the late Joe Breen, a member of the NCDHHS housing staff, for his contributions and commitment in support of the strategic planning process.

This page intentionally left blank.



Permanent Supportive Housing: The Plan's Unifying Foundation

Permanent supportive housing (PSH) is an evidence-based intervention designed to serve people with disabilities in integrated, community-based settings. As mentioned previously, research and practice show that community-based affordable housing coupled with voluntary supportive services is more efficient and effective than institutional and other more restrictive housing options. Increased development of and access to PSH is central to meeting the overall goals of this Plan.

As part of the housing environmental scan, there was consensus among stakeholders of the need to create a range of additional PSH opportunities across North Carolina. According to this feedback and the current demand/need for additional PSH options across the NCDHHS priority populations, NCDHHS commits to the objectives and supporting strategies in this Plan to focus on the creation and preservation of, and increased access to, PSH opportunities across North Carolina.³¹ Creating and sustaining PSH under the Plan allows North Carolina to unite the two important policy initiatives — ending chronic homelessness and ending unnecessary institutionalization — within a single comprehensive policy framework. Stakeholders invested in either policy goal are encouraged to understand the long-term implications of a united vision for the future expansion of the PSH approach across the state.

North Carolina appreciates that these two separate federal policies (i.e., ending chronic homelessness and Olmstead policy) are essentially about the same goals: (a) improving the lives of the nation's most vulnerable people with disabilities through the provision of evidence-based and promising practices in community-based housing and services, and (b) assuring the most cost-effective use of public funds.

While people with disabilities living in institutions or at risk of institutionalization do not meet the HUD definition of experiencing chronic homelessness, the civil rights implications associated with restricting someone unnecessarily in an institutional setting certainly rise to the same level of priority within NCDHHS. Further, NCDHHS leadership's commitment to implementation of the Strategic Housing Plan objectives and strategies detailed below will further support the community integration goals laid out in [North Carolina's Olmstead Plan](#) and the efforts of the North Carolina Interagency Council on Coordinating Homeless Programs. In alignment with the NC Olmstead Plan, NCDHHS will pursue a cross-disability approach that includes people with mental illness and people with intellectual and developmental disabilities. If sufficient resources

³¹ The Plan also calls for other interventions such as rapid rehousing and deeply affordable housing (with quality voluntary services made available) to provide a level of choice.

are available in the future, NCDHHS will seek to serve other priority populations to include people experiencing homelessness or at risk of homelessness.

Description of the Objectives and Strategies

Within the five goal areas, there are sixteen (16) objectives with supporting strategies. Through the efforts of each goal area workgroup, NCDHHS has identified the strategies as either short or long term and moderate or high priority.³² From the strategy development sessions accomplished by the workgroups, NCDHHS identified thirty-nine (39) strategies as short-term, high-priority strategies. These 39 strategies will serve as priority areas for implementation in the initial years of the Plan. The objectives and strategies outlined below are ambitious and will require resources, both financial and human, that significantly exceed those of NCDHHS. As such, NCDHHS will work with the Housing Leadership Committee, partner state agencies, and other stakeholders to prioritize further until resources become available.

Goal Area 1: Housing Development

Under the Housing Development goal area, NCDHHS' short-term, high-priority objectives and strategies focus on sustaining the Housing Leadership Committee for ongoing plan implementation support, as well as conducting a permanent supportive housing needs assessment and developing a statewide permanent supportive housing framework. One of the main objectives of the Housing Development goal area is to support the creation of 4,500 PSH opportunities, both through new construction and rehabilitation of existing properties.

North Carolina has a long and successful history of best practice PSH activity, and stakeholders have laid a strong foundation within several communities. What has been missing is a collaborative state-local PSH policy framework that commits stakeholders and key funders (state housing and service agencies as well as local housing and community development officials) to a shared vision and goals, as well as shared responsibility. Through the NCDHHS Strategic Housing Plan, North Carolina has the opportunity, vision, and framework to create sustainable state-local government partnerships to align the resources needed to support and sustain a PSH development pipeline, including capital as well as rental subsidy and services funding.

The short-term, high-priority strategies to accomplish this include:

- Increasing the state's Key rental subsidy that provides rent assistance to extremely low-income households with disabilities living in Low-Income Housing Tax Credit Targeted units³³ as well as increasing small-scale PSH development.
- Offering support to potential developers to identify and apply for PSH funds.

³² Short term = Completed within years 1-2 of plan adoption; Long term = Completed within years 3-5 of plan adoption.

³³ North Carolina Housing Finance Agency (2022, June 16). [Targeting and Key Rental Assistance](#).

- Researching and implementing a state-local PSH partnership funding initiative and best-practice private-public models of PSH development.
- Aggressively seeking additional HUD funds for PSH development.

Securing long-term affordability for properties at-risk of losing affordability is also a high priority under this goal area and the strategies include:

- Identifying properties with expiring units.
- Working with the Section 811 properties on an affordability preservation plan.

Goal Area 1, Objective 1.

Develop and implement an equity-centered PSH policy framework, supported by a diverse³⁴ leadership structure, within eighteen (18) months of Strategic Housing Plan adoption.

PSH is a foundational element of the NCDHHS Strategic Housing Plan, and NCDHHS recognizes the importance of developing and implementing a PSH policy framework adopted by all State agencies involved in supporting and sustaining PSH statewide. Despite North Carolina's varied and long history with PSH, it is important for the future of housing and services policy in the state that separate State agencies adopt common basic principles that define the PSH approach. Within this PSH policy framework, however, there can be an array of models of permanent housing and services that qualify as PSH. In addition, it is equally important to determine which models do not qualify as PSH, while at the same time not devaluing the role they may play in providing housing and support services for certain high-priority populations. To strengthen and formalize efforts across State agencies, NCDHHS will bring together State agencies, NCDHHS program offices, and key local PSH practitioners and stakeholders to create a unified, coordinated approach to PSH policies for all populations. The PSH Policy Framework will foster consistency of policy messaging; improve communication across State agencies serving similar populations; minimize fragmentation; and reduce competition among different populations for limited resources. NCDHHS will implement the strategies in Table 1 to develop and implement this PSH Policy Framework.

³⁴ Diverse and inclusive includes urban and rural communities; racially and ethnically diverse, geographically, and demographically diverse, and inclusive of persons with disabilities and lived experience of homelessness and housing instability.

Table 1: PSH Policy Framework Implementation Strategies

PSH Policy Framework Implementation Strategy	Time Frame	Responsible Parties	Priority Level
a. Sustain the Housing Leadership Committee (HLC), developed to create the NCDHHS Strategic Housing Plan, to support implementation and oversee the coordinated efforts of NCDHHS and partner agencies to implement and achieve its goals.	Short-term	NCDHHS	High
b. Conduct a PSH Needs Assessment by the end of year 2 of the Strategic Housing Plan adoption.	Short-term	NCDHHS	High
c. Develop and adopt a PSH policy framework including a PSH definition, integrated housing models, best practice service models (i.e., Housing First, ³⁵ Harm Reduction, ³⁶ etc.), standardized roles and responsibilities, and target populations by the end of year 1.	Short-term	NCDHHS	High
d. Identify gaps/needs for fully accessible ³⁷ units in terms of volume, availability, geography, needed features by end of year 2 of the Strategic Housing Plan adoption.	Short-term	NCDHHS with NCHFA support	Moderate
e. Identify overlap between Money Follows the Person ³⁸ waitlist,	Short-term	NCDHHS	Moderate

³⁵ See Footnote 26.

³⁶ See Footnote 28.

³⁷ Accessible housing means housing that is physically adapted to the individuals who occupy it, including those who are impacted by age, physical or mental disability, or a medical condition.

³⁸ Money Follows the Person (MFP) is a state project that helps NC Medicaid-eligible North Carolinians living in inpatient facilities move into their own homes and communities with supports. Quoted from, and for more information, see the [Money Follows the Person webpage](#) on the NCDHHS website.

PSH Policy Framework Implementation Strategy	Time Frame	Responsible Parties	Priority Level
<p>Innovations Waiver³⁹ waitlist, Targeting Program⁴⁰ waitlist, and homeless/Continuum of Care⁴¹ waitlists/Point in Time⁴² county data to generate a deduplicated estimate of PSH need within 18 months of the Strategic Housing Plan adoption.</p>			
<p>f. Initiate a State-Local PSH Partnership Initiative in the 20 priority counties/geographic areas⁴³ and secure the adoption of the State’s PSH policy framework at the local level to expand PSH across the state.</p>	<p>Long-term</p>	<p>NCDHHS, with support from NCHFA</p>	<p>Moderate</p>

³⁹ The NC Innovations Waiver is a federally approved 1915 C Medicaid Home and Community-Based Services Waiver (HCBS Waiver) designed to meet the needs of individuals with intellectual or development disabilities (I/DD) who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting. Quoted from, and for more information, see the [NC Innovations Waiver webpage](#) on the NCDHHS website.

⁴⁰ The Targeting Program is a partnership between NCHFA and NCDHHS to provide access to affordable housing for people with disabilities and/or experiencing homelessness with very low incomes. Quoted from, and for more information, see the [Community Living Programs webpage](#) on the North Carolina Housing Finance Agency website.

⁴⁰ Requires action from the General Assembly.

⁴¹ The Continuum of Care (CoC) program promotes community-wide commitment to the goal of ending homelessness. The program provides funding for efforts by nonprofit providers and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness. The program promotes access to and effects utilization of mainstream programs by homeless individuals and families. The program optimizes self-sufficiency among individuals and families experiencing homelessness. Quoted from, and for more information, see the [Continuum of Care Program webpage](#) on the U.S. Department of Housing and Urban Development website.

⁴² The Point-in-Time (PIT) count is a count of sheltered and unsheltered people experiencing homelessness on a single night in January. HUD requires that Continuums of Care conduct an annual count of people experiencing homelessness who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered people experiencing homelessness every other year (odd numbered years). Each count is planned, coordinated, and carried out locally. Quoted from, and for more information, see the [Point-in-Time Count and Housing Inventory Count webpage](#) on the HUD Exchange website, a resource from the U.S. Department of Housing and Urban Development.

