

North Carolina Department of Health & Human Services

# Strategic Housing Plan



NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES

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# Abbreviations Used in this Document

<b>ACH</b> – Adult care home	<b>MCO</b> – Managed care organization
<b>ACT</b> – Assertive Community Treatment	<b>MFP</b> – Money Follows the Person
<b>AMI</b> – Area Median Income	<b>MOU</b> – Memorandum of understanding
<b>ARP</b> – American Rescue Plan	<b>NAMI</b> – National Alliance on Mental Illness
<b>BoS CoC</b> – Balance of State Continuum of Care	<b>NC</b> – North Carolina
<b>CDBG</b> – Community Development Block Grant	<b>NCCDD</b> – North Carolina Council on Developmental Disabilities
<b>CHW</b> – Community Health Worker	<b>NCCEH</b> – North Carolina Coalition to End Homelessness
<b>CMS</b> – Centers for Medicare and Medicaid Services	<b>NCDHHS</b> – North Carolina Department of Health and Human Services
<b>CoC</b> – Continuum of Care	<b>NCDPS</b> – North Carolina Department of Public Safety
<b>COLA</b> – Cost of Living Adjustment	<b>NCHFA</b> – North Carolina Housing Finance Agency
<b>DoA</b> – Department of Administration	<b>NCJC</b> – North Carolina Justice Center
<b>DOJ</b> – Department of Justice	<b>NCORR</b> – North Carolina Office of Recovery and Resiliency
<b>ELI</b> – Extremely low-income	<b>PHA</b> – Public housing agency
<b>ESG</b> – Emergency Solutions Grant	<b>PIT</b> – Point-in-time
<b>ESG-CV</b> – Emergency Solutions Grant – CARES Act	<b>PRA</b> – Project-based Rental Assistance
<b>HCBS</b> – Home and community-based services	<b>PSH</b> – Permanent supportive housing
<b>HLC</b> – Housing Leadership Committee	<b>QAP</b> – Qualified Allocation Plan
<b>HMIS</b> – Homeless Management Information System	<b>SAMHSA</b> – Substance Abuse and Mental Health Services Administration
<b>HOME</b> – HOME Investment Partnerships program	<b>SHDP</b> – Supportive Housing Development Program
<b>HUD</b> – Department of Housing and Urban Development	<b>SILC</b> – State Independent Living Council
<b>I/DD</b> – Intellectual and developmental disabilities	<b>SMI</b> – Serious mental illness
<b>ICCHP</b> – Interagency Council on Coordinating Homeless Programs	<b>TAC</b> – Technical Assistance Collaborative
<b>ICF/IID</b> – Intermediate Care Facility for Individuals with Intellectual Disabilities	<b>TCL</b> – Transitions to Community Living
<b>LIHTC</b> – Low-Income Housing Tax Credit	<b>TSP</b> – Tenant Selection Plan
<b>LIPP</b> – Landlord Incentive Pilot Program	<b>USICH</b> – U.S. Interagency Council on Homelessness
<b>LME/MCO</b> – Local Management Entities/Managed Care Organization	<b>WHLP</b> – Workforce Housing Loan Program



# Executive Summary

## Background

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Recognizing the growing need for affordable and supportive housing, the North Carolina Department of Health and Human Services (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), a nonprofit consulting organization and nationally recognized expert in supportive housing, 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 focus population of the NCDHHS Strategic Housing Plan is people served by NCDHHS with a priority for people with disabilities who are served by or qualify for NCDHHS services. The focus population of the Plan includes people with intellectual and developmental disabilities (I/DD), traumatic brain injury (TBI), and physical disabilities; people living in institutional settings or at risk of institutionalization; people who are elderly; and people who are disabled and experiencing homelessness (including children/youth) or at risk of homelessness. The state's *Olmstead* settlement agreement continues to put a particular focus for NCDHHS on people with serious mental illness (SMI) – working to ensure that people are able to live as independently as possible. NCDHHS' Transitions to Community Living (TCL) program, initiated in response to the settlement agreement, provides a sustainable model of offering integrated supportive housing for people with disabilities across the state. Of those served by the TCL program, NCDHHS has served 860 individuals with both SMI and I/DD.<sup>1</sup>

## 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 affordable permanent housing with access to voluntary, tailored support services to provide stable housing.

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<sup>1</sup> This represents 11.6% of those served by TCL.

PSH is proven to show positive results such as reduced hospitalization and homelessness, and to improve behavioral and physical health outcomes.<sup>2 3 4</sup> Consequently, the Plan focuses on PSH and sets forth goals, objectives, and strategies that will increase quality, access, and availability of PSH statewide. Because the focus of this Plan is people with disabilities with ongoing supportive services and PSH subsidy needs, it focuses on permanent supportive housing. However, in acknowledgment of the diverse housing and support needs of people with disabilities and the importance of offering an array of options to choose from, the Plan puts forth strategies for other nationally recognized models of housing as well, such as rapid rehousing<sup>5</sup>, and also standalone support services such as eviction prevention, housing navigation, and other tenancy supports. The Plan also highlights the need for evidence-based strategies such as progressive engagement.<sup>6</sup>

## NCDHHS Strategic Planning Process

At the start of the planning process, NCDHHS leadership 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 diverse group of key stakeholders and NCDHHS staff — collectively known as the Housing Leadership Committee (HLC) — to offer broad-based, diverse leadership in developing the Plan. Based on its charge from NCDHHS leadership, 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

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<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> U.S. Department of Housing and Urban Development (2014). [Rapid re-housing brief](#).

<sup>6</sup> National Alliance to End Homelessness (2021, June 4). [What is progressive engagement?](#) NAEH.org.

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 over the course of six 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 the 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 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.<sup>7</sup>

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<sup>7</sup> 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, and 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 (2024–2029).<sup>8</sup>

**Equity and Inclusion:** NCDHHS is committed to forming a broad, representative, inclusive Housing Leadership Committee (HLC) membership that incorporates a range of different perspectives and experiences, including people with disabilities, in 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.

## 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

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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.

**Development:** *Increase access to and development of supportive housing.* NCDHHS' primary objective for this goal area is to support the creation of 3,400 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

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<sup>8</sup> The Plan puts forth some longer-term strategies that may go beyond this timeframe based on available capacity and resources. These longer-term strategies are noted in the strategies section of the Plan.



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 affordable supportive housing.* Strategies for this goal area include identifying and securing additional funds for rental 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 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.

Within the five goal areas, there are 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.

## Implementation

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NCDHHS will publish and launch the NC Strategic Housing Plan in July 2024. 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 its 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 thanks 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 to 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 available on NCDHHS' [Health Equity Portfolio](#) webpage. For more information on the NC Strategic Housing Plan and how you can get involved, contact NCDHHS at [tclolmstead.housing@dhhs.nc.gov](mailto:tclolmstead.housing@dhhs.nc.gov).



