TOWN OF WAYNESVILLE TASK FORCE ON HOMELESSNESS

October 12, 2021

TOWN OF WAYNESVILLE

TASK FORCE ON HOMELESSNESS
HOMELESSNESS NEEDS ASSESSMENT & COMMUNITY ACTION PLAN

CHAIR PRESENTATION

HOMELESSNESS NEEDS ASSESSMENT & RECOMMENDED COMMUNITY ACTION PLAN

OVERVIEW OF DATA FINDINGS & RESULTS

RECOMMENDED COMMUNITY ACTION PLAN

FOCUS. CREATE.

"Instead of worrying about what you cannot control…

Focus your energy on what you can create."

-Roy T. Bennett, The Light in the Heart

TASK FORCE ON HOMELESSNESS

Chief David Adams (Proxy: Lt. Tyler Trantham)	Juleah Berliner	Wanda Brooks	Dale Burris	Nathan Cartwright	Sheriff Greg Christopher (Proxy: Chief Deputy Jeff Haynes)
Bob Cummings	Patsy Davis (Proxy: Brooke Smith)	Commissioner Kevin Ensley	Keri Guidry	Mandy Haithcox	Jon Lynn McDermott
	Amy Murphy-Nugen (Chair)	Joslyn Schaefer	Alderman Anthony Sutton	Brandon Wilson	

Community Connections & Social Cohesion	Economic Stability	Education	Eviction, Foreclosure, Winter Prep & Crisis	Health
Focus Areas: homeowner support (i.e. impacted by homelessness), support systems for people who are homeless, social cohesion	Focus Areas: business support, employment/income support for people who are homeless	Focus Areas: prevention, early intervention	Focus Areas: eviction and foreclosure prevention & intervention, Winter Cold Grace shelter support, crisis intervention	Focus Areas: physical, mental/behavioral health—including substance use
Keri Guidry (Work Group Lead), Mandy Haithcox (Work Group Notetaker), Michael Blackburn, Wanda Brooks, Dale Burris, Nathan Cartwright, Alderman Jon Feichter, Becca Goldstein	Alderman Anthony Sutton (Work Group Lead), Joslyn Schaefer (Work Group Notetaker), Chief David Adams, Wanda Brooks, Sheriff Greg Christopher, CeCe Hipps, Jon Lynn McDermott, Lt. Tyler Trantham, Stephanie Sutton	Bob Cummings (Work Group Lead/Notetaker), Patsy Davis, (Work Group Lead/Notetaker), Jeremiah Jaynes	Brandon Wilson (Work Group Lead), Vicky Gribble (Work Group Notetaker), Mayor Gary Caldwell, Commissioner Kevin Ensley, Christina Hendricks Barbara Stuteville, Michele Rogers	Juleah Berliner, Work Group Lead), Hannah Minick (Work Group Notetaker), Jesse Lee Dunlap, Shawn Hudson, Ronnie Johnson, Neese Morris, Billye Simmers, Kasey Steffan-Valentine

TASK FORCE ON HOMELESSNESS WORK GROUPS

SPECIAL THANKS

Hannah Minick

Town of Waynesville, MSW Graduate Student Intern, August 2020-May 2021

Abby Schuler

MSW Graduate Student Research Assistant, May 2021-August 2021

CHARGE: TF ON HOMELESSNESS

1. Research the demographics of persons who are homeless in Waynesville and the causes of homelessness;

2. Examine stigmatization, criminalization and discrimination associated with homelessness;

3. Conduct a gap analysis to identify needs, existing community capacity, and additional resources necessary to prevent and respond to temporary and chronic homelessness; and,

4. Developing a collaborative community action plan to fill system gaps and improve existing programs

strengthening service delivery systems

improve the quality of life for our neighbors who are homeless

addressing concerns of our neighbors, local businesses, & faith community

GUIDING PRINCIPLES

- Commit to the goals and objectives of the Task Force

- Commit to attending Task Force meetings and actively participate on at least one work group

- Treat everyone with respect

- Practice active listening--listening first to understand

- Offer open-minded consideration--including embracing respectful and productive disagreement and dissent as essential to developing sound decisions

- Focus on issues and avoid personalizing criticism

- Actively engage and also practice self-restraint (i.e. share speaking time)

- Reflect an asset-based, solution-focused, data-informed approach to decision-making

- Expect the process to be messy & uncomfortable at times

- Remember that we are all neighbors

- Remember that all discussions center on fellow human beings; refrain from the dehumanization of any individual or group.