⁴³ NCDHHS and NCHFA have identified priority counties using NCDHHS data on the highest demand counties for consumers in need of affordable (supportive) housing. The priority counties are described in the [North Carolina Qualified Allocation Plan](#). For 2022, the list can be found on [page 23 of the Plan](#).

Goal Area 1, Objective 2.

Facilitate and support the creation of 4,500 new PSH opportunities through new construction and rehabilitation development pipeline in targeted areas within 5 years of the Strategic Housing Plan adoption.

In response to the lack of integrated PSH opportunities statewide to meet the need, the NCDHHS Strategic Housing Plan lays out an ambitious PSH development pipeline objective of creating 4,500 PSH opportunities over the next five years. A comprehensive, multifaceted approach is required to meet this objective — one that will align, maximize, and utilize housing development and operating assistance resources from a range of sources at the federal, state, and local levels. NCDHHS also recognizes the importance of enhancing partnerships between State agencies, local housing development agencies, and other housing development stakeholders to meet the PSH development pipeline goal. The strategies in Table 2 create and maintain this sustained PSH pipeline of new development across the state of North Carolina.

Table 2: New PSH Development Pipeline Strategies

PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
a. Support the increase of funding for Key Rental Assistance ⁴⁴ to provide an annualized increase to the participating owners to address the subsidy gap to fully utilize units set aside by the Targeting Program. ⁴⁵	Short-term, ongoing	NCDHHS, with support from NCHFA, advocates, and stakeholders	High
b. Sustain deep affordability standards for the Low-Income Housing Tax Credit (LIHTC) ⁴⁶ program to serve people at or	Short-term	NCHFA	High

⁴⁴ Key Rental Assistance is available in properties participating in the Targeting Program. Key rental assistance makes the Targeted apartments truly affordable to people who are disabled and/or are experiencing homelessness with extremely low incomes and can help pay for security deposits and certain costs incurred by property owners. Quoted from, and for more information, see the [Community Living Programs webpage](#) on the North Carolina Housing Finance Agency website.

⁴⁵ Requires action from the General Assembly.

⁴⁶ Created by the Tax Reform Act of 1986, the LIHTC program gives [State and local LIHTC-allocating agencies](#) the equivalent of approximately \$8 billion in annual budget authority to issue tax credits for the acquisition, rehabilitation,

PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
<p>below 30% Area Median Income (AMI)⁴⁷. <i>Note: This first requires the NCHFA to update internal policy to ensure priority for National Housing Trust Fund (NHTF)⁴⁸ to be used in 20 priority counties.⁴⁹</i></p> <ul style="list-style-type: none"> ○ Explore feasibility and develop criteria to fund operating assistance to obtain deeply affordable units (i.e., 20–30% AMI) in projects funded with NHTF in priority counties. 			
<p>c. Partner with local and state Public Housing Agencies (PHAs) to leverage and increase the use of Housing Choice Vouchers⁵⁰ or Project-Based Voucher⁵¹</p>	<p>Long-term</p>	<p>NCHFA</p>	<p>Moderate</p>

or new construction of rental housing targeted to lower-income households. Quoted from, and for more information, see the [LIHTC data set](#) on the HUD User portal, a resource from the Office of Policy Development and Research.

⁴⁷ Office of Policy Development and Research. (2022, December 2). [FY 2023 Median Family Income Estimates and Income Limits](#).

⁴⁸ The (National) Housing Trust Fund provides grants to states to produce and preserve affordable housing for extremely low- and very low-income households. States and state-designated entities are eligible grantees for the HTF. HUD allocates HTF funds by formula annually. A State must use at least 80 percent of each annual grant for rental housing; up to 10 percent for homeownership; and up to 10 percent for the grantee’s reasonable administrative and planning costs. HTF funds may be used for the production or preservation of affordable housing through the acquisition, new construction, reconstruction, and/or rehabilitation of non-luxury housing with suitable amenities. All HTF-assisted units will be required to have a minimum affordability period of 30 years. Quoted from, and for more information, see the [Housing Trust Fund webpage](#) on the U.S. Department of Housing and Urban Development website.

⁴⁹ The priority counties are described in North Carolina’s Qualified Allocation Plan (QAP) each year. The federal Low-Income Housing Tax Credit program requires each state agency that allocates tax credits, generally called a housing finance agency, to have a QAP. The QAP sets out the state’s eligibility priorities and criteria for awarding federal tax credits to housing properties. The [2022 NC QAP](#) is available on the North Carolina Housing Finance Agency website.

⁵⁰ Housing choice vouchers are administered locally by public housing agencies (PHAs). The PHAs receive federal funds from the U.S. Department of Housing and Urban Development (HUD) to administer the voucher program. The housing choice voucher program is the federal government’s major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments. Quoted from, and for more information, see the [Housing Choice Vouchers Fact Sheet webpage](#) on the U.S. Department of Housing and Urban Development website.

⁵¹ Project-based vouchers (PBVs) are a component of a public housing agency’s (PHA’s) Housing Choice Voucher (HCV) program. For more information, see the [Project-Based Vouchers webpage](#) on the U.S. Department of Housing and Urban Development website.

PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
resources to assist with filling rental assistance shortage in the Targeting Program. Apply for additional Section 811 PRA ⁵² as the Department of Housing and Urban Development (HUD) makes funds available.			
d. Support recurring, annualized funding for the Workforce Housing Loan Program (WHLP) ⁵³ to create additional funding options to assist with supporting Targeting units/Extremely Low Income (ELI) ⁵⁴ and focusing on improving feasibility of rural/suburban projects (WHLP is a replacement of the NC State Tax Credit, which has been unfunded since 2019). ⁵⁵	Long-term	NCHFA	Moderate

⁵² The Section 811 Project Rental Assistance (PRA) Program, authorized by the Frank Melville Supportive Housing Investment Act of 2010 and first implemented as a demonstration program in FY 2012, seeks to expand the supply of supportive housing that promotes community integration for low-income people with disabilities by leveraging mainstream affordable housing, Medicaid, and other community-based supportive service resources. Quoted from, and for more information, see the [Section 811 PRA Program webpage](#) on the HUD Exchange website, a resource from the U.S. Department of Housing and Urban Development.

⁵³ The Workforce Housing Loan Program (WHLP) is a non-recurring appropriation created by the North Carolina General Assembly in 2014 to encourage the development of Housing Credit apartments with deeper income targeting. WHLP is administered by the Agency in combination with federal Housing Credits. Developers who are awarded WHLP funds receive the funds as a 30-year deferred payment loan at 0 percent interest for a percentage of the rental property’s development cost. The maximum loan amounts set by statute are based on the county income designations. Quoted from, and for more information, see the [Workforce Housing Loan Program portion of the Our Financing webpage](#) on the North Carolina Housing Finance Agency website.

⁵⁴ Extremely low-income families are defined to be very low-income families whose incomes are the greater of the Poverty Guidelines as published and periodically updated by the Department of Health and Human Services or the 30 percent income limits calculated by HUD. For more information, see the [HUD Resource Center: What You Need to Know About Income Limits](#) on the Novogradac website.

⁵⁵ Requires action from the General Assembly to increase funding.

PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
<p>e. Leverage LIHTC income averaging⁵⁶ (and identify other strategies) to create PSH and units affordable for people with ELI (defined as below 30% AMI). Overall, incentivize the creation of units affordable for people at or below 20% and 30% AMI.⁵⁷</p>	<p>Long-term</p>	<p>NCHFA</p>	<p>Low</p>
<p>Small Scale PSH Development: f. Research, plan and implement a State-Local PSH Partnership Initiative inviting the 20 priority counties⁵⁸ and CoCs to either match resources or units to expand the PSH development — to fully leverage and align State and local development resources including HOME⁵⁹, Community Development Block Grant (CDBG),⁶⁰ and any local funding resources that may be available.</p>	<p>Short-term</p>	<p>NCDHHS, NCHFA, NC Dept. of Commerce</p>	<p>High</p>

⁵⁶ The Consolidated Appropriations Act of 2018 permanently establishes income averaging as a third minimum set-aside election for new Housing Credit developments which owners could choose in lieu of the two previously existing minimum set-aside elections (the 40 at 60 and 20 at 50 standards). Income averaging allows Credit-qualified units to serve households earning as much as 80 percent of Area Median Income (AMI), so long as the average income/rent limit in the property is 60 percent or less of AMI. Owners electing income averaging must commit to having at least 40 percent of the units in the property affordable to eligible households. Quoted from, and for more information on, see [Housing Credit Income Averaging Frequently Asked Questions](#), available on the National Council of State Housing Agencies website.

⁵⁷ Note: This requires a change from the Internal Revenue Service to implement. The change is pending as of publication.

⁵⁸ The priority counties are described in North Carolina’s Qualified Allocation Plan (QAP) each year. The federal Low-Income Housing Tax Credit program requires each state agency that allocates tax credits, generally called a housing finance agency, to have a QAP. The QAP sets out the state’s eligibility priorities and criteria for awarding federal tax credits to housing properties. The [2022 NC QAP](#) is available on the North Carolina Housing Finance Agency website.

⁵⁹ The HOME Investment Partnerships Program (HOME) provides formula grants to states (NCHFA administers the state allocation) and localities that communities use — often in partnership with local nonprofit groups — to fund a wide range of activities including building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income people. Quoted from, and for more information, see the [Home Investment Partnerships Program webpage](#) on the U.S. Department of Housing and Urban Development website.