# Introduction

## Overview of the Strategic Housing Plan and its Guiding Principles

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The North Carolina Department of Health and Human Services (NCDHHS) Strategic Housing Plan provides the framework to increase access to affordable supportive housing for people with disabilities who have ongoing support service needs. Specifically, the Plan’s focus is on maintaining, increasing, and better utilizing permanent supportive housing (PSH) for priority populations served by NCDHHS.<sup>9</sup> In acknowledgement of the importance of individual choice and the diversity of support needs, the Plan offers an array of additional options other than PSH including rapid rehousing<sup>10</sup> and standalone tenancy support services such as eviction prevention and housing navigation. NCDHHS and its key partners are committed to using this Plan to guide community-based and cross-disability supportive housing over the next five years. Further, NCDHHS will develop and update an action plan to guide implementation of the Plan over the five-year term.

As a part of the strategic housing planning process, NCDHHS developed the following guiding principles, vision and mission statements, and equity and inclusion statements:

**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.

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<sup>9</sup> 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 like 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 or at risk of homelessness.

<sup>10</sup> U.S. Department of Housing and Urban Development (2014). [Rapid re-housing brief](#).

## Guiding Principles

- The 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.
- The Plan will have a cross-disability<sup>11</sup> 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 (2024–2029).

**Equity and Inclusion:** NCDHHS is committed to forming a broad, representative, inclusive Housing Leadership Committee (HLC) membership that incorporates a range of different perspectives and experiences, including people with disabilities, in 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

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The concept of PSH 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.<sup>12</sup> 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

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<sup>11</sup> **Cross-disability** means including all forms of disability, including but not limited to: acquired, congenital, intellectual, brain, neurologic, sensory, mobility, mental health, episodic, etc.

<sup>12</sup> 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 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 or at risk of homelessness.

of tenancy under state and local landlord-tenant laws and is linked to voluntary and flexible supports and services designed to meet tenants' needs and preferences."<sup>13</sup> 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 serious mental illness (SMI), people with intellectual and developmental disabilities (I/DD), people impacted by substance use and substance use disorders (SUDs), 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.<sup>14 15 16</sup> Overall, PSH results in positive outcomes for health, including behavioral health, as well as overall housing stability.<sup>17</sup>

Nationally accepted PSH principles are:<sup>18</sup>

- 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.
- Leases are renewable contingent on compliance with standard lease terms and property rules.

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<sup>13</sup> 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.

<sup>14</sup> 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.

<sup>15</sup> 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.

<sup>16</sup> 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.

<sup>17</sup> 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.

<sup>18</sup> 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.

- 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 is 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 can 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

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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 that access to safe, quality, affordable housing and the supports necessary to maintain that housing are critical to the health, safety, and well-being of the state's residents. It is well established that housing has a significant impact on health outcomes; housing shapes overall well-being, particularly for people with disabilities.<sup>19</sup> NCDHHS is committed to building a whole-person-centered system that addresses both medical and nonmedical drivers of health.<sup>20</sup> With this commitment in mind, NCDHHS administers and oversees several housing-related programs across the state.

### 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 the North Carolina Housing Finance Agency (NCHFA) have partnered closely to include PSH targeted to people with disabilities and people experiencing homelessness in Low-Income Housing Tax Credit (LIHTC)<sup>21</sup> financed housing developments. This effort has led to 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 units

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<sup>19</sup> Taylor, L. (2018, June 7). [Housing and health: An overview of the literature](#). *Health Affairs blog*.

<sup>20</sup> North Carolina Department of Health and Human Services. (n.d.). [2021-2021 Strategic Plan](#).

<sup>21</sup> 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>

created through the Targeting Program.<sup>22</sup> NCDHHS and NCHFA require housing developers with PSH units in their properties to receive referrals from NCDHHS Regional Housing Coordinator staff, who coordinate with Local Management Entities/Managed Care Organizations (LME/MCOs) and 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. One of these was the creation of the Key Program to provide project-based rental assistance to make PSH units affordable to very-low income and extremely low-income (ELI) people with disabilities. Another important shift was 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 U.S. Department of Justice (DOJ) to move a substantial number of individuals with serious mental illness (SMI) 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. Of those served by the Transitions to Community Living (TCL) program, NCDHHS has served 860 individuals<sup>23</sup> with both SMI and I/DD. 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

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<sup>22</sup> Number from NCHFA as of October 2022.

<sup>23</sup> This represents 11.6% of those by the TCL program.

housing slots through in-reach, discharge planning, and transition services, as well as mental health services that include Assertive Community Treatment (ACT) teams<sup>24</sup>, 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 TCL program. 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 four 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 an analysis of housing barriers and is implementing strategies to address housing placement barriers and offer tenancy supports that promote long-term tenancy stability. 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 on lessons and insights 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 and Initiatives**

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

### *Emergency Solutions Grant*

NCDHHS administers U.S. Department of Housing and Urban Development (HUD) Emergency Solutions Grant (ESG) funds. The NCDHHS' ESG Office funds local government entities and

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<sup>24</sup> North Carolina Department of Health and Human Services. (n.d.). [Assertive Community Treatment](#).



nonprofit organizations located across the state. The State of North Carolina receives an annual ESG grant award (approximately \$5M) from HUD, and in turn awards these funds to qualified local governments and nonprofit organizations that provide shelter, services, or housing assistance to people experiencing homelessness or at imminent risk of experiencing homelessness. Eligible activities include outreach, emergency shelter, rapid rehousing, homelessness prevention, and Homeless Management Information Systems (HMIS).

In 2020, HUD allocated NCDHHS \$54.37 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 its 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 HUD Continuums of Care (CoCs) to provide funding both to current ESG subrecipients and new applicants, funding activities crucial to preserving life and health as well as forward-looking activities to build a stronger, healthier, more effective homelessness and housing system in North Carolina. For more information on ESG, please visit the [ESG webpage on the NCDHHS website](#).<sup>25</sup>

### *Money Follows the Person*

Money Follows the Person (MFP) is a state project that helps Medicaid-eligible North Carolinians living in inpatient facilities move into their own homes and communities with supports. Eligibility for MFP currently includes people who have resided for at least 60 days in a hospital, skilled nursing facility, or intermediate care facility for people with developmental disabilities. 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 Centers for Medicare and Medicaid Services (CMS). For more information on MFP, visit the [MFP webpage on the NCDHHS website](#).<sup>26</sup>

### *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 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.

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<sup>25</sup> <https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant>

<sup>26</sup> North Carolina Department of Health and Human Services. (n.d.). [Money Follows the Person](#).