- Share responsibility to hold the Task Force to the above principles.

Source	What	When	Who	Status
Public Data	Social determinants of health	Nov—Jan	Work Groups—coordinated by Leads	Completed
Public Data	Socio-economic community profile	Nov-Jan	Amy, Hannah	Completed
Business Survey N=59	Feedback/ Priorities	June	Economic Stability Work Group	Completed; 59 surveys
Interview/ Survey N=56	Experiences of homelessness	May-June	Amy in coordination with providers	Completed; closed 6/11; 56 surveys
Standardized Survey; Media Content Analysis; Public Data N=224	Priorities, Stigmatization, Discrimination, Criminalization	April-June	Amy, Abby	Closed 6/1; 224 surveys
Listening Sessions N=31	Key stakeholder groups	May-June	Amy, Abby	Completed; 7 listening sessions completed; business owners; faith leaders; people who are homeless; providers—housing & support services; providers—behavioral health & support services; law enforcement; residents impacted by homelessness

DATA COLLECTION SUMMARY

POINT IN TIME COUNT

2020 & 2021

Year	Emergency Shelter	Transitional Housing	Unsheltered Situation	Total People who are Homeless
2021	43	0	No unsheltered count conducted in 2021 due to COVID-19 pandemic	43
2020	100	0	30	130

(North Carolina Coalition to End Homelessness [NCCEH], 2021b & 2020a).

TOWN OF WAYNESVILLE

Community Profile: Summary of Main Findings

The following sections discuss social and economic demographic data, including recent trends in population, income and poverty status, housing characteristics, education and employment. Data, when available, for Waynesville, Haywood County, North Carolina and the United States are included for comparative purposes. Unless otherwise indicated, data are derived from the U.S. Census Bureau.

COMMUNITY FEEDBACK SURVEY

SUMMARY OF MAIN RESULTS

THE COMMUNITY FEEDBACK SURVEY WAS ADAPTED FROM AN EXISTING INSTRUMENT DEVELOPED BY PHILLIPS (2015) TO ASSESS PERCEIVED CAUSES OF HOMELESSNESS, PRIORITY INTERVENTIONS TO RESPOND TO HOMELESSNESS, COMMUNITY INTEGRATION AND READINESS, AND POSSIBLE STIGMA IN WAYNESVILLE.

WE EXPRESS OUR GRATITUDE TO THE AUTHOR AS PHILLIPS HAS GENEROUSLY PROVIDED PERMISSION TO USE HER INSTRUMENT.

Instructions given to participants: Please indicate how likely the following factors are to cause homelessness using the scale below (definitely likely, probably likely, neutral, definitely unlikely, probably unlikely)			
Factor	Definitely & Probably Likely (n/%)	Definitely & Probably Unlikely (n/%)	n
Having a mental illness	202 (90.2%)	5 (2.2%)	224
Having a problem with illicit drugs	196 (87.9%)	4 (1.8%)	223
Having a problem with alcohol	191 (85.7%)	5 (2.2%)	223
Limited affordable housing	169 (76.1%)	28 (12.6%)	222
Having limited education or training	151 (68.0%)	24 (10.8%)	222
Having a physical illness	148 (66.4%)	33 (14.8%)	223
Having limited opportunities in life	143 (63.8%)	44 (19.6%)	224
Growing up in a home with limited income	142 (63.7%)	38 (17.0%)	223
Lack of affordable healthcare	130 (58.0%)	53 (23.7%)	224
Decline in public assistance	129 (58.4%)	69 (31.2%)	221
Economic Impact(s) of COVID-19	129 (57.6%)	55 (24.6%)	224
Poor economic conditions	135 (60.8%)	44 (19.8%)	222
Social inequality for different groups of people	124 (55.9%)	64 (28.8%)	222
Limited availability of jobs	112 (50.5%)	82 (36.9%)	222
Not working hard enough to earn income	82 (36.9%)	97 (43.7%)	222
Being lazy	79 (35.7%)	96 (43.4%)	221

Perceived Factors Causing Homelessness

Main Cause of Homelessness, Open-Ended Response	# of Responses n/%
Substance Use	105 (47.7%)
Lack of Affordable Housing Options	62 (28.7%)
Cost of Living/Inadequate Wages	50 (22.3%)
Lack of Services (i.e. healthcare, shelters, treatment)	43 (19.1%)
Personal Choice	35 (15.6%)
Other	24 (10.7%)
Enabling Behavior by Providers and Government	18 (8.0%)
Presence of Mental Health Issue	17 (7.5%)
Attracted by Services	16 (7.1%)
Lack of Leadership	7 (3.1%)
Sent Here	3 (1.3%)