⁶⁰ The Community Development Block Grant (CDBG) Program provides annual grants on a formula basis to states (NC Dept. of Commerce administers the state formula allocation), cities, and counties to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons. Quoted from, and for more information, see the

PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
<p>Small Scale PSH Development:</p> <p>g. Prioritize and commit at least 50% of available funding from HOME-American Rescue Plan (ARP)⁶¹ ⁶² programs and the Supportive Housing Development Program (SHDP)⁶³ during the next five years for the creation of PSH units. Support the local Participating Jurisdictions⁶⁴ in the 20 priority counties to utilize at least 50% of their HOME-ARP resources to support PSH development using a range of strategies including establishing an Operating Cost Reserve Fund.</p>	<p>Short-term</p>	<p>NCDHHS, NCHFA</p>	<p>High</p>

[Community Development Block Grant Program webpage](#) on the U.S. Department of Housing and Urban Development website.

⁶¹ The American Rescue Plan (ARP) provides \$5 billion to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability across the country. These grant funds will be administered through HUD’s HOME Investment Partnerships Program (HOME). Quoted from, and for more information, see the [HOME-American Rescue Plan webpage](#) on the North Carolina Housing Finance Agency website.

⁶² Note: The North Carolina HOME-ARP Allocation Plan is approved by HUD and will focus on rental development and geographically targeted non-congregate shelter development. For more information, and to see the HOME-ARP Allocation Plan, see the [HOME-American Rescue Plan webpage](#) on the North Carolina Housing Finance Agency website.

⁶³ The Supportive Housing Development Program is a program administered by the North Carolina Housing Finance Agency (funded with NC Housing Trust Fund dollars) that provides forgivable loans to nonprofits developing or rehabbing housing projects that serve, “...populations of homeless or non-homeless households with special needs...” Quoted from, and for more information, see the [Supportive Housing Financing webpage](#) on the North Carolina Housing Finance Agency website.

⁶⁴ HUD allows municipalities that are not large enough on their own to receive a HOME allocation from HUD to partner with other counties and municipalities and form what is called a consortium (also known as a Participating Jurisdiction, or PJ) in order to draw down HOME funds. Forming a consortium is a way for local governments that would not otherwise qualify for funding to join with other contiguous units of local government to directly participate in the HOME Investment Partnerships Program (HOME) program. In FY 2022, HUD approved 147 consortia PJs. These PJs include among their members jurisdictions that are interested in taking a more regional, collaborative approach to meeting their affordable housing needs but whose individual formula allocations do not meet the minimum threshold for funding. Quoted from, and for more information, see the [HOME Consortia webpage](#) on the HUD Exchange website, a resource from the U.S. Department of Housing and Urban Development.

PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
<p>Small Scale PSH Development:</p> <p>h. Offer support through NCHFA’s Supportive Housing Development Program staff to educate and assist potential developers of PSH to pursue federal applications and state or local match.</p> <ul style="list-style-type: none"> ○ Identify and target underserved counties/geographic areas and populations across the state for technical assistance support. ○ Explore engaging rural counties that cannot support new 9% LIHTC projects⁶⁵ to create partnerships that increase access to PSH set-asides within existing stock (e.g., single-family homes, mobile homes). 	<p>Short-term/long-term for rural development</p>	<p>NCHFA, North Carolina Office of Recovery and Resiliency (NCORR), with support from NCDHHS</p>	<p>High</p>
<p>Small Scale PSH Development:</p> <p>i. Support the pursuit of HUD funding aggressively to respond to opportunities, such as the Section 811⁶⁶ Capital</p>	<p>Short-term</p>	<p>NCHFA, with NCDHHS support</p>	<p>Moderate</p>

⁶⁵ In areas with high area median incomes and high rents, the 9 percent LIHTC can effectively create new and preserve existing rental housing with below-market rents. Because of the higher incomes in these areas, LIHTC developments are financially feasible since LIHTC rents, while below-market, are tied to the AMI of the metropolitan area and as such will be higher in these areas than in areas with lower median incomes, leading to better cash flows for the property. By contrast, in areas with both relatively low incomes and low rents, the 9 percent credit may not work as efficiently. Because LIHTC rents are tied to AMI, the required rents may be too low to make the development of LIHTC rental housing financially feasible, especially if existing rents in the community are also low. Competition from market-rate rental housing communities in these communities also might limit demand for the LIHTC housing. Quoted from, and for more information, see the [How the 9 Percent Tax Credit Program Works webpage](#) on the National Housing Conference website.

⁶⁶ Through the Section 811 Supportive Housing for Persons with Disabilities program, HUD provides funding to develop and subsidize rental housing with the availability of supportive services for very low- and extremely low-income adults with disabilities. The newly reformed Section 811 program is authorized to operate in two ways: (a) the traditional way, by providing interest-free capital advances and operating subsidies to nonprofit developers of affordable housing for persons with disabilities; and (b) providing project rental assistance to state housing agencies. HUD has traditionally provided interest-free capital advances to nonprofit sponsors to help them finance the development of rental housing such as independent living projects, condominium units and small group homes with the availability of supportive services for persons with disabilities. The capital advance can finance the construction, rehabilitation, or acquisition with or without rehabilitation of supportive housing. The advance does not have to be repaid as long as the housing remains available for very low-income persons with disabilities for at least 40 years. Quoted from, and for more information, see the [Section 811 Supportive Housing For Persons With Disabilities webpage](#) on the U.S. Department of Housing and Urban Development website.

PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
Advance (consider state capital match) to increase PSH.			
<p>Small Scale PSH Development:</p> <p>j. Review and assess the impact of incentives for specific geographical areas prioritized from an equity point of view.</p>	Short-term	NCHFA	Moderate
<p>Small Scale PSH Development:</p> <p>k. Increase flexibility and time-sensitive access to capital resources for developers to create PSH, using NCHFA’s resources such as the Supportive Housing Development Program funded by the NC Housing Trust Fund.</p> <ul style="list-style-type: none"> o For example, assess the feasibility of a rolling PSH Request for Proposals process to allow developers to propose PSH development projects when readiness is established. 	Long-term	NCHFA	Moderate
<p>Small Scale PSH Development:</p> <p>l. Identify funding for and develop a renovation loan program for existing small rental owners/landlords to create PSH set-asides (up to 20%) and explore partnering with existing local programs to create set-aside PSH units. (Note: requires identifying and securing additional resources not currently available.)</p>	Long-term	NCHFA, with support from NCDHHS in identifying and working with local programs	Moderate
<p>Public-Private Partnerships:</p> <p>m. Research national models/engage and leverage existing initiatives with health care (e.g., hospitals and health</p>	Short-term, Long-term, ongoing	NCDHHS with support from NCHFA	High

PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
insurance plans) and philanthropic partners to provide capital funding for PSH set-aside units.			
<p>Public-Private Partnerships:</p> <p>n. Research national models and engage/leverage existing local community initiatives with at least 3 private developers working in 3 priority counties/geographic areas to pursue cross-subsidization strategies in market rate development in order to create PSH/ELI set-asides or fund Local Trust Fund to support PSH development.</p>	Short-term/ Long-term	NCDHHS with support from NCHFA	Moderate
<p>Public-Private Partnerships:</p> <p>o. Support the creation of (and help identify funding for) a capacity-building fund to nurture and support smaller, existing nonprofit housing creators to undertake 9% and 4% LIHTC-financed housing projects — pay for consultant, hiring developer, training staff — with a commitment that developers will include 20% PSH set-asides and have lower-barrier tenant selection plans.</p>	Long-term	NCDHHS with support from NCHFA	Moderate
<p>Public-Private Partnerships:</p> <p>p. Leverage existing toolkits and organizations already doing this work (Enterprise, CSH) to create and support a toolkit for local governments to generate more PSH development — including a focus on braiding funding, land banking, partnering with PHAs and larger landowners, fast-track permitting and zoning approvals, and creating incentives.</p>	Long-term	NCDHHS	Moderate

PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
<p>Public-Private Partnerships: q. Educate and incentivize local PHAs to increase the availability of special purpose Housing Choice Vouchers⁶⁷ by supporting and assisting with federal applications for funding, especially those PHAs in rural areas and/or under-resourced communities.</p>	Long-term	NCDHHS	Moderate
<p>Public-Private Partnerships: r. Leverage/gain commitments of Project-Based Vouchers⁶⁸ with local PHAs in 20 priority counties/geographic areas to support PSH set-asides and Extremely Low Income (ELI) units.</p>	Long-term	NCDHHS	Moderate

Goal Area 1, Objective 3.
 Work with NCHFA and affordable housing developers on mechanisms to ensure that at least 80% of existing PSH units/projects identified as “at risk” are secured as long-term PSH assets for at least 20 years over the 5 years of the Strategic Housing Plan.

To meet the demand for PSH opportunities across NCDHHS’s priority populations, NCDHHS recognizes the importance of a balanced, comprehensive approach to PSH development. Such an approach prioritizes the need to preserve and protect existing PSH opportunities to ensure PSH units/projects remain a resource statewide over the long term. The strategies in Table 3 identify “at risk” PSH units/projects and develop effective solutions to preserve these existing PSH opportunities across the state.

⁶⁷ Special Purpose Vouchers (SPVs) are specifically provided for by Congress in line-item appropriations which distinguish them from regular vouchers. Examples include HUD-Veteran Affairs Supportive Housing (VASH), Family Unification Program (FUP), Mainstream, Emergency Housing Vouchers (EHV), and Non-elderly Disabled (NED).

⁶⁸ U.S. Department of Housing and Urban Development. (n.d.). [Project-Based Vouchers](#).