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 statewide prepaid health plans to invest in social drivers and regional Healthy Opportunities Pilots that seek to test and evaluate the impact of providing high-needs Medicaid enrollees with select evidence-based, nonmedical interventions related to housing, food, transportation, and interpersonal safety. For more information related to the Healthy Opportunities portfolio, visit NCDHHS' [Healthy Opportunities website](#).<sup>27</sup>

### *Back@Home North Carolina*

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 disaster rehousing program using a rapid rehousing approach to serve a select high-needs population with no path out of the disaster shelters. Back@Home offered the following housing related services for households who were currently homeless or at imminent risk of homelessness and affected by disaster: housing navigation services, flexible financial assistance including rental and move-in assistance, and housing stabilization services. Back@Home was a tremendous success, rehousing nearly 700 households, and has been recognized as a national model in disaster response. Created in response to Hurricane Florence, the program was utilized by a small number of households for several other disasters. The Back@Home disaster rehousing program is not currently operating but will be employed again should another disaster strike. For more information, visit the NCCEH-sponsored [Back@Home website](#).<sup>28</sup>

### *Coordination of the North Carolina Balance of State Continuum of Care*

Through an annual contract, NCDHHS supports NCCEH in its efforts to coordinate the NC Balance of State Continuum of Care (BoS CoC). The NC BoS CoC, created in 2005, serves 79 counties across North Carolina to assist communities in applying for CoC funding from HUD. CoC funding serves homeless populations through PSH, transitional housing, rapid rehousing, supportive services, and HMIS projects. Funding is accessed through an annual application process. For more information on the NC BoS CoC, visit [NCCEH's website](#).<sup>29</sup>

### *The North Carolina Council on Developmental Disabilities*

NCDHHS supports the work of the North Carolina Council on Developmental Disabilities (NCCDD). The Council is a 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

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<sup>27</sup> North Carolina Department of Health and Human Services. (n.d.). [Healthy Opportunities](#).

<sup>28</sup> North Carolina Coalition to End Homelessness. (n.d.). [Back at Home](#).

<sup>29</sup> North Carolina Coalition to End Homelessness. (n.d.). [North Carolina Balance of State Continuum of Care](#)

diversity of North Carolina. 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. NCCDD publishes policy priorities each year. For 2024, NCCDD's policy priorities related to the NCDHHS Strategic Housing Plan include:

- Eliminate the Innovations Waiver waiting list (Registry of Unmet Needs).
- Increase Direct Support Professionals (DSP) compensation.
- Increase integrated, affordable and accessible housing options.
- Increase competitive integrated employment (CIE).
- Increase access to I/DD home- and community-based services.

For more information, visit the [NCCDD website](#).

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.

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# Methodology

## Planning with NCDHHS, State Partners, and Community Partners

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In 2021, NCDHHS leadership, in close consultation with key partners across the state, identified the need to launch a comprehensive strategic planning process. To this end, NCDHHS convened a diverse, broad-based group of partners from across North Carolina to develop a Strategic Housing Plan; partners 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 (PSH).

At the start of the planning process, NCDHHS leadership 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 support services for people with disabilities from across the state to determine the scope of assistance needed and to create a timeline for robust partner 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 events (interviews and focus groups) 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:**

- 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
- 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 partner 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 both 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/or 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 and Legal Guardians*

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:

- CoC 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 four 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,<sup>30</sup> with 30 percent using a progressive engagement approach,<sup>31</sup> just under 40 percent adopting a harm reduction model of care,<sup>32</sup> and 45 percent using a trauma-informed lens.
  - More than half reported having a rapid rehousing program in their community.

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<sup>30</sup> “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 the [Housing First webpage](#) on the National Alliance to End Homelessness website.

<sup>31</sup> “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 the [What Is Progressive Engagement webpage](#) on the National Alliance to End Homelessness website.

<sup>32</sup> “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 the [Harm Reduction webpage](#) on the Substance Abuse and Mental Health Services Administration website.



- Almost 80 percent said their agency does not require services or that it 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 partners.

## Housing Leadership Committee

Beginning in May 2021, NCDHHS, with TAC support, convened a diverse group of key partners 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:

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

The HLC met regularly starting in summer 2021 to develop a shared mission, vision, and guiding principles. Based on the charge from NCDHHS leadership, 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:

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

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

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

In early 2022, and using the SMARTIE<sup>33</sup> 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.

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

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<sup>33</sup> SMARTIE stands for Specific, Measurable, Achievable, Relevant, Time-Bound, Inclusive, Equitable.

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 partners 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 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.

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## 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.<sup>34</sup>

As part of the housing environmental scan, there was consensus among partners on 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.<sup>35</sup> Creating and sustaining PSH under the Plan allows North Carolina to unite two important policy initiatives — ending chronic homelessness and ending unnecessary institutionalization — within a single comprehensive policy framework. Partners 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 U.S. Department of Housing and Urban Development (HUD) definition of experiencing chronic homelessness, the civil rights implications associated with restricting someone unnecessarily in

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<sup>34</sup> Because the focus of this Plan is people with disabilities with ongoing supportive services and permanent housing subsidy needs, the Plan focuses on PSH. However, in acknowledgment of the diverse housing and support needs of people with disabilities and the importance of offering an array of options to choose from, the Plan puts forth strategies for other evidence-based models of housing as well, such as rapid rehousing and also standalone support services such as eviction prevention, housing navigation, and other tenancy supports. The Plan also highlights the need for evidence-based strategies such as progressive engagement. DHHS also acknowledges the importance of emerging emergency shelter best practices for families and children experiencing homelessness.

<sup>35</sup> 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.

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 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

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Within the five goal areas, there are 16 objectives with supporting strategies. Through the efforts of each goal area workgroup, NCDHHS has identified the strategies as either short- or long-term<sup>36</sup> and moderate or high priority.<sup>37</sup> From the strategy development sessions accomplished by the workgroups, NCDHHS identified 39 strategies as short-term, high-priority. 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. Therefore, NCDHHS will work with the Housing Leadership Committee (HLC), partner state agencies, and other partners to prioritize further until resources become available.

As mentioned in the Executive Summary, NCDHHS, with the support of the partner state agencies and the HLC, will develop an action plan that outlines the priority strategies for implementation during each year of the Plan. 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 its expertise and leadership and will convene regularly to offer feedback and assess progress in achieving the objectives within each of the goal areas throughout the five-year implementation period.

### Goal Area 1: Housing Development

Under the Housing Development goal area, NCDHHS' short-term, high-priority objectives and strategies focus on sustaining the HLC for ongoing plan implementation support, as well as conducting a PSH needs assessment and developing a statewide PSH framework. One of the main objectives of the Housing Development goal area is to support the creation of 3,400 PSH opportunities, both through new construction and rehabilitation of existing properties.

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<sup>36</sup> The Plan puts forth some longer-term strategies that may go beyond this timeframe based on available capacity and resources. These longer-term strategies are noted in the strategies section of the Plan.

<sup>37</sup> Short term = Completed within years 1 to 2 of Plan adoption; Long term = Completed within years 3 to 5 of Plan adoption.

North Carolina has a long and successful history of best practice PSH activity, and partners have laid a strong foundation within several communities. What has been missing is a collaborative state-local PSH policy framework that commits partners 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 rental assistance to extremely low- and very low-income households with disabilities living in Low Income Housing Tax Credit (LIHTC) targeted units<sup>38</sup> as well as increasing small-scale PSH development.
- Offering support to potential developers to identify and apply for PSH funds.
- 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 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 diverse<sup>39</sup> leadership structure, within 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

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<sup>38</sup> North Carolina Housing Finance Agency (2022, June 16). [Targeting and Key Rental Assistance](#).