Instructions given to participants: Please indicate how likely the following factors are to help individuals who are homeless to overcome this problem and obtain housing, using the scale (definitely likely, probably likely, neutral, definitely unlikely, probably unlikely).			
Perceived Solutions	Definitely & Probably Likely (n/%)	Definitely & Probably Unlikely (n/%)	n
Mental Health treatment programs	195 (87.1%)	16 (7.1%)	224
Drug and Alcohol treatment programs	181 (80.8%)	22 (9.8%)	224
Job training programs	179 (81.0%)	17 (7.7%)	221
Residential programs where individuals can live and address housing and employment goals	175 (78.1%)	28 (12.5%)	224
Outreach services in shelters	169 (75.4%)	28 (12.5%)	224
Educational programs	165 (73.7%)	24 (10.7%)	224
Programs that provide individuals with low-cost housing	165 (73.7%)	12(11.6%)	224
Transitional housing programs	161 (71.9%)	27 (12.1%)	224
Medical care for people who are homeless	160 (71.7%)	32 (14.3%)	223
Outreach services in the streets	158 (70.9%)	38 (17.0%)	223
"Drop in centers" where individuals who are homeless can go during the day to seek help and access hygiene services	153 (68.6%)	53 (23.8%)	223
Programs that provide individuals with vouchers for housing	148 (66.1%)	44 (19.6%)	224
Shelters for individuals who are homeless	141 (62.9%)	45 (20.1%)	224
Programs providing food for individuals who are homeless (such as soup kitchens)	139 (62.1%)	55 (24.6%)	224
Faith based programs	112 (50.0%)	50 (22.3%)	224

Perceived Solutions to Homelessness

Proposed Solutions, Open-Ended Response	# of Responses n/%
Expand Programs and Supports	127 (56.7%)
End Stigma Against People who are Homeless	30 (13.4%)
Limit or End Help & Services	28 (12.5%)
Engage by Volunteering, Donating, Building Community & Relationships	20 (8.9%)
Policy Change	6 (2.7%)
Other	4 (1.8%)

Level of Response	Strongly Agree & Agree (n/%)	Strongly Disagree & Disagree (n/%)	n
Communities should work to decrease stigma for people who used to be homeless.	188 (83.9%)	15 (6.7%)	224
I donated money to help individuals who are homeless in the past.	176 (78.6%)	33 (14.7%)	224
There should be more programs to help individuals who are homeless.	162 (72.6%)	37 (16.6%)	223
Communities should work to decrease stigma for people who are homeless.	157 (70.1%)	37 (16.5%)	224
I would be willing to volunteer in a program that provides food for individuals who are homeless (such as a soup kitchen).	157 (70.1%)	39 (17.4%)	224
I volunteered to help individuals who are homeless in the past.	151 (67.4%)	46 (20.5%)	224
Society should do more to help people who are homeless.	149 (66.5%)	36 (16.1%)	224
I would be willing to work in a program that helps individuals who are homeless.	147 (65.9%)	33 (14.8%)	223
People should do more to help people who are homeless.	146 (65.2%)	34 (15.2%)	224
There should be more programs that provide housing and vouchers to people who are homeless.	145 (64.7%)	48 (21.4%)	224
The government should do more to help people who are homeless.	143 (64.1%)	56 (25.1%)	223
I would be willing to donate money to an organization to help individuals who are homeless.	136 (60.7%)	41 (18.3%)	224
I would be willing to volunteer in a homeless shelter.	118 (52.9%)	57 (25.6%)	223
Tax dollars should not be used to help people who are homeless.	63 (28.3%)	133 (59.6%)	223

PEOPLE WHO ARE HOMELESS

Summary of Main Results

A comprehensive survey was administered to individuals who are homeless to document demographics, assess causes of homelessness, explore mitigating factors, and document the lived experience of people who are homeless in Waynesville.