Table 3: Strategies to Identify and Preserve At-Risk PSH Opportunities

Strategy to Secure Long-Term PSH Assets	Time Frame	Responsible Parties	Priority Level
a. Within 2 years of Plan adoption, NCDHHS will work with NCHFA, HUD, North Carolina Coalition to End Homelessness (NCCEH), PHAs, statewide PHA member organizations, and statewide/large nonprofit PSH owners to identify PSH portfolios and known expiring properties/units. This includes the HUD 811 portfolio.	Short-term	NCHFA, NCDHHS	High
b. NCHFA shall proactively negotiate with current owners to transition sponsorship to a new developer where necessary to preserve PSH.	Short-term	NCHFA	High
c. NCDHHS and NCHFA will review Section 811 (legacy) portfolio and develop a plan to preserve/sustain existing PSH stock.	Short-term	NCDHHS with support from NCHFA	High
d. Work with HUD to allow move of project-based rental assistance from 811 and Section 202 ⁶⁹ into new units.	Short-term	NCDHHS with support from NCHFA	Moderate
e. Work with HUD to allow adaptation of properties that may be suitable for new PSH use (group home to Transitions to Community Living conversion, for example).	Long-term	NCDHHS with support from NCHFA	Moderate
f. Ensure the coordination and sustainability of all three components of PSH in a project’s preservation plan — physical unit, service plan, and the rent subsidy.	Long-term	NCHFA, NCDHHS	Moderate

⁶⁹ The Section 202 program helps expand the supply of affordable housing with supportive services for the elderly. It provides very low-income elderly with options that allow them to live independently but in an environment that provides support activities such as cleaning, cooking, transportation, etc. The program is similar to Supportive Housing for Persons with Disabilities (Section 811). Quoted from, and for more information, see the [Section 202 Supportive Housing For The Elderly Program webpage](#) on the U.S. Department of Housing and Urban Development website.

Goal Area 2: Non-Development

North Carolina, like most parts of this country, is in the midst of an affordable housing crisis. Consistent with this national trend, a major theme from the environmental housing scan was the need to increase access to affordable housing through activities that are not related directly to development of affordable housing. Accordingly, in addition to creating new PSH opportunities through development as called for in Goal Area 1, NCDHHS acknowledges the importance of expanding access to available rental housing in the overall real estate market. The following short-term, high-priority strategies aim to improve access to affordable housing options across the state:

- Expand peer-support services statewide.
- Increase housing navigation resources.
- Strengthen the Targeting Program to increase utilization of Targeted Units for all eligible populations.
- Lower screening barriers to include excluding eviction records from screening at properties funded by NCDHHS and NCHFA, reforming the referral processes of State-funded housing, and working with HUD to lower screening barriers to Public Housing Agency programs and housing.
- Increase eviction prevention and diversion services statewide.

For each of the following objectives, baseline data is needed to accurately track progress and implementation.

Goal Area 2, Objective 1.

Secure housing resources and supports to increase access to affordable housing for the Plan's focus population statewide within 5 years.

To increase PSH access, additional non-development activities and resources need to be identified and secured — most notably an expansion of peer support services, including housing location and navigation, housing stability case management, and identifying and meaningfully connecting voluntary and needed services to the focus population. Because identifying affordable units is key to accessing existing housing stock, NCDHHS will explore the development and maintenance of a statewide affordable housing inventory that leverages existing platforms and databases. NCDHHS will also work to identify and draw down resources for flexible statewide landlord incentives. Although the NC General Assembly funded the NC Housing Trust Fund at \$18 million in the 2022 budget cycle, this was a decrease from the needed prior funding of \$20 million recurring funds. Increased recurring funds are necessary.

Lastly, in this objective area, NCDHHS will work with NCHFA to identify affordable housing that is nearing affordability expiration and explore means of preservation.

Table 4: Strategies to Secure Housing Resources and Supports

Strategy to Secure Housing Resources	Time Frame	Responsible Parties	Priority Level
a. Establish baseline measures for this objective by gathering appropriate data from relevant agencies and stakeholders within 2 years.	Short-term	NCDHHS, Interagency Council for Coordinating Homeless Programs (ICCHP), Advocates	High
b. Expand the use of peer support ⁷⁰ across housing services (e.g., housing search/navigation, case management, connection to services).	Short-term	NCDHHS with support from NCHFA	High
c. Work with developers and other stakeholders to identify existing LIHTC properties nearing their end of affordability and identify resources to ensure that the properties remain affordable. See Goal Area 1, Objective 3	Short-term	NCHFA	High
d. Support the NC Housing Trust Fund to be restored to \$20 million.	Short-term	NCDHHS, ICCHP, NCHFA, Advocates, NC General Assembly	Moderate

⁷⁰ General Dynamics Information Technology [fiscal agent for NCDHHS]. (2019, November 9). [Peer Support Services State Plan Amendment and Policy Update](#). North Carolina Department of Health and Human Services.

Strategy to Secure Housing Resources	Time Frame	Responsible Parties	Priority Level
<p>e. By leveraging existing resources (i.e., NCHousingSearch,⁷¹ NCHFA’s internal Vacancy and Reporting System, NCCARE360,⁷² and other local databases), develop one statewide database of affordable rental units by the end of year 3 of this Plan (to include indicating subsidized units, potential roommate matching, landlords accepting vouchers, marketing strategy, and landlords who will work with applicants with barriers to housing access). Within this time, have landlords/properties from at least 75% of the state included in the database.</p>	<p>Long-term</p>	<p>NCDHHS, NCHFA, local providers and other relevant stakeholders</p>	<p>High</p>
<p>f. Identify and secure funding for a statewide flexible pool of funds for landlord risk-mitigation, landlord incentives, and landlord outreach. (See Transitions to Community Living Initiative and Targeted Program risk-mitigation programs,⁷³ local programs such as in Charlotte and Orange Counties, and the Landlord Incentive Pilot Program (LIPP)⁷⁴ as examples to expand upon.)</p>	<p>Long-term</p>	<p>NCDHHS, NCHFA</p>	<p>Moderate</p>

⁷¹ NCHousingSearch.org is a free, online housing search service that links people who need housing with the housing they need. We hope it helps you make more informed decisions when exploring your housing options. NCHFA and NCDHHS support the website. Quoted from, and for more information, see the [NCHousingSearch website](#).

⁷² NCCARE360 is a statewide network that unites health care and human services organizations with a shared technology that enables a coordinated, community-oriented, person-centered approach for delivering care in North Carolina. NCCARE360 helps providers electronically connect those with identified needs to community resources and allow for feedback and follow up. This solution ensures accountability for services delivered, provides a “no wrong door” approach, closes the loop on every referral made, and reports outcomes of that connection. NCCARE360 is available in all 100 counties across North Carolina. Quoted from, and for more information, see the [NCCARE360 website](#).

⁷³ North Carolina Housing Finance Agency. (2021, April 24). [Risk Mitigation Tools for Landlords, Owners, and Management Agents](#).

⁷⁴ Lewis, M. F. (2018, January 31). [Agency Makes \\$100,000 Available for the Landlord Incentive Pilot Program](#). North Carolina Housing Finance Agency.

Goal Area 2, Objective 2.

Secure resources for long-term rent assistance and better utilize, prioritize, and target existing rent assistance and subsidized housing for the target population statewide within 5 years.

Improving and enhancing systems, structures, and policies to prioritize and target long-term rental assistance to NCDHHS’ priority service populations is imperative. It is also important to support predictable and reasonable increases in Key Rental Assistance to ensure a high level of access to PSH set-aside units under the Targeting Program. Other important strategies for accomplishing this objective include strengthening and expanding the Targeting Program referral and placement system; working to increase housing staff capacity and support professional development in housing; and creating a statewide flexible pool of rent assistance funding. The strategies in Table 5 will increase availability of targeted rental assistance for NCDHHS priority populations and improve policies and systems related to rental assistance administration.

Table 5: Strategies to Strengthen Rental Assistance for NCDHHS Priority Populations

Strategy to Strengthen Rental Assistance	Time Frame	Responsible Parties	Priority Level
a. Establish baseline measures for this objective by gathering appropriate data from relevant agencies and stakeholders within 2 years.	Short-term	NCDHHS, ICCHP, Advocates	High
b. Provide regular updates to NCHFA and the Fair Housing Project’s Fair Housing for Tenants with Disabilities Guide, ⁷⁵ provide regular and frequent training on fair housing and reasonable accommodation. Widely circulate Reasonable Accommodation information and templates to providers, caseworkers, and clients.	Short-term	NCHFA, NC Justice Center (NCJC), NC Fair Housing Project, NC Legal Aid	High

⁷⁵ North Carolina Department of Health and Human Services, North Carolina Housing Finance Agency, School of Government at the University of North Carolina at Chapel Hill, Reasonable Accommodation Study Group. (2018). *Fair housing for tenants with disabilities: Understanding reasonable accommodations and reasonable modifications.*

Strategy to Strengthen Rental Assistance	Time Frame	Responsible Parties	Priority Level
<p>c. Develop a catalog of web-based, interactive e-learning modules for staff and advocates to increase housing knowledge, adding 10–12 modules a year for 5 years, and incorporate into training required by NCDHHS for agencies receiving state and/or Medicaid funds.</p>	Short-term	NCDHHS with support from NCHFA	Moderate
<p>d. Provide a Cost of Living Adjustment (COLA) (or some type of analysis and adjustment as decided by NCDHHS and NCHFA) to increase the Key Payment Standard. Evaluate Key Payment Standard and COLA needed every other year (at least).</p>	Long-term	NCDHHS, NCHFA	High
<p>e. Improve and strengthen the Targeting Program referral process to double the percentage of Targeted Units from 43% (current baseline) to 86% by the end of year 5 of this Plan and expand access to include all <i>Olmstead</i> population groups^{76, 77, 78} by year 2 of Plan adoption.</p> <ul style="list-style-type: none"> ○ Provide rent assistance for those who cannot afford LIHTC rents as well as appropriate support services to adults with disabilities wanting to live in the community using a Housing First 	Long-term	NCDHHS with support from NCHFA	High Moderate (due to constraints around funding streams)

⁷⁶ North Carolina’s *Olmstead* Plan envisions all people with disabilities exercising their right to choose a life that is fully included in the community. Populations include people with intellectual and developmental disability (I/DD), traumatic brain injury (TBI), behavioral health disabilities, physical disabilities, people living in institutional settings or at-risk of institutionalization, people experiencing homelessness and at-risk of homelessness.

⁷⁷ North Carolina Department of Health and Human Services. (n.d.). [NC Olmstead](#).