<sup>39</sup> "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.

policy 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 partners 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.

**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 permanent supportive housing (PSH) Needs Assessment by the end of year 2.	Short-term	NCDHHS	High
c. Develop and adopt a PSH policy framework including a PSH definition, integrated housing models, best practice service models (e.g., Housing First, <sup>40</sup> harm reduction, <sup>41</sup> etc.), standardized roles and responsibilities, and target populations by the end of year 1.	Short-term	NCDHHS	High

<sup>40</sup> See Footnote 28 on [Housing First](#).

<sup>41</sup> See Footnote 30 on [harm reduction](#).



PSH Policy Framework Implementation Strategy	Time Frame	Responsible Parties	Priority Level
d. Identify gaps/needs for fully accessible <sup>42</sup> units in terms of volume, availability, geography, and needed features by the end of year 2.	Short-term	NCDHHS with NC Housing Finance Agency (NCHFA) support	High
e. Identify overlap between Money Follows the Person (MFP) <sup>43</sup> interest list, Innovations Waiver <sup>44</sup> waitlist, Targeting Program <sup>45</sup> waitlist, homeless/Continuum of Care (CoC) <sup>46</sup> waitlists, and Point in Time (PIT) <sup>47</sup> county data to generate a deduplicated estimate of PSH need by the end of the first 18 months.	Short-term	NCDHHS	High

<sup>42</sup> 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.

<sup>43</sup> “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 the [Money Follows the Person webpage](#) on the NCDHHS website.

<sup>44</sup> “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 the [NC Innovations Waiver webpage](#) on the NCDHHS website.

<sup>45</sup> “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 the [Community Living Programs webpage](#) on the North Carolina Housing Finance Agency website.

<sup>45</sup> Requires action from the General Assembly.

<sup>46</sup> “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 the [Continuum of Care Program webpage](#) on the U.S. Department of Housing and Urban Development website.

<sup>47</sup> “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 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.

PSH Policy Framework Implementation Strategy	Time Frame	Responsible Parties	Priority Level
f. Initiate a state-local PSH Partnership Initiative and secure the adoption of the state’s PSH policy framework at the local level to expand PSH across the state.	Long-term	NCDHHS, with support from NCHFA	Moderate

**Goal Area 1, Objective 2.**

Facilitate and support the creation of 3,400 new PSH opportunities, of which 350 units are accessible, through new construction and rehabilitation development pipeline in targeted areas within 5 years of 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 3,400 PSH opportunities, of which 350 units are accessible, over the next five years.<sup>48</sup> 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 acknowledges the need for additional accessible units within the overall pipeline goal of 3,400 PSH opportunities. NCDHHS also recognizes the importance of enhancing partnerships between state agencies, local housing development agencies, and other housing development partners 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.

<sup>48</sup> Rising construction costs and/or other inflationary factors, future LIHTC allocations, and availability of financing may impact actual PSH production over the next 5 years.

**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 <sup>49</sup> to provide an annualized increase to the participating owners to address the subsidy gap and fully utilize units set aside by the Targeting Program. <sup>50</sup>	Short-term, ongoing	NCDHHS, with support from NC Housing Finance Agency (NCHFA), advocates, and partners	High
b. Sustain deep affordability standards for the Low-Income Housing Tax Credit (LIHTC) <sup>51</sup> program to serve people at or below 30% of Area Median Income (AMI) <sup>52</sup> .	Short-term	NCHFA	High
c. Partner with local and state public housing agencies (PHAs) to leverage and increase the use of housing choice vouchers <sup>53</sup> or project-based voucher <sup>54</sup>	Long-term	NCDHHS with support from NCHFA	Moderate

<sup>49</sup> “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 the [Community Living Programs webpage](#) on the North Carolina Housing Finance Agency website.

<sup>50</sup> Requires action from the General Assembly.

<sup>51</sup> “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 the [LIHTC data set](#) on the HUD User portal, a resource from the Office of Policy Development and Research.

<sup>52</sup> Office of Policy Development and Research. (2022, December 2). [FY 2023 Median Family Income Estimates and Income Limits](#).

<sup>53</sup> “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 the [Housing Choice Vouchers Fact Sheet webpage](#) on the U.S. Department of Housing and Urban Development website.

<sup>54</sup> 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.			
d. Apply for additional Section 811 Project Rental Assistance (PRA) <sup>55</sup> as the Department of Housing and Urban Development (HUD) makes funds available.	Long-term	NCHFA with support from NCDHHS	Moderate
e. Support recurring, annualized funding for the Workforce Housing Loan Program (WHLP) <sup>56</sup> to create additional funding options to assist with supporting Targeting units/Extremely Low Income (ELI) <sup>57</sup> 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.) <sup>58</sup>	Long-term	NCDHHS, NCHFA, advocates and partners	Moderate

<sup>55</sup> “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 the [Section 811 PRA Program webpage](#) on the HUD Exchange website, a resource from the U.S. Department of Housing and Urban Development.

<sup>56</sup> “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 the [Workforce Housing Loan Program portion of the Our Financing webpage](#) on the North Carolina Housing Finance Agency website.

<sup>57</sup> 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.

<sup>58</sup> Requires action from the General Assembly to increase funding.

PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
<p>f. Leverage LIHTC income averaging<sup>59</sup> (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.<sup>60</sup></p>	<p>Long-term</p>	<p>NCHFA</p>	<p>Low</p>
<p>g. Research, plan and implement a State-Local PSH Partnership Initiative inviting local governments<sup>61</sup> and CoCs to match either resources or units to expand PSH development — to fully leverage and align state and local development resources including HOME<sup>62</sup>, Community Development Block Grant (CDBG),<sup>63</sup> and any local funding resources that may be available.</p>	<p>Short-term</p>	<p>NCDHHS, NCHFA, NC Dept. of Commerce, local governments</p>	<p>High</p>

<sup>59</sup> “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 [Housing Credit Income Averaging Frequently Asked Questions](#), available on the National Council of State Housing Agencies website.

<sup>60</sup> Note: This requires a change from the Internal Revenue Service to implement. The change is pending as of publication.

<sup>61</sup> 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.

<sup>62</sup> “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 the [Home Investment Partnerships Program webpage](#) on the U.S. Department of Housing and Urban Development website.

<sup>63</sup> “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 the [Community Development Block Grant Program webpage](#) on the U.S. Department of Housing and Urban Development website.

PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
<p>h. Prioritize and commit at least 50% of available funding from HOME-American Rescue Plan (ARP)<sup>64</sup> <sup>65</sup> programs and prioritize and use incentives in the Supportive Housing Development Program (SHDP)<sup>66</sup> during the next five years for the creation of PSH units. Support the local Participating Jurisdictions<sup>67</sup> to utilize at least 50% of their HOME-ARP resources to support PSH development using a range of strategies.<sup>68</sup></p>	Short-term	NCDHHS, NCHFA	High
<p>i. Offer support through NCHFA’s Supportive Housing Development Program staff to educate and assist potential developers of PSH to pursue</p>	Short-term/long-term for rural development	NCDHHS, NCHFA, North Carolina Office of Recovery and	High

<sup>64</sup> “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 the [HOME-American Rescue Plan webpage](#) on the North Carolina Housing Finance Agency website.