Basic Demographics

Age	•Nearly twenty-nine percent (28.57%, n=16) were between the ages of 36-45
Race	•Primarily White (88.89%, n=48) •Non-Hispanic (87.04%, n=47)
Gender	•Majority female (57.14%, n=32) •Transgender & Non-binary (each 1.79%, n=1, n=1)
Sexual Orientation	•Primarily heterosexual (76.36%, n=42) •LGB (16.36%, n=9)
Religious & Spiritual Affiliation	•Religious, spiritual, and/or both (85.71%, n=48)

Main Cause of Homelessness Responses	%	Count
Alcohol and/or substance use	17.82%	18
Domestic and/or interpersonal violence	11.88%	12
Could not afford rent	9.90%	10
Job loss	7.92%	8
Mental health issues	7.92%	8
Incarceration	6.93%	7
Other option not listed:	6.93%	7
COVID-19	5.94%	6
Eviction	5.94%	6
Argument with family/friends/roommate	3.96%	4
Divorce/separation/break-up	3.96%	4
Illness/medical issues	3.96%	4
Death of a parent/spouse/child	2.97%	3
Family/friends couldn't afford to let me stay	1.98%	2
Family/friends wouldn't let me stay	0.99%	1
Prefer not to say	0.99%	1
Foreclosure	0.00%	0
Aging out of foster care	0.00%	0
Hospitalization/treatment	0.00%	0
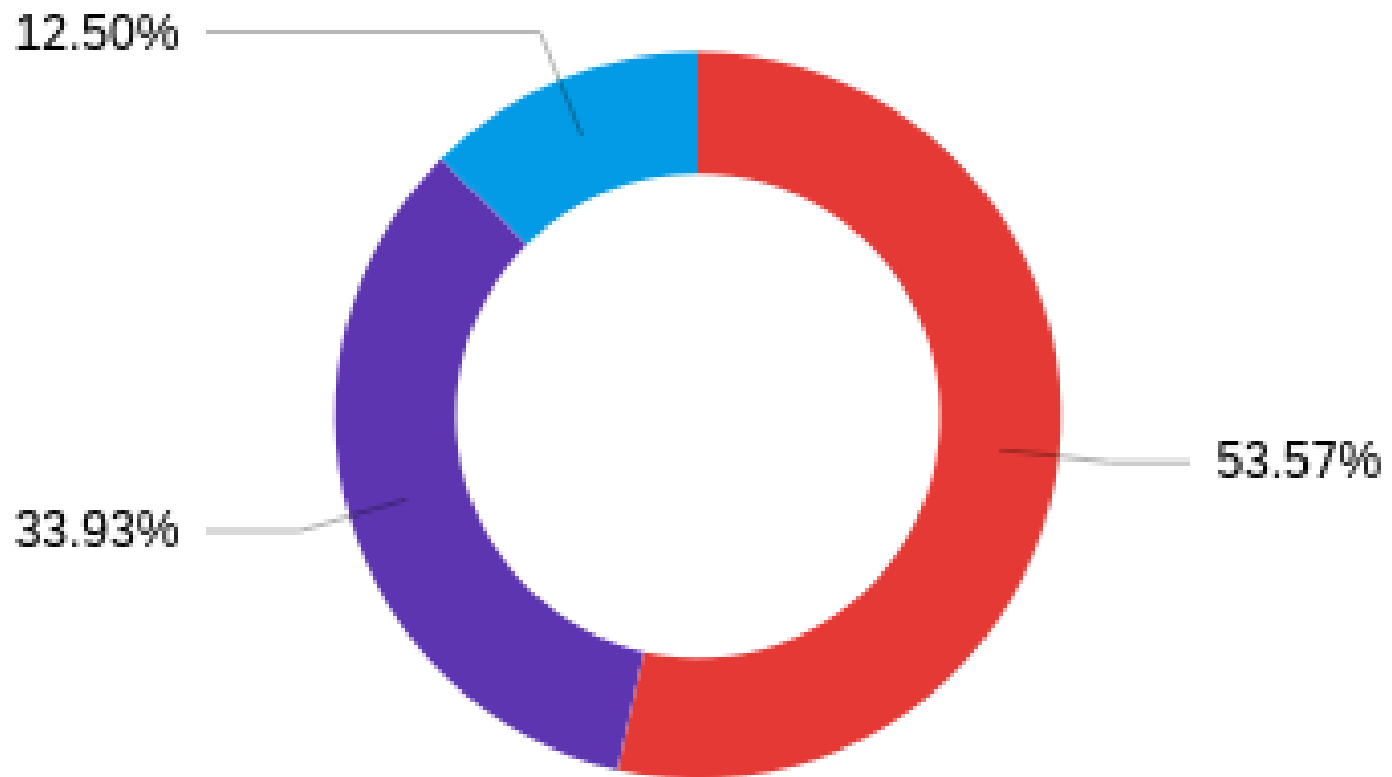
Employment Status