⁷⁸ In the *Samantha R.* decision, the court case issued an order to the State of North Carolina to develop and implement a plan that would (a) reduce the reliance on institutional settings, including state facilities and ICF-I/DDs, (b) eliminate the Innovations waiver waiting list over a period of 10 years by reallocating funds, seeking additional funding, and developing alternative services; and (c) address the direct support professional workforce crisis through credentialing and increased pay.

Strategy to Strengthen Rental Assistance	Time Frame	Responsible Parties	Priority Level
<p>methodology). Note: This requires an increase in the Key Rental Assistance appropriation and is dependent on action from the General Assembly.⁷⁹</p> <p>See also Goal Area 1, Objective 2.d.</p>			
<p>f. Identify funds for and provide a flexible pool of funds for long-term rent assistance (ensuring voluntary support services are provided) to adults with disabilities wanting to live independently in the community using a Housing First methodology.</p> <p>See also Goal Area 2, Objective 2.e.</p>	Long-term	NCDHHS, Commerce, NCORR, NCHFA, Advocates	Moderate

Goal Area 2, Objective 3.
 Promote the reasonable use of eviction, criminal, and credit records when screening potential tenants to provide protections for those searching for housing.

Many households possess housing barriers that prevent them from being accepted by landlords when a rental unit becomes available. Understanding the severe nature of North Carolina’s affordable housing crisis, it is important to develop strategies to promote reasonable tenant screening practices with landlords across the state. The strategies in Table 6 are designed to improve access to and stability in housing for NCDHHS priority populations.

Table 6: Strategies to Improve Access and Stability in Housing for NCDHHS Priority Populations

⁷⁹ Required action by the General Assembly and is not achievable without additional resources.

Strategy to Address Barriers to Housing Access	Time Frame	Responsible Parties	Priority Level
a. Working with NCHFA, lower screening barriers (e.g., exclude prior eviction from screening) and reform the referral process for all properties funded by NCHFA and NCDHHS, including a review of requirements for income and making all services optional for qualified applicants (Housing First).	Short-term	NCDHHS, NCHFA	High
b. Launch an initiative to work with HUD and PHAs to lower screening barriers and reduce evictions.	Short-term	Advocates, Stakeholders, NCCEH, North Carolina Housing Coalition (NCHC), NCDHHS, NCJC	High
c. Identify funding for a flexible pool of funds for statewide eviction prevention and diversion — making resources easily available to all tenants facing eviction — including emergency rental assistance, legal counsel, and ongoing tenancy peer support programming.	Long-term	NCDHHS, NCCEH, NCORR, NCHC, NCJC, Legal Aid NC	High
d. Adopt language in the state’s Qualified Allocation Plan (QAP) similar to that of Ohio ⁸⁰ regarding the prohibition of screening for evictions in Tenant Selection Plans (TSPs). This involves amending NCHFA’s TSP and/or the QAP.	Long-term	NCHFA, NCJC	High

⁸⁰ Language can be found on [page 52 \(bottom\) of the 2022 Ohio Qualified Allocation Plan](#).

Strategy to Address Barriers to Housing Access	Time Frame	Responsible Parties	Priority Level
e. Work with the NC Justice Center, NC Housing Coalition, NC Coalition to End Homelessness, and other stakeholder organizations to make state policy changes related to eviction (refer to NC House Bill 618). ⁸¹	Long-term	Advocates, Stakeholders	High

Goal Area 2, Objective 4.
 Increase the quality of existing affordable private market units by year 5 of the Plan.

One of the nationally recognized principles of permanent supportive housing is that the rental housing must be safe, sanitary, and in overall good condition. The environmental scan indicated that many of the rental units that are available within communities do not meet this standard of quality housing. The challenge of safe, sanitary, quality housing stock is especially high in communities with older rental housing stock — most often rural communities. The strategies in Table 7 aim to improve the access to quality rental units across North Carolina.

Table 7: Strategies to Improve the Quality of Affordable Private Market Units

Strategy to Improve the Quality of Affordable Rental Units	Time Frame	Responsible Parties	Priority Level
a. Leverage existing funding — such as HOME, HOME-ARP, ⁸² North Carolina Housing Trust Fund, and other funds — and identify new resources and funding to improve quality of private market units and preserve affordability of Naturally Occurring Affordable Housing, creating a statewide pool of funds for rental rehabilitation activities (pulling best	Short-term (HOME-ARP) and long-term (ongoing)	NCHFA	High

⁸¹ [Pandemic Eviction Protection](#), House Bill 618, North Carolina General Assembly (2021).

⁸² See Footnotes 56 and 58 for more information on HOME and HOME-ARP

Strategy to Improve the Quality of Affordable Rental Units	Time Frame	Responsible Parties	Priority Level
practices from other state and local rental rehab programs).			
b. Provide education and information on local housing codes and whom to contact with housing code issues. Provide legal assistance for those needing it regarding housing quality issues.	Long-term	Advocates, Stakeholders, Legal Aid NC, NCJC, NCHC	High (compiling)
c. Identify existing resources that provide legal assistance for low-income households facing health and safety issues due to housing quality concerns. If no such resources exist to offer this service statewide, identify resources to address the gap so legal assistance is available to all low-income North Carolinians facing housing quality issues that impact the household’s health and safety.	Long-term	Advocates, Stakeholders, Legal Aid NC, NCJC, NCHC	High

Goal Area 2, Objective 5.
 Increase eviction prevention and diversion support to tenants across the state, resulting in an overall reduction of evictions from year 1 to year 5 of this Plan.

Based on information from tenants and providers, the eviction rate is high in many communities across North Carolina. In August 2022, there were almost twice as many evictions filed than the year prior and these numbers are expected to rise.⁸³ The current affordable housing crisis and the high-cost, low-vacancy rental market across the state places even greater pressure on individuals and families facing or at risk of eviction. Within the environmental housing scan conducted for this Plan, both tenants and service providers noted the rate and risk of eviction as

⁸³ Kummerer, S. (2022, September 19). [Evictions rise across North Carolina, new data shows](#). ABC, WTVD-TV Raleigh-Durham.

a challenge across North Carolina. The strategies in Table 8 are designed to lower overall evictions across the state.

Table 8: Strategies to Increase Eviction Prevention and Diversion Support

Strategy to Increase Eviction Prevention and Diversion Support	Time Frame	Responsible Parties	Priority Level
a. Establish baseline measures for this objective by gathering appropriate data from relevant agencies and stakeholders within 2 years.	Short-term	NCDHHS with support from NCHFA	High
b. Leverage existing local and statewide Legal Aid programs ⁸⁴ and other best/evidence-based practices that help support eviction prevention and diversion; make resources easily available to all tenants facing eviction, including flexible funds for tenants and owners (to prevent eviction and help make owners whole/risk mitigation; see Goal Area 2, Objective 1.f.), emergency rent assistance, legal counsel, and ongoing tenancy support programming (to include peer-support), ensuring services are available to all NC residents.	Long-term	NCDHHS with support from NCHFA, NCORR, Legal Aid NC, NCJC, other Stakeholders, Advocates	High

Goal Area 3: Services

The Services workgroup developed objectives and strategies that identify and leverage funding streams to support pre-tenancy, transition, and tenancy support services; increase provider capacity to provide housing support services; and develop training to support the delivery of evidence-based practices for pre-tenancy, transition, and support services.

Within this goal area to improve and expand supportive services, the following are short-term, high-priority strategies:

- Establish definitions of pre-tenancy and tenancy-sustaining services as well as identify training on pre-tenancy and tenancy supports.

⁸⁴ Legal Aid of North Carolina. (n.d.). [Projects](#).

- Identify additional funding for services and training on evidence-based services provision.
- Access data on existing services.
- Identify gaps in services, training, and messaging to achieve greater consistency.

Goal Area 3, Objective 1.

Within the first year of Plan launch, identify all the funding streams that can be used to support pre-tenancy, transition, and tenancy support services (including the various Medicaid service definitions) along with their target populations, caps/limitations, amounts, and departments that currently fund services for all populations.

North Carolina administers numerous funding streams across multiple agencies to support pre-tenancy, transition, and tenancy-sustaining services. However, access to these services varies across North Carolina's target populations. For example, as a result of litigation with the Department of Justice⁸⁵, individuals with serious mental illness (SMI) who are admitted to or at risk of admission to a state psychiatric hospital or live in an adult care home are eligible for a full array of pre-tenancy and tenancy-sustaining services. Yet access is very limited for individuals with significant mental health issues who do not rise to the level of meeting criteria for SMI. Similarly, individuals with physical disabilities or intellectual and developmental disabilities (I/DD) residing in nursing facilities may be eligible for an array of pre-tenancy services covered under the Money Follows the Person program. These same individuals must rely on Waiver services which include some independent living supports to maintain their independence; currently, approximately 16,000 individuals with I/DD are on the Registry of Unmet Needs — the waitlist for the NC Innovations Waiver⁸⁶. Individuals who meet the definition of chronically homeless⁸⁷ may also be eligible for transition and pre-tenancy services through the Continuum of Care (CoC), but for a more limited array of services. The activities that pre-tenancy and tenancy-sustaining services entail are not consistent across target populations or funding streams.

Additional resources are needed to support community transition, pre-tenancy, and tenancy-sustaining services; however, little if any data exists to quantify the need. The workgroup discussed the importance of identifying the funding sources administered by each

⁸⁵ The State of North Carolina entered into a settlement [agreement](#) with the United States Department of Justice in 2012. The purpose of this agreement was to make sure that persons with mental illness are able to live in their communities in the least restrictive settings of their choice. For more information, see the [DOJ Settlement – Transitions to Community Living webpage](#) on the North Carolina Department of Health and Human Services

⁸⁶ For more information, see the [NC Innovations Waiver webpage](#) on the NCDHHS website.

⁸⁷ The HUD [definition of chronic homelessness is provided on the HUD Exchange website](#).

department/agency, the amount of funding currently available, the target populations they cover, and funding caps and limitations. By quantifying the existing resources and covered populations, gaps can be identified, and recommendations made for filling those gaps.