<sup>65</sup> 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.

<sup>66</sup> “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 the [Supportive Housing Financing webpage](#) on the North Carolina Housing Finance Agency website.

<sup>67</sup> “HUD allows municipalities that are not large enough on their own to receive a HOME Investment Partnerships Program (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 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 the [HOME Consortia webpage](#) on the HUD Exchange website, a resource from the U.S. Department of Housing and Urban Development.

<sup>68</sup> HOME ARP Allocation Plans were due to HUD on March 31, 2023 therefore this strategy will be outdated by the time the Plan is published.

PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
federal applications and state or local match. <ul style="list-style-type: none"> <li>○ Identify and target underserved counties/geographic areas and populations across the state for technical assistance support.</li> <li>○ Explore engaging rural counties that cannot support new 9% LIHTC projects<sup>69</sup> to create partnerships that increase access to PSH set-asides within existing stock (e.g., single-family homes, mobile homes).</li> </ul>		Resiliency (NCORR)	
j. Support the aggressive pursuit of HUD funding to respond to opportunities, such as the Section 811 <sup>70</sup> Capital Advance (consider state capital match) to increase PSH.	Short-term	NCDHHS, NCHFA	Moderate
k. Review and assess the impact of incentives for specific geographical	Short-term	NCHFA	Moderate

<sup>69</sup> “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 [How the 9 Percent Tax Credit Program Works webpage](#) on the National Housing Conference website.

<sup>70</sup> “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 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
areas prioritized from an equity point of view.			
i. 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.	Long-term	NCHFA	Moderate
m. Identify funding 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.	Long-term	NCHFA, NCDHHS	Moderate
n. Research national models; engage and leverage existing initiatives with health care (e.g., hospitals and health insurance plans) and philanthropic partners to provide capital funding for PSH set-aside units.	Short-term, long-term, ongoing	NCDHHS with support from NCHFA	High
o. Research national models and if feasible, 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.	Short-term/ long-term	NCDHHS with support from NCHFA	Moderate



PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
<p><b>Public-Private Partnerships:</b>                      p. 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><b>Public-Private Partnerships:</b>                      q. 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
<p><b>Public-Private Partnerships:</b>                      r. Educate and incentivize PHAs to increase the availability of special purpose Housing Choice Vouchers<sup>71</sup> 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

<sup>71</sup> Special Purpose Vouchers (SPVs) are specifically provided for by Congress in line-item appropriations, which distinguishes 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).

PSH Pipeline Strategy	Time Frame	Responsible Parties	Priority Level
<p><b>Public-Private Partnerships:</b>                      s. Leverage/gain commitments of Project-Based Vouchers<sup>72</sup> with local PHAs in NCDHHS’ 20 priority counties/ geographic areas<sup>73</sup> to support PSH set-asides and ELI units.</p>	<p>Longer-term</p>	<p>NCDHHS</p>	<p>Moderate</p>

**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 five 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.

<sup>72</sup> U.S. Department of Housing and Urban Development. (n.d.). [Project-Based Vouchers](#).

<sup>73</sup> The NCDHHS priority counties are described in the North Carolina Qualified Allocation Plan: [2023 Qualified Allocation Plan \(QAP\) | NCHFA](#)

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

Strategy to Secure Long-Term PSH Assets	Time Frame	Responsible Parties	Priority Level
<p>a. NCDHHS will work with the NC Housing Finance Agency (NCHFA), U.S. Department of Housing and Urban Development (HUD), North Carolina Coalition to End Homelessness (NCCEH), public housing agencies (PHAs), statewide PHA member organizations, and statewide/large nonprofit permanent supportive housing (PSH) owners to identify PSH portfolios and known expiring properties/units. This includes the HUD 811 portfolio.</p>	<p>Short-term (within 2 years of plan adoption)</p>	<p>NCDHHS with support from NCHFA and housing providers/partners</p>	<p>High</p>
<p>b. NCHFA shall proactively engage with current owners to identify preservation options including the transition of ownership to a new developer where possible, and work with the owners with the goal to preserve PSH.</p>	<p>Short-term (after completion of above)</p>	<p>NCHFA</p>	<p>High</p>
<p>c. NCDHHS and NCHFA will review the Section 811 (legacy) portfolio to identify options and develop a plan to preserve/sustain existing PSH stock.</p>	<p>Short-term</p>	<p>NCDHHS with support from NCHFA</p>	<p>High</p>
<p>d. Engage with HUD to determine if there is a pathway to allow the transfer of project-based rental assistance from non-viable 811 and Section 202<sup>74</sup> properties into new units.</p>	<p>Short-term</p>	<p>NCDHHS with support from NCHFA</p>	<p>Moderate</p>

<sup>74</sup> “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 the [Section 202 Supportive Housing For The Elderly Program webpage](#) on the U.S. Department of Housing and Urban Development website.

Strategy to Secure Long-Term PSH Assets	Time Frame	Responsible Parties	Priority Level
e. Work with HUD to allow conversion 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	NCDHHS with support from NCHFA	Moderate

## 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:

- Increase access to peer support across housing services statewide.
- Increase housing navigation resources.
- Strengthen the Targeting Program to increase utilization of targeted units for all eligible populations.
- Lower screening barriers by, for instance, excluding eviction records from screening at properties funded by NCDHHS and the North Carolina Housing Finance Agency (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 five 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 prior funding of \$20 million in 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 partners within 2 years.	Short-term	NCDHHS, Interagency Council for Coordinating Homeless Programs (ICCHP), advocates	High
b. Increase the use of peer support across housing services (e.g., housing search/navigation, case management, connection to services).	Short-term	NCDHHS, managed care organizations (MCOs), service providers	High

Strategy to Secure Housing Resources	Time Frame	Responsible Parties	Priority Level
<p>c. Work with developers and other partners to identify existing Low Income Housing Tax Credit (LIHTC) properties nearing their end of affordability and identify resources and strategies in order to offer incentives to current project owners with the goal that the properties remain affordable.</p> <p><b>See <a href="#">Goal Area 1, Objective 3</a></b></p>	Short-term	NCHFA	High
<p>d. Support the NC Housing Trust Fund to be restored to \$20 million.</p>	Short-term	NCDHHS, ICCHP, NCHFA, advocates, NC General Assembly	Moderate
<p>e. By leveraging existing resources (e.g., NCHousingSearch,<sup>75</sup> NCHFA’s internal Vacancy and Reporting System, NCCARE360,<sup>76</sup> and other local databases), develop one statewide database of affordable rental units by the end of year 3. The database should indicate 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, include landlords/properties from at least 75% of the state in the database.</p>	Long-term	NCDHHS, NCHFA, local providers and other relevant partners	High

<sup>75</sup> “NCHousingSearch.org is a free (to users), online housing search service that links people who need housing with the housing they need. NCDHHS supports the website.” Quoted from the [NCHousingSearch website](#).