Legend:
- I have not been employed in the past 12 months
- I am currently employed
- I lost my job and/or am unemployed due to challenges related to COVID-19

Data labels:
- 12.50%
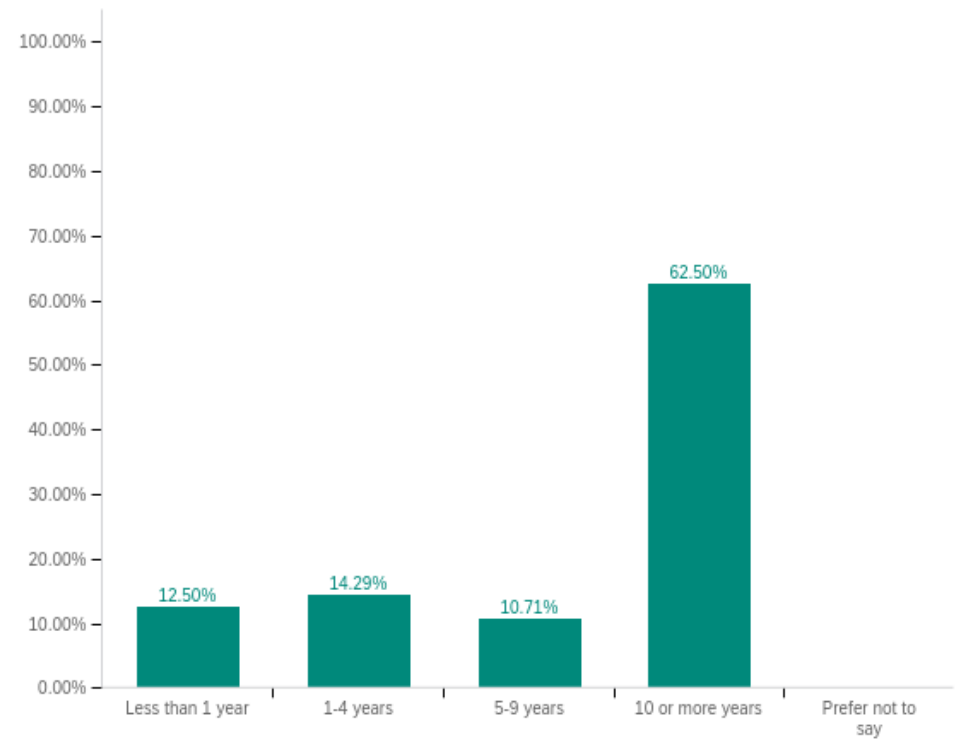- 53.57%
- 33.93%
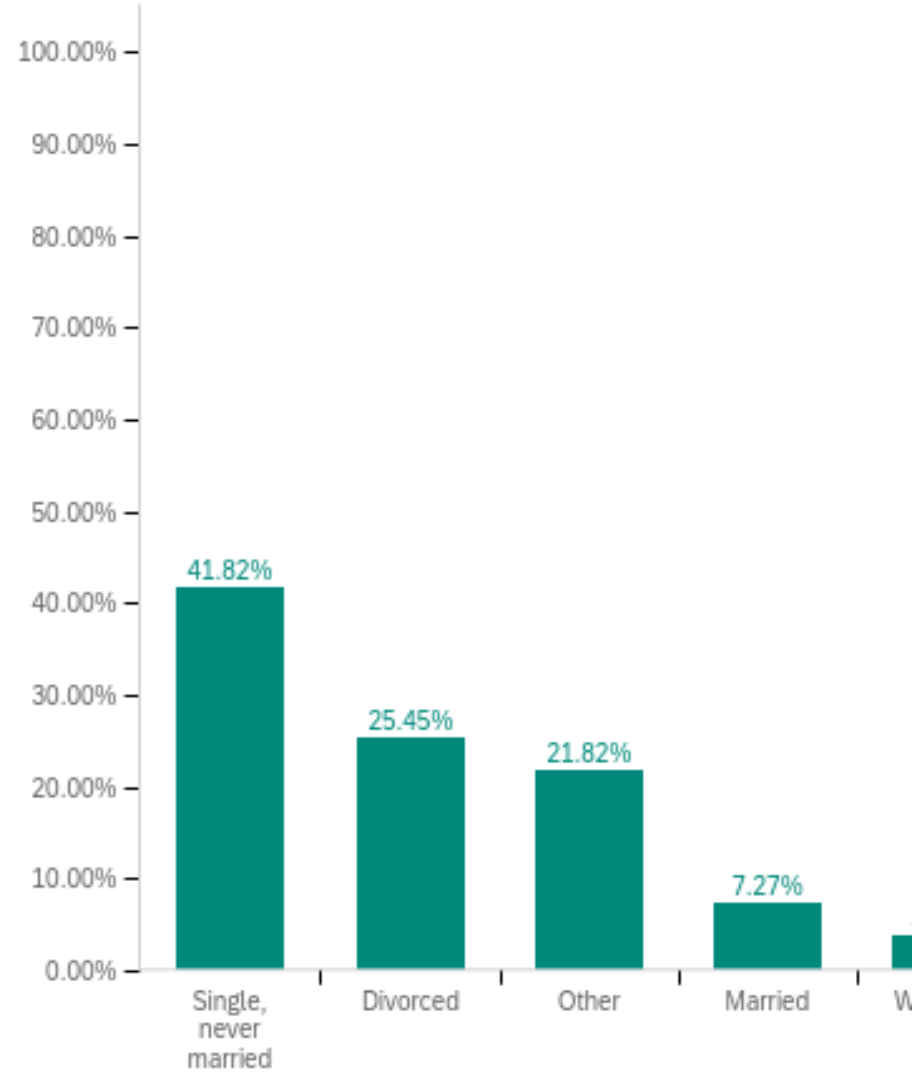
Relationship Status
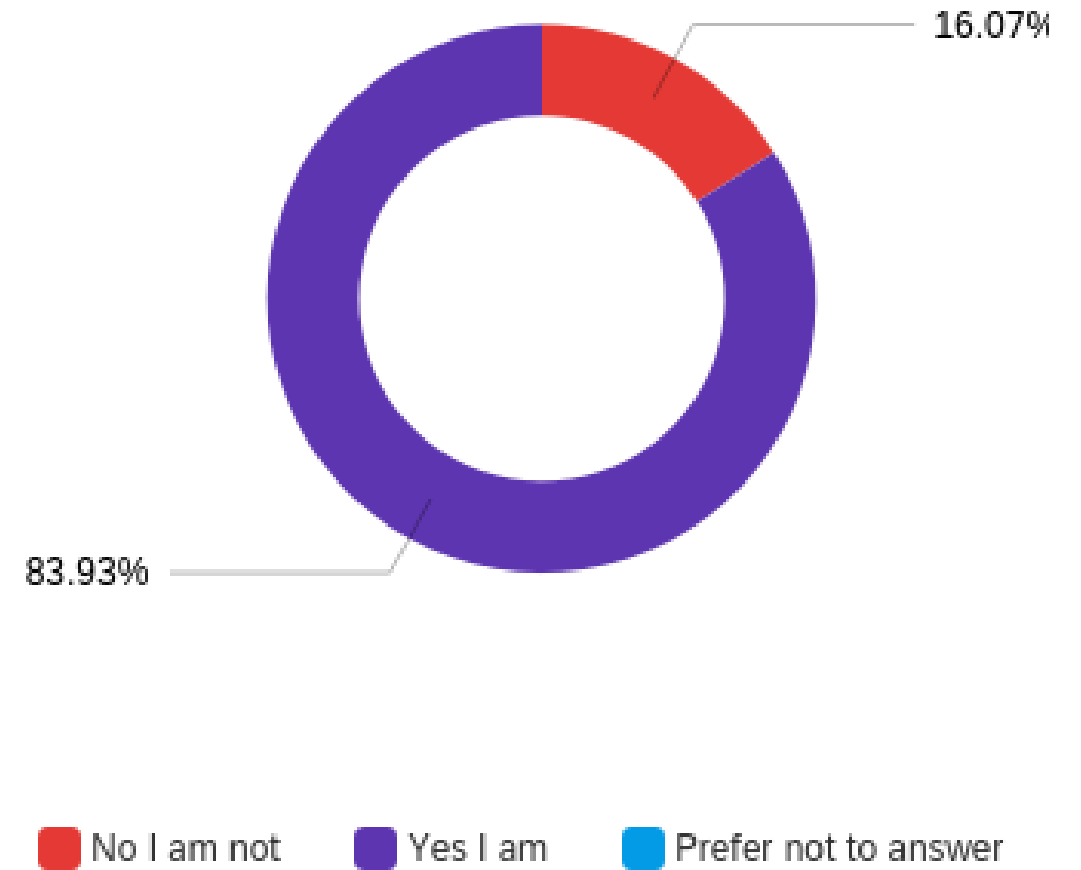
Parental Status