Establishing Consistent Service Definitions

While there are common activities associated with pre-tenancy, transition, and tenancy-sustaining services across agencies and the target populations served, there are also differences based in part on the respective funding streams for the services. Additionally, the language used to describe a service or activity may mean one thing to one agency and something different to another agency. Differences may be the result of past practice, the varying needs of target populations, and rules that govern various funding streams. The work of the Services workgroup highlighted the importance of consistent definitions of pre-tenancy and tenancy-sustaining services regardless of an individual’s type of disability/life challenge or the service system in which the individual is receiving services. The strategies in Table 9 identify gaps in housing services, identify funding for those gaps, and create consistency in housing services definitions.

Table 9: Strategies to Fund Housing Services

Strategy to Fund Housing Services	Time Frame	Responsible Parties	Priority Level
a. Establish definitions of pre-tenancy and tenancy-sustaining services that apply to all populations covered by the Strategic Housing Plan (within 1 year to 18 months of Plan launch).	Short-term	NCDHHS	High
b. Identify available funding sources for services, including those resources not administered by NCDHHS, by target population (within 1 year to 18 months of Plan launch).	Short-term	NCDHHS	High
c. Access data on the provision of existing services (within 1 year to 18 months of Plan launch).	Short-term	NCDHHS	High
d. Identify gaps in services and/or funding (years 2–3).	Short-term/long-term	NCDHHS	High
e. Develop funding mechanisms to address gaps in pre-tenancy and tenancy-sustaining services (years 2–3).	Long-term	NCDHHS	High

Goal Area 3, Objective 2.

By 6/30/2027, create regional tenancy support service providers to provide housing navigation and support services to people within their geographic region, regardless of disability type or target population, in order to increase access, quality, and oversight of services in the state.

Regional tenancy support service providers that offer high quality housing navigation and support services by geographic region is important to provide high quality tenancy support services statewide. The strategies in Table 10 will achieve statewide high quality tenancy support and services coverage by first identifying quality services, then identifying gaps in provider capacity, and finally building on existing provider capacity.

Table 10: Strategies to Create Regional Tenancy Support Service Providers

Strategy to Create Regional Tenancy Support Service Providers	Time Frame	Responsible Parties	Priority Level
a. Identify providers of quality services by population by county/region.	Short-term	NCDHHS, MCOs	High
b. Identify gaps in provider capacity by population by county/region.	Short-term	NCDHHS, MCOs	High
c. Build on existing capacity.	Long-term	NCDHHS, MCOs	High

Goal Area 3, Objective 3.

By 12/31/2027, develop a training program for the delivery of evidence-based and best practices, including trauma-informed care, for identified providers of pre-tenancy, transition, and tenancy support and/or residential service providers.

In July 2010, SAMHSA issued a toolkit on the evidence-based practice of permanent supportive housing.⁸⁸ As noted in this Plan, considerable research has been conducted and the findings published support PSH as a best practice for people with disabilities including individuals with severe mental illness (SMI) and individuals who are experiencing chronic homelessness. However, achieving the positive outcomes associated with PSH depends in part on fidelity to the model — that is, delivering services and delivering them in a way that adheres to PSH practice. Staff training and supervision is critical for providing services that adhere to fidelity.

There are also additional evidence-based practices that may be helpful in supporting individuals to maintain successful tenancy. Individuals with SMI, substance use disorder, I/DD, and/or who are experiencing chronic homelessness may have experienced past trauma that can impact their ability to thrive in independent living. The Supported Living concept opens the doors for individuals with I/DD to have a true inclusive community integration opportunity in their own homes with only the supports they choose, ultimately increasing their independence. Progressive Engagement⁸⁹ and Motivational Interviewing⁹⁰ are also evidence-based practices that can help achieve positive housing outcomes, reinforcing the need to train staff in these approaches.

Initial and ongoing training in the best practices for service delivery is essential to establishing and maintaining consistent service delivery, especially given the high rates of turnover in direct service staffing. The strategies in Table 11 are designed to improve the offering of training and ongoing support to the direct services staff across its service provider network.

⁸⁸ Substance Abuse and Mental Health Services Administration (2010). [Permanent supportive housing: How to use the Evidence-Based Practices KITS](#). HHS Pub. No. SMA-10-4509, Rockville, MD: U.S. Substance Abuse and Mental Health Services Administration.

⁸⁹ Progressive engagement is a person-centered approach to ending someone's homelessness. It is based on tailoring assistance to each individual or household's needs and assessing what works best for them, with their specific strengths, and in their specific situation. Quoted from and for more information see the [What Is Progressive Engagement webpage](#) on the National Alliance to End Homelessness website.

⁹⁰ MI is a collaborative, person-centered approach to elicit and strengthen motivation to change. It offers providers a useful framework for interacting with people who are experiencing [homelessness](#) and struggling with [mental and/or substance use disorders](#) or [trauma](#). MI is rooted in an understanding of how hard it is to change learned behaviors, many of which have been essential to survival on the streets. Quoted from, and for more information, see the [Empowering Change: Motivational Interviewing webpage](#) on the Substance Abuse and Mental Health Services Administration website.

Table 11: Strategies to Develop an Evidence-Based and Best Practices Training Program for Service Providers

Strategy to Develop a Training for Service Providers	Time Frame	Responsible Parties	Priority Level
a. Identify and compile existing sources of trainings on pre-tenancy and tenancy-sustaining services, including in the Homeless Response System.	Short-term	NCDHHS, MCOs, CoCs	High
b. Identify gaps in training, differences in messaging/content, and need for greater consistency.	Short-term	NCDHHS, MCOs, Advocates	High
c. Work with community colleges to develop a curriculum and certification to provide “universal/cross-disability” pre-tenancy and tenancy-sustaining services.	Long-term	NCDHHS, North Carolina Community College System	High
d. Promote opportunities for workforce training that focuses on assisting individuals to identify and pursue activities that promote their ability to thrive in their communities.	Long-term	NCDHHS	Moderate

Goal Area 4: Coordination

There was an expressed theme from the environmental scan for increased coordination among state-level agencies that provide programming and funding for housing. Survey respondents, interviewees, and HLC members all articulated that to increase affordable housing, State agency stakeholders should work across departments to align and leverage funds and programs, as well as combine and align strategies. Many of these State agency partners played an active role in the strategic planning process for this Plan. Increased partnership among the key State agencies involved in affordable housing is a good first step to moving forward with the objectives and strategies outlined below. Within this goal area, there are targeted coordination strategies that will improve collaboration among State agencies that provide housing and housing services as well as intradepartmental strategies within NCDHHS to explore the consolidation of housing staff and activities into a single division within the department.

The Improve Coordination among State Agencies goal area identified the following strategies as short-term and high-priority:

- Sustain the North Carolina Interagency Council on Coordinating Homeless Programs (ICCHP; already established) and establish a State agency workgroup within the ICCHP to better coordinate funding and programs across State government.
- ICCHP to support and promote effective interagency collaboration and increase transparency and opportunities for cross-departmental partnerships to increase affordable housing and end homelessness.
- ICCHP to review existing housing programs and policies and recommend improvements.
- Explore the creation of a Housing and Homelessness Unit within NCDHHS to coordinate housing functions across NCDHHS divisions.

Goal Area 4, Objective 1.

Create a formal structure for accountability and shared strategy for all housing functions across State agencies and key stakeholders in year one of this Plan.

NCDHHS supports the work of the Interagency Council on Coordinating Homeless Programs to provide a shared and formal structure for strategy alignment and accountability. The ICCHP will promote effective interagency coordination and partnerships, help align programs and funding, and support system integration and resource leveraging. The strategies in Table 12 develop this formal structure of accountability and shared strategy.

Table 12: Strategies to Create a Formal Structure

Strategy to Create a Formal Structure	Time Frame	Responsible Parties	Priority Level
a. Stand up the North Carolina Interagency Council on Coordinating Homeless Programs by June 2022	Short-term	NC Governor’s Office and ICCHP (NCDHHS to support and advise)	High – Completed
b. Establish ICCHP State Agency Workgroup to better coordinate programs and funding across state government.	Short-term	NC Governor’s Office and ICCHP (NCDHHS to support and advise)	High

Strategy to Create a Formal Structure	Time Frame	Responsible Parties	Priority Level
c. ICCHP to support and promote effective interagency collaboration and system integration, including coordination of State and federal funding, and setting shared priorities for investments.	Short-term	NC Governor’s Office and ICCHP (NCDHHS to support and advise)	High
d. Create transparency, accountability, and opportunities for cross-departmental partnerships for all affordable rental housing and homelessness federal and State funding resources including COVID-related, new, and existing.	Short-term	NC Governor’s Office and ICCHP (NCDHHS to advise and support)	High
e. ICCHP to review existing programs and policies and recommend improvements to increase the availability and quality of affordable rental housing in the state.	Long-term	NC Governor’s Office and ICCHP (NCDHHS to advise and support)	High
f. Develop a one-stop housing resource for persons and organizations seeking housing information including funding.	Long-term	NC Governor’s Office and ICCHP (NCDHHS to advise and support)	High

Goal Area 4, Objective 2.

Explore possibility of coordinating or consolidating housing functions across NCDHHS.

Aligning and coordinating housing activities within NCDHHS will improve the efficiency of housing programs and help meet the goals of this Plan. To this end, NCDHHS will explore coordinating housing programs across NCDHHS and/or creating a single housing and homelessness unit to oversee all NCDHHS housing resources and programs. Through the strategies in Table 13, NCDHHS will explore this opportunity as well as potential funding to support this objective.