<sup>76</sup> “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 the [NCCARE360 website](#).

Strategy to Secure Housing Resources	Time Frame	Responsible Parties	Priority Level
f. Identify and seek 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, <sup>77</sup> local programs in Charlotte and Orange Counties, and the Landlord Incentive Pilot Program (LIPP) <sup>78</sup> as examples to expand upon.)	Long-term	NCDHHS, NCHFA, NC Office of Recovery & Resiliency (NCORR)	Moderate

**Goal Area 2, Objective 2.**  
 Secure resources for long-term rental assistance; better utilize, prioritize, and target existing rent assistance and subsidized housing for the target population statewide within five 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 rental 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.

<sup>77</sup> North Carolina Housing Finance Agency. (2021, April 24). [Risk Mitigation Tools for Landlords, Owners, and Management Agents](#).

<sup>78</sup> Lewis, M. F. (2018, January 31). [Agency Makes \\$100,000 Available for the Landlord Incentive Pilot Program](#). North Carolina Housing Finance Agency.

**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 partners within 2 years.	Short-term	NCDHHS, Interagency Council for Coordinating Homeless Programs (ICCHP), advocates	High
b. Make regular updates to the Fair Housing for Tenants with Disabilities Guide <sup>79</sup> and provide regular and frequent training on fair housing and reasonable accommodation. Widely circulate Reasonable Accommodation information and templates to providers, caseworkers, property owners/managers, and clients.	Short-term	NCDHHS, NC Housing Finance Agency (NCHFA), NC Justice Center (NCJC), NC Fair Housing Project, NC Legal Aid, NC Coalition to End Homelessness (NCCEH)	High
c. Develop a catalog of web-based, interactive e-learning modules for staff and advocates to increase housing knowledge, adding modules each year for 5 years, and incorporate into training required by NCDHHS for agencies receiving state and/or Medicaid funds.	Short-term	NCDHHS with support from NCHFA	Moderate

<sup>79</sup> 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>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 proposed adjustments, appropriation increases, and confirm the impact to the number of units that can be served.</p>	<p>Long-term</p>	<p>NCDHHS, NCHFA</p>	<p>High</p>
<p>e. Improve and strengthen the Targeting Program referral process to double the utilization of targeted units occupied by an eligible program participant from 39% (current baseline) to 80% by the end of year 5 and expand access to include all <i>Olmstead</i> population groups<sup>80, 81, 82</sup> by year 2.<sup>83</sup></p> <ul style="list-style-type: none"> <li>o Provide rental assistance for those who cannot afford Low Income Housing Tax Credit (LIHTC) rents as well as appropriate support services to people with disabilities wanting to live in the community, using a Housing First methodology. Note: This requires an increase in the Key Rental Assistance appropriation and</li> </ul>	<p>Long-term</p>	<p>NCDHHS with support from NCHFA</p>	<p>High  Moderate (due to constraints around funding streams)</p>

<sup>80</sup> 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, and people experiencing or at risk of homelessness.

<sup>81</sup> North Carolina Department of Health and Human Services. (n.d.). [NC Olmstead](#).

<sup>82</sup> In the *Samantha R.* decision, the court 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 Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs), (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.

<sup>83</sup> Success of this strategy is contingent on funding for Key Rental Assistance from the NC General Assembly. To achieve 80% utilization with 75% of units assisted with Key Rental Assistance by year 5, a \$32M appropriation is needed.

Strategy to Strengthen Rental Assistance	Time Frame	Responsible Parties	Priority Level
<p>is dependent on action from the General Assembly.<sup>84</sup></p> <p><b>See also <a href="#">Goal Area 1, Objective 2.d.</a></b></p>			
<p>f. Identify funds for and provide a flexible pool of funds for long-term rental 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><b>See also <a href="#">Goal Area 2, Objective 2.e.</a></b></p>	<p>Long-term</p>	<p>NCDHHS, Commerce, NCORR, NCHFA, Advocates</p>	<p>Moderate</p>

**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 face 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.

<sup>84</sup> Required action by the General Assembly; not achievable without additional resources.

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

Strategy to Address Barriers to Housing Access	Time Frame	Responsible Parties	Priority Level
<p>a. Working with the NC Housing Finance Agency (NCHFA), evaluate options to 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).</p>	<p>Short-term</p>	<p>NCDHHS, NCHFA, NC Justice Center (NCJC), NC Fair Housing Project</p>	<p>High</p>
<p>b. Launch an initiative to work with the U.S. Department of Housing and Urban Development (HUD) and public housing agencies (PHAs) to lower screening barriers and reduce evictions.</p>	<p>Short-term</p>	<p>Advocates, partners, NC Coalition to End Homelessness (NCCEH), North Carolina Housing Coalition (NCHC), NCDHHS, NCJC</p>	<p>High</p>
<p>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.</p>	<p>Long-term</p>	<p>NCDHHS, NCCEH, NC Office of Recovery &amp; Resiliency (NCORR), NCHC, NCJC, Legal Aid NC</p>	<p>High</p>

Strategy to Address Barriers to Housing Access	Time Frame	Responsible Parties	Priority Level
d. Evaluate the state’s current Tenant Selection Plan (TSP) requirements for effectiveness at reducing barriers and identify weaknesses/gaps in the current requirements. Consider changes to further reduce barriers, including best practices and innovations implemented by other states.	Long-term	NCHFA, NCJC	High
e. Work with NCJC, NC Housing Coalition, NCCEH, and other stakeholder organizations to make state policy changes related to eviction (refer to <a href="#">NC House Bill 618</a> ). <sup>85</sup>	Long-term	Advocates, partners	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 access to quality rental units across North Carolina.

<sup>85</sup> [Pandemic Eviction Protection](#), House Bill 618, North Carolina General Assembly (2021).

**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
<p>a. Evaluate options to develop tools to improve the quality of private market units. Evaluate the feasibility of using existing resources 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 practices from other state and local rental rehab programs).</p>	<p>Short-term (HOME-ARP) and long-term (ongoing)</p>	<p>NC Housing Finance Agency (NCHFA), NCDHHS</p>	<p>High</p>
<p>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.</p>	<p>Long-term</p>	<p>Advocates, partners, Legal Aid NC, NC Justice Center (NCJC), NC Housing Coalition (NCHC)</p>	<p>High (compiling)</p>
<p>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.</p>	<p>Long-term</p>	<p>Advocates, partners, Legal Aid NC, NCJC, NCHC</p>	<p>High</p>

### 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 as in the year prior, and these numbers are expected to rise.<sup>86</sup> The current affordable housing crisis and the high-cost, low-vacancy rental market across the state place 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 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 partners within 2 years.	Short-term	NCDHHS with support from NC Housing Finance Agency (NCHFA)	High
b. Leverage existing local and statewide Legal Aid programs <sup>87</sup> 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 <a href="#">Goal Area 2, Objective 1.f.</a> ), emergency rental assistance, legal	Long-term	NCDHHS with support from NCHFA, NC Office of Recovery & Resiliency (NCORR), Legal Aid NC, NC Justice Center	High

<sup>86</sup> Kummerer, S. (2022, September 19). [Evictions rise across North Carolina, new data shows](#). ABC, WTVD-TV Raleigh-Durham.

<sup>87</sup> Legal Aid of North Carolina. (n.d.). [Projects](#).

Strategy to Increase Eviction Prevention and Diversion Support	Time Frame	Responsible Parties	Priority Level
counsel, and ongoing tenancy support programming (to include peer support). Ensure services are available to all NC residents.		(NCJC), other partners, advocates	

### 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.
- 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.

In the first year of the Plan, identify all 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 Justice<sup>88</sup>, 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 who are residing in, or at risk of placement in, nursing facilities — or with intellectual and developmental disabilities (I/DD) who are residing in, or at risk of placement in, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) may be eligible for an array of pre-tenancy services covered under the Money Follows the Person (MFP) 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 Waiver.<sup>89</sup> Individuals who meet the definition of chronically homeless<sup>90</sup> 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 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 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 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.

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<sup>88</sup> 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

<sup>89</sup> For more information, see the [NC Innovations Waiver webpage](#) on the NCDHHS website.

<sup>90</sup> The HUD [definition of chronic homelessness is provided on the HUD Exchange website](#).



**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 are key in providing 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 <b>quality</b> services by population and county/region.	Short-term	NCDHHS, managed care organizations (MCOs), NC Coalition to End Homelessness (NCCEH) supporting in Balance of State CoC regions	High
b. Identify gaps in provider capacity by population and 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 on the delivery of evidence-based and best practices, including trauma-informed care, for identified providers of pre-tenancy, transition, and tenancy support, and/or for residential service providers.

In July 2010, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a toolkit on the evidence-based practice of permanent supportive housing.<sup>91</sup> 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 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 in a way that adheres to PSH practice. Staff training and supervision are critical for providing services that adhere to fidelity.

Additional evidence-based practices also may be helpful in supporting individuals to maintain successful tenancy. Individuals with SMI, substance use disorders, I/DD, and/or who are experiencing chronic homelessness may have experienced 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 Engagement<sup>92</sup> and Motivational Interviewing<sup>93</sup> 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. NCDHHS also acknowledges the needs of supporting family caregivers who provide support for elderly persons with disabilities. The strategies in [Table 11](#) are designed to increase the offering of training and ongoing support to direct services staff across the service provider network.

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<sup>91</sup> 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.

<sup>92</sup> 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.

<sup>93</sup> 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, Managed Care Orgs (MCOs), Continuums of Care (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 and caregiver training focused on assisting individuals to identify and pursue activities that promote their ability to thrive in their communities.	Long-term	NCDHHS, MCOs	Moderate

### Goal Area 4: Coordination

The environmental scan revealed widespread support 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 partners 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.

In acknowledgement of the full scope of partner workgroup conversation focus areas, NCDHHS notes that within Coordination Workgroup planning discussions, participants voiced the need for a statewide coordinating body relating to housing activities. Coordination Workgroup participants specifically discussed the need for a centralized department of housing.

**Goal Area 4, Objective 1.**  
 Create a formal structure for accountability and shared strategy for all housing functions across state agencies and key partners in year one of this Plan.

NCDHHS supports the work of the ICCHP 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/establish the Interagency Council on Coordinating Homeless Programs (ICCHP) by June 2022	Short-term	NC Governor’s Office and ICCHP (NCDHHS to support and advise)	High – Completed

Strategy to Create a Formal Structure	Time Frame	Responsible Parties	Priority Level
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
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 federal and state funding resources focused on affordable rental housing and including COVID-related, new, and existing funding resources.	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 the 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 department-wide 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 agencies, 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; strengthen 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 partners to share data and information on evidence-based practices; create increased transparency on funding and programs; and regularly update providers on NCDHHS goals and priorities.
- Establish clear and consistent messaging for local providers on how to communicate with their local partners such as PHAs, local governments, CoCs, 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 needs and set benchmarks for affordable housing goals.
- Encourage the use of American Rescue Plan funds for affordable housing development and rental assistance; share out information on evidence-based models for providing housing and partnering with health care providers to leverage resources successfully.

### **Goal Area 5, Objective 1.**

With the goal of aligning messaging, increasing coordination among housing partners, 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 partners outlined above. The strategies in [Table 14](#) will foster and build sustainable communication structures with key external partners 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
<p>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.<sup>94</sup></p>	Short-term	NCDHHS	High
<p>b. Establish consistent and clear messaging and contact information for local providers on communicating with their public housing agencies (PHAs), local governments, Continuums of Care (CoCs), and HOME Consortiums to utilize and align funds in a way that will help to achieve shared Strategic Housing Plan goals.</p>	Short-term	NCDHHS with support from NC Coalition to End Homelessness (NCCEH), NC Office of Recovery & Resiliency (NCORR), NC Housing Coalition (NCHC), NC Justice Center (NCJC), other partners and advocates	High
<p>c. Convene meetings of housing organizations 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</p>	Short-term to schedule initial, long-term ongoing	NCDHHS	High

<sup>94</sup> 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
(e.g., data from the Point-In-Time count, Housing Inventory Count, Targeting Unit Program, McKinney-Vento, Transitions to Community Living, etc.).			
<p>d. Adopt a uniform definition of permanent supportive housing (PSH) (based on evidence-based practice definition) to facilitate a cross-disability PSH approach within state government and local communities.</p> <p><b>See <a href="#">Goal Area 1, Objective 1.c.</a></b></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 NC Housing Finance Agency (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 three additional areas, cities, or towns focused on housing development 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 levels 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
a. Explore housing data to determine the needs for affordable units by affordability level. If data are currently not sufficient, consider engaging a consulting firm to conduct a market study across the state.	Short-term	NCDHHS with support from NC Housing Finance Agency (NCHFA), Interagency Council on Coordinating Homeless Programs (ICCHP), and localities (e.g., Consolidated Plan and other needs assessment data)	High
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.	Long-term	NCDHHS, ICCHP, NCHFA, NC Department of Public Safety (NCDPS),	High

Strategy to Increase Partnerships	Time Frame	Responsible Parties	Priority Level
		NC Office of Recovery & Resiliency (NCORR), Commerce	
<p>c. Develop a state-local match funding partnership program as a framework for creating collaborative state-local PSH development partnerships.</p> <p><b>See <a href="#">Goal Area 1, Objective 1.f.</a></b></p>	Long-term	NCDHHS with support from NCHFA	High
<p>d. Encourage the partnership of state agencies to use federal housing and homelessness-related funding (e.g., HOME-ARP and Community Development Block Grants [CDBG]) to create additional permanent supportive housing (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>e. Encourage the use of local funds for affordable housing development and rental 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

Strategy to Increase Partnerships	Time Frame	Responsible Parties	Priority Level
<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). <b>See <a href="#">Goal Area 2, Objective 1.f.</a></b></p>	Long-term	NCDHHS with support from NCHFA	High
<p>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 &lt;50% of area median income (AMI).</p>	Long-term	NCDHHS	Moderate
<p>h. Explore the benefits of establishing a rental registry.<sup>95</sup></p>	Long-term	NCDHHS	Moderate
<p>i. Explore the creation of formal partnerships via MOUs or other mechanisms with health care providers (e.g., health systems, Federally Qualified Health Centers,<sup>96</sup> prepaid health plans<sup>97</sup>) 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, Health Plans, managed care organizations (MCOs)	Moderate

<sup>95</sup> Rental Registry examples: [Rent Registry | City of San Jose \(sanjoseca.gov\)](#), [Rent Registry – Consumer & Business \(lacounty.gov\)](#), [City of Syracuse \(syrqov.net\)](#)

<sup>96</sup> “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 the [What is a Health Center? webpage](#) on the Health Resources & Services Administration website.