Table 13: Strategies to Coordinate Housing Activities within NCDHHS

Strategy to Coordinate Housing Activities	Time Frame	Responsible Parties	Priority Level
a. Explore the opportunity for a Housing and Homelessness Unit in NCDHHS to begin coordinating all housing functions across divisions and/or oversee NCDHHS Housing Programs; collaborate across NCDHHS divisions to create departmentwide housing goals and coordinate housing activities across the department.	Short-term	NCDHHS	High
b. Quantify additional resources that would be needed to create a Housing and Homelessness Unit within NCDHHS, including additional staff and resources.	Long-term	NCDHHS	High

Goal Area 5: Partnerships

In order to achieve the vision and mission laid out in NCDHHS' Strategic Housing Plan, it is important to build and sustain enduring partnerships with a broad range of sectors — including local housing and community development agencies, public housing authorities, municipal government, the real estate and business communities, and the health care sector. These potential partners in these different sectors are experiencing many of the same challenges and needs to create new affordable housing opportunities, access existing housing options, and improve access to community-based supportive services. Many local communities have achieved success and built expertise in creating targeted PSH opportunities. An opportunity exists for State and local sector leadership to come together around these shared challenges and needs, forge sustainable partnerships, and better leverage and align State and local resources to create PSH opportunities in the future.

This goal area includes efforts to create sustainable partnerships in order to align efforts, increase coordination and partnerships to increase affordable housing development and supportive services, and lower barriers to existing housing options for NCDHHS priority populations. The following strategies are short-term and high-priority:

- Establish a communication network of housing and homelessness providers and convene meetings with providers and stakeholders to share information on evidence-based practices, share data, and create increased transparency on funding and programs, as well as regularly update providers on NCDHHS goals and priorities.
- Establish clear and consistent messaging for local providers on how to communicate with their local stakeholders such as Public Housing Agencies, local governments, Continuums of Care, and HOME Consortia to align and leverage funds to achieve the goals of the overall Strategic Housing Plan.
- Provide technical assistance and training to local advocates and providers on evidence-based practices and how to access funding sources for affordable housing and homelessness.
- Explore existing housing data to determine specific need and set benchmarks for affordable housing goals.
- Encourage the use of American Rescue Plan funds for affordable housing development and rent assistance and share out information on evidence-based models on how to provide housing and partner with health care providers to leverage resources successfully.

Goal Area 5, Objective 1.

With the goal of aligning messaging, increasing coordination among housing stakeholders, and lowering barriers while increasing access for the focus population of this Plan, increase communication between housing agencies including NCDHHS, NCHFA, NCORR, NC Commerce, NC Department of Administration, NC Department of Public Safety (Corrections), PHAs, CoCs, local housing & service providers, and HUD.

Given the current challenges with regard to housing development, access to existing affordable housing, and access to community-based supportive services, it is important to improve and sustain communication with the range of stakeholders outlined above. The strategies in Table 14 will foster and build sustainable communication structures with key external stakeholders at the state and local levels.

Table 14: Strategies to Increase Communication between Housing Agencies

Strategy to Increase Communication	Time Frame	Responsible Parties	Priority Level
a. Establish a communication network with housing providers (e.g., gathering contact information for organizations and government entities providing housing, homelessness, and pre-tenancy and tenancy supportive services) across the state to successfully disseminate information on evidence-based and best practices as well as NCDHHS’ housing programs, guidance, and goals. ⁹¹	Short-term	NCDHHS	High
b. Establish consistent and clear messaging and contact information for local providers on communicating with their PHAs, local governments, CoCs, and HOME Consortiums to utilize and align funds in a way that will help to achieve shared Strategic Housing Plan goals.	Short-term	NCDHHS with support from NCCEH, NCORR, NCHC, NCJC, other stakeholders	High

⁹¹ To include disseminating information on NCDHHS’ PSH Policy Framework noted as a strategy in this plan.

Strategy to Increase Communication	Time Frame	Responsible Parties	Priority Level
		and advocates	
<p>c. Convene meetings of housing stakeholders across the state in order to share information on programs, encourage accountability, share data, inform evidence-based practices, and foster partnerships. As a part of this strategy, NCDHHS will gather and post relevant data to promote transparency (e.g., data from PIT Count, Housing Inventory Chart, Targeting Unit Program, McKinney-Vento, Transitions to Community Living, etc.).</p>	Short-term to schedule initial, long-term ongoing	NCDHHS	High
<p>d. Adopt a uniform definition of PSH (based on evidence-based practice definition) to facilitate a cross-disability PSH approach within State government and local communities. See Goal Area 1, Objective 1.c.</p>	Short-term	NCDHHS	High
<p>e. Bolster and support local advocates and providers by providing training and technical assistance on evidence-based practices and how to best utilize funding sources for affordable housing and ending homelessness.</p>	Long-term	NCDHHS with support from NCORR and NCHFA	High

Goal Area 5, Objective 2.

Review existing public-private partnerships for housing development across the state and replicate or create new partnerships in at least 3 additional areas/cities or towns of the state focused on housing development across the state by the end of year 5.

Given the complexity and cost associated with housing development, especially PSH development, public and private sector partnerships at the state and local level are important, especially for creating new housing opportunities for NCDHHS priority populations. In order to achieve this objective, the strategies in Table 15 will build sustainable, enduring partnerships at the local level and in the health care sector.

Table 15: Strategies to Support and Increase Partnerships

Strategy to Increase Partnerships	Time Frame	Responsible Parties	Priority Level
<p>State-Local Partnerships a. Explore housing data to determine the needs for affordable units by affordability level. If needed, determine the need for a consulting firm that can do a market study across the state if data are currently not sufficient.</p>	Short-term	NCDHHS with support from NCHFA, ICCHP, and localities (e.g., Consolidated Plan and other needs assessment data)	High
<p>State-Local Partnerships b. Examine the funding streams of current public-private partnerships to identify what types of funds may be needed to replicate additional partnerships over the course of this plan.</p>	Long-term	NCDHHS, ICCHP, NCHFA, NCDPS, NCORR, Commerce	High
<p>State-Local Partnerships c. Develop a State-Local match funding partnership program as a framework for</p>	Long-term	NCDHHS with support from NCHFA	High

Strategy to Increase Partnerships	Time Frame	Responsible Parties	Priority Level
<p>creating collaborative state-local PSH development partnerships.</p> <p>See Goal Area 1, Objective 1.f.</p>			
<p>State-Local Partnerships</p> <p>d. Encourage the partnership of state agencies to use federal housing and homelessness-related funding (e.g., HOME-ARP and CDBG) to create additional PSH units, support rapid rehousing programs (including financial assistance and supportive services), and other activities that align with this plan. Partner with local and statewide entities such as Community Housing Development Organizations and other mission-driven developers and providers when possible.</p>	Short-term	NCDHHS, NCHFA	High
<p>State-Local Partnerships</p> <p>e. Encourage the use of local American Rescue Plan funds for affordable housing development and rent assistance (focusing on households that are extremely low income) and provide guidance on evidence-based models and how to successfully pair health care services through city/county and health care partnerships (e.g., prepaid health plans).</p>	Short-term	NCDHHS with support from NCHFA, NCORR	High
<p>State-Local Partnerships</p> <p>f. Identify funds for and work to create statewide funding opportunities for risk mitigation and landlord incentives that promote evidence-based practice models and allow for low-capacity communities to access funds (statewide).</p> <p>See Goal Area 2, Objective 1.f.</p>	Long-term	NCDHHS, NCHFA	High

Strategy to Increase Partnerships	Time Frame	Responsible Parties	Priority Level
<p>State-Local Partnerships g. Explore the feasibility of creating formal partnerships via Memorandums of Understanding (MOUs) with the goal of securing 10 of the 50 largest residential rental property owners in the state in order to access an additional 500 affordable units for people with disabilities and incomes at <50% AMI.</p>	Long-term	NCDHHS	Moderate
<p>State-Local Partnerships h. Explore the benefits of establishing a rental registry.⁹²</p>	Long-term	NCDHHS	Moderate
<p>Health Care Partnerships i. Explore the creation of formal partnerships via MOUs or other mechanisms with health care providers (e.g., health systems, Federally Qualified Health Centers,⁹³ prepaid health plans⁹⁴) to either fund or provide in-kind physical/behavioral health services directly to supportive housing households with a goal of providing 50% of households’ services through these partnerships.</p>	Long-term	NCDHHS	Moderate
<p>Health Care Partnerships j. Explore shared payment model among prepaid health plans for onsite services in publicly assisted housing (ensuring Home</p>	Long-term	NCDHHS	Moderate

⁹² Rental Registry examples: [Rent Registry | City of San Jose \(sanjoseca.gov\)](https://sanjoseca.gov), [Rent Registry – Consumer & Business \(lacounty.gov\)](https://lacounty.gov), [City of Syracuse \(syrgov.net\)](https://syrgov.net)

⁹³ Health centers are community-based and [patient-directed](#) organizations that deliver comprehensive, culturally competent, high-quality primary health care services to the nation’s most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans. Quoted from, and for more information, see the [What is a Health Center? webpage](#) on the Health Resources & Services Administration website.

⁹⁴NC Medicaid Division of Health Benefits, North Carolina Department of Health and Human Services. (n.d.) [Health Plans](#).

Strategy to Increase Partnerships	Time Frame	Responsible Parties	Priority Level
and Community-Based Services ⁹⁵ compliance).			
k. Explore the scalability of the Community Health Worker (CHW) ⁹⁶ initiatives. Provide additional training for CHWs to assist patients with housing and other related needs.	Long-term	NCDHHS	Moderate

⁹⁵ Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses. Quoted from, and for more information, see [the Home and Community-Based Services webpage on Medicaid.gov website](#), a resource from the Centers for Medicare & Medicaid Services.

⁹⁶ The North Carolina Community Health Workers (CHW) section provides a dedicated area for community health workers and allies to access information at the local, state and national levels. It also serves as the home for the North Carolina CHW Alliance and a compendium of resources, events and news about opportunities for certification, core competency training and specialty training offerings. Quoted from, and for more information, see the [Community Health Workers webpage](#) on the North Carolina Department of Health and Human Services website.