<sup>97</sup> NC 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
j. Explore shared payment model among prepaid health plans for onsite services in publicly assisted housing (ensuring Home and Community-Based Services <sup>98</sup> compliance).	Longer-term	NCDHHS	Moderate
k. Explore the scalability of the Community Health Worker (CHW) <sup>99</sup> initiatives. Provide additional training for CHWs to assist patients with housing and other related needs.	Long-term	NCDHHS	Moderate

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<sup>98</sup> “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, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.” Quoted from [the Home and Community-Based Services webpage on Medicaid.gov website](#), a resource from the Centers for Medicare & Medicaid Services.

<sup>99</sup> “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 the [Community Health Workers webpage](#) on the North Carolina Department of Health and Human Services website.

# Appendices A – E

**Appendix A: State Team and Housing Leadership Committee Membership .....A1**  
**Appendix B: Workgroup Representation.....B1**  
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# Appendix A: State Team and Housing Leadership Committee Membership

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

\*Denotes former member

\*\*Denotes HLC Co-chairs

## DHHS State Housing Team

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Chris Battle	Angela Harper King
Hank Bowers	Pam Lloyd
Joseph Breen*	Dep Secretary Dave Richard*
Ken Edminster	Steve Strom
Dep Secretary Debra Farrington	Karen Wade
Erika Ferguson*	Josh Walker
Deb Goda	Carla West
Sam Hedrick*	Stephanie Williams*
Secretary Kody Kinsley	Ginger Yarbrough
Kay Johnson	

## HLC External Representatives

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Organization Name	Representative(s)
Brain Injury Association of NC	Sandy Pendergraft
Centers for Independent Living	Vickie Smith
Community Development Office Representative	Elizabeth Alverson (Greensboro)
Continuum of Care Representatives:	Dawn Tucker AND Judith Herring
– Wilmington	Brian Huskey
– Ashville	Elizabeth Myerholtz AND Lisa Nesbitt
Disability Rights NC	Donna Biederman
Duke Health Systems	Pilar Rocha-Goldberg AND Erik Valera
El Centro Hispano	Kim Lilly - Excel Property Management



<b>Organization Name</b>	<b>Representative(s)</b>
Housing Developer/Owner	Michael Johnson ( <i>invited</i> )
HUD Field Office Representative	Ann Oshel**
LME/MCO representatives:	Mike Bridges
– Alliance	Amy Modlin
– Partners	Sarah Lancaster
– Trillium	Brooks Ann McKinney
– Vaya	Garry Crites
Cone Health Systems	Ryan Fehrman AND Brian Alexander
National Alliance on Mental Illness	Stephen Maynor
NC Coalition to End Homelessness	Talley Wells AND Philip Woodward
NC Commission on Indian Affairs	Nicole Sullivan
NC Council on Developmental Disabilities	Nicolle Karim
NC Department of Public Safety	Samuel Gunter
NC Healthcare Association	Scott Farmer**
NC Housing Coalition	Bill Rowe
NC Housing Finance Agency	Terry Garrison
NC Justice Center	Stella Adams
NC Legislative Representative	Laura Hogshead AND Amanda Martin
NC NAACP	OPEN (formerly Jeff Smith)
NC Office of Resiliency and Recovery	Lauren Garvie
NC Veterans Representative	Eva Reynolds
Peer Support Sector Representative	Catie Lawson
State Independent Living (SILC)	CASA Representative
Substance Use Recovery Housing Representative	John Nash
Supportive Housing Developer/Owner	
The Arc of NC	

# Appendix B: Workgroup Representation

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

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

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

<b>Workgroup</b>	<b>Member Representation</b> (*Workgroup chair; 2 per workgroup)
<b>Partnerships</b>	<ul style="list-style-type: none"> <li>• NC Dept. of Public Safety, NC Office of Recovery and Resiliency*</li> <li>• Local Government Housing and Community Development*</li> <li>• NC Dept. of Health and Human Services, Aging and Adult Services, Targeting Program</li> <li>• Public Housing Agency</li> <li>• NC Council on Developmental Disabilities</li> <li>• Continuum of Care</li> <li>• Person with Lived Experience and Expertise</li> <li>• NC Coalition to End Homelessness</li> <li>• Cone Health</li> <li>• NC Healthcare Association</li> <li>• LME/MCO</li> </ul>

# 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 & partners) 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/rental assistance
3. Supportive Services	4 - Increase housing knowledge, competency, and capacity on funding sources and evidence-based/best practices (staff & partners) 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

# Appendix D: Focus Group and Interview Representation

## Advocacy & Membership Organizations

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

## Service Providers

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

## Developers

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

## Health Care Industry

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- Cone Health
- Duke Health
- United Healthcare

## Municipal Government

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

## Continuums of Care

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

## Subject Matter Experts/Consultants

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

## State Agencies

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- NC Dept. of Administration, Office on Indian Affairs
- NC Commerce
- NC Council on Developmental Disabilities
- NC Dept. of Health and Human Services (all divisions represented)
- NC Housing Finance Agency
- NC Dept. of Public Safety
- Public Housing Agencies
- Asheville Housing Authority
- Goldsboro Housing Authority
- Sanford Housing Authority
- Wake County 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 <sup>100</sup>	2,000 LIHTC units (9% and 4%) (400 Targeted Units per year)	NC Housing Finance Agency, NC Department of Health and Human Services
Supportive Housing Development Program	200 units (40/year)	NC Housing Trust Fund, NC Housing Finance Agency, local developers
State HOME-ARP	200	NC Housing Finance Agency, local developers
Local HOME-ARP	500	Local Participating Jurisdictions
Locally Funded PSH	300	Local Counties and Municipalities
Housing Choice Vouchers <sup>101</sup>	200	NC Department of Administration, Division of Indian Affairs, local public housing agencies

<sup>100</sup> Rising construction costs and/or other inflationary factors, future LIHTC allocations, and availability of financing may impact actual PSH production over the next 5 years.

<sup>101</sup> To include [special purpose voucher programs](#).





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