Appendix A: State Team and Housing Leadership Committee (HLC) Membership

North Carolina Department of Health and Human Services Strategic Housing Plan Housing Leadership Committee (Est. June 2021):

*HLC Co-chairs

DHHS State Housing Team (15)

Secretary Kody Kinsley	Pam Lloyd
Dep Secretary Dave Richard	Joseph Breen
Sam Hedrick	Talley Wells
Erika Ferguson	Mya Lewis
Steve Strom	Jennifer Kelly
Stephanie Williams	Kay Johnson
Angela Harper King	Hank Bowers
Ken Edminster	

External HLC Representatives

NC Housing Finance Agency:	<i>Scott Farmer* OR Designee</i>
NC Coalition to End Homelessness:	<i>Ryan Fehrman OR Designee</i>
North Carolina Justice Center:	<i>Bill Rowe</i>
NC Office of Recovery & Resiliency:	<i>Amanda Martin</i>
NC Commission on Indian Affairs:	<i>Stephen Maynor</i>
Disability Rights NC:	<i>Elizabeth Myerholtz OR Lisa Nesbitt</i>
The Arc of North Carolina:	<i>John Nash OR Designee</i>
National Alliance on Mental Illness (NAMI):	<i>Garry Crites</i>
NC Council on Developmental Disabilities:	<i>Phillip Woodward</i>
NC Housing Coalition:	<i>Samuel Gunter</i>
NC Department of Public Safety:	<i>Vincent Gaddy OR Nicole Sullivan</i>
Cone Health Systems:	<i>Brooks Ann McKinney</i>
Duke University Health System:	<i>Donna Biederman</i>
NC Healthcare Association:	<i>Nicholle Karim</i>
Brain Injury Association of NC:	<i>Sandy Pendergraft</i>

LME/MCO Representatives:	<i>Mike Bridges</i> <i>Sarah Lancaster</i> <i>Ann Oshel*</i> <i>Amy Modlin</i>
Wilmington Continuum of Care (CoC):	<i>Judith Herring (Cape Fear Council of Governments)</i>
Asheville CoC:	<i>Brian Huskey (City of Asheville)</i>
Housing Developer/Owner:	<i>Kim Lilly (Excel Property Management)</i>
Supportive Housing Developer/Owner:	<i>Mary Jean Seyda (CASA)</i>
Persons with Lived Expertise:	<i>Amanda Shaffer</i> <i>Catie Lawson</i> <i>Lauren Garvie</i>
Community Development Office Rep.:	<i>Elizabeth Alverson (City of Greensboro)</i>
HUD Field Office Representative:	<i>Michael Johnson (invited)</i>
Centers for Independent Living:	<i>Vickie Smith</i>
State Independent Living Council (SILC):	<i>Eva Reynolds</i>
NC Veterans Representative:	<i>Jeff Smith (Military and Veterans Program Liaison, NCDHHS)</i>
NC Legislator:	<i>Representative Terry Garrison</i>

Appendix B: Workgroup Representation

Table B1: Agencies and organizations represented on NCDHHS Strategic Plan Workgroups

Workgroup	Member Representation (*Workgroup chair; 2 per workgroup)
Development	<ul style="list-style-type: none"> • NC Dept. of Health and Human Services, Supportive Housing* • Nonprofit Housing Developer and Property Manager, CASA* • Local Government Housing and Community Development • Person with Lived Experience and Expertise • Housing Developer • Property Management Company • LME/MCO • NC Dept. of Health and Human Services, Money Follows the Person • NC Housing Finance Agency • Parent Advocate • Local Nonprofit Housing Developer and Service Provider, EmPOWERment Inc. • North Carolina General Assembly/State Elected Representative
Non-Development	<ul style="list-style-type: none"> • NC Dept. of Health and Human Services Emergency Solutions Grant Office* • North Carolina Coalition to End Homelessness* • Continuum of Care • North Carolina Justice Center • NC Housing Finance Agency • LME/MCO • Local Government Housing and Community Development • Person with Lived Experience and Expertise • NC Dept. of Health and Human Services Emergency Solutions Grant Office* • DisAbility Partners • NC Dept. of Health and Human Services, Supportive Housing*
Services	<ul style="list-style-type: none"> • LME/MCO* • NC Dept. of Health and Human Services, NC Division of Mental Health, Developmental Disabilities, Substance Use Services* • NC Dept. of Health and Human Services, NC Division of Mental Health, Developmental Disabilities, Substance Use Services*

Workgroup	Member Representation (*Workgroup chair; 2 per workgroup)
	<ul style="list-style-type: none"> • Person with Lived Experience and Expertise • Alliance of Disability Advocates • National Alliance on Mental Illness • Duke Health • Brain Injury Association of NC • NC Dept of Health and Human Services, Mental Health • Disability Rights NC • Certified Peer Support Specialist • NC Council on Developmental Disabilities
Coordination	<ul style="list-style-type: none"> • NC Dept. of Health and Human Services, HealthyOpportunities* • NC Housing Coalition* • NC Housing Finance Agency • NC Dept. of Health and Human Services, Health Equity Office • Person with Lived Experience and Expertise • NC Dept. of Administration, NC Commission on Indian Affairs, Housing Choice Voucher Program • NC Department of Public Safety • NC Dept. of Health and Human Services, Military and Veterans Affairs • Person with Lived Experience and Expertise
Partnerships	<ul style="list-style-type: none"> • NC Dept. of Public Safety, NC Office of Recovery and Resiliency* • Local Government Housing and Community Development* • NC Dept. of Health and Human Services, Aging and Adult Services, Targeting Program • Public Housing Agency • NC Council on Developmental Disabilities • Continuum of Care • Person with Lived Experience and Expertise • NC Coalition to End Homelessness • Cone Health • NC Healthcare Association • LME/MCO

Appendix C: Environmental Scan Top Themes by Goal Area

Table C1: Environmental Scan Top Themes by Goal Area

Goal Area	Environmental Scan Theme
1. Housing Development	1 - Not enough affordable housing to meet the need 6 - Need for more accessible housing 7 - Need for more resources — state, federal, local, private 8 - Need for more affordable housing development incentives 17 - Need more integrated, community-based housing options
2. Non-development Housing Activities	4 - Increase housing knowledge, competency, and capacity on funding sources and evidence-based/best practices (staff & stakeholders) 5 - Grow awareness of housing issues 9 - Need for more landlord incentives, support, outreach, communication 10 - Need for increased and more flexible transportation options and partnerships to provide 11 - Lower screening barriers for credit, criminal, rental history, eviction 13 - Lack of service provider coordination 15 - Staff burnout due to natural disasters/pandemic 16 - Improved, better coordinated, and prioritized referral systems needed 18 - Housing discrimination 19 - More focus on eviction prevention & diversion needed — resources, policy reform, leveraging local programs 20 - Lack of vouchers/rent assistance
3. Supportive Services	4 - Increase housing knowledge, competency, and capacity on funding sources and evidence-based/best practices (staff & stakeholders) 7 - Need for more resources — state, federal, local, private 12 - Lack of support and tenancy services 14 - Need for more client-centered, trauma-informed care 15 - Staff burnout due to natural disasters/pandemic 16 - Improved, better coordinated, and prioritized referral systems needed
4. Coordination amongst State Agencies	2 - Need for more state level coordination & collaboration
5. Partnerships	3 - Need for more partnerships, i.e., state-local, public-private

This page intentionally left blank.

Appendix D: Focus Group and Interview Representation

Advocacy & Membership Organizations

- Disability Rights NC
- NC Coalition to End Homelessness
- NC Housing Coalition
- NC Justice Center
- NC Healthcare Association
- Promise Resource Network
- National Alliance on Mental Illness
- Brain Injury Association of NC
- KD7, Inc.
- NC Empowerment Network
- HOPE for NC
- Disability Partners
- Alliance of Disability Advocates
- Disability Rights & Resources
- DisAbility Resource Center
- Solutions for Independence

Service Providers

- The Arc of NC
- Lutheran Services Carolinas
- B&D Behavioral Health
- NC Recovery
- Central Carolina Health Network
- Resources for Seniors
- Horizons Center
- Monarch

Developers

- UPM
- DHIC
- CASA
- Affordable Communities
- National Church Residences
- United Church Homes and Services
- Excel Property Management

Health Care Industry

- United Healthcare
- Cone Health
- Duke Health

Municipal Government

- Wake County
- Guilford County
- City of Asheville
- Buncombe County
- City of Greensboro
- Mecklenburg County
- Union County
- Orange County

Continuums of Care

- Guilford
- Buncombe
- Mecklenburg
- Wake
- Balance of State
- Forsyth
- Johnston-Lee-Hartnett
- Northeast CoC

Subject Matter Experts/Consultants

- Partners for Impact
- KD7, Inc.
- Redesign Collaborative

State Agencies

- NC Council on Developmental Disabilities
- NC Dept. of Administration, Office on Indian Affairs
- NC Dept. of Health and Human Services (all divisions represented)
- NC Dept. of Public Safety
- NC Housing Finance Agency
- NC Commerce

Public Housing Agencies

- Wake County
- Sanford Housing Authority
- Asheville Housing Authority
- Goldsboro Housing Authority

Appendix E: Potential Five-Year Pipeline for Permanent Supportive Housing

**North Carolina Department of Health and Human Services
Strategic Housing Plan
Permanent Supportive Housing Pipeline**

Table E1: Potential Five-Year Pipeline for Permanent Supportive Housing

Strategy	Potential New Units	Federal, State, or Local Resource Partners
Low-Income Housing Tax Credit (LIHTC), Targeting Program Units	3,500 LIHTC units (9% and 4%) (700 Targeted Units per year)	NC Housing Finance Agency, NC Department of Health and Human Services
Supportive Housing Development Program	250 units (50/year)	NC Housing Trust Fund, NC Housing Finance Agency, local developers
State HOME-ARP	100	NC Housing Finance Agency, developers
Local HOME-ARP	500	NC Housing Finance Agency, local Participating Jurisdictions
Housing Choice Vouchers	150	NC Department of Administration, Division of Indian Affairs, local Public Housing Agencies

This page intentionally left blank.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

www.ncdhhs.gov • The Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services • December/2021



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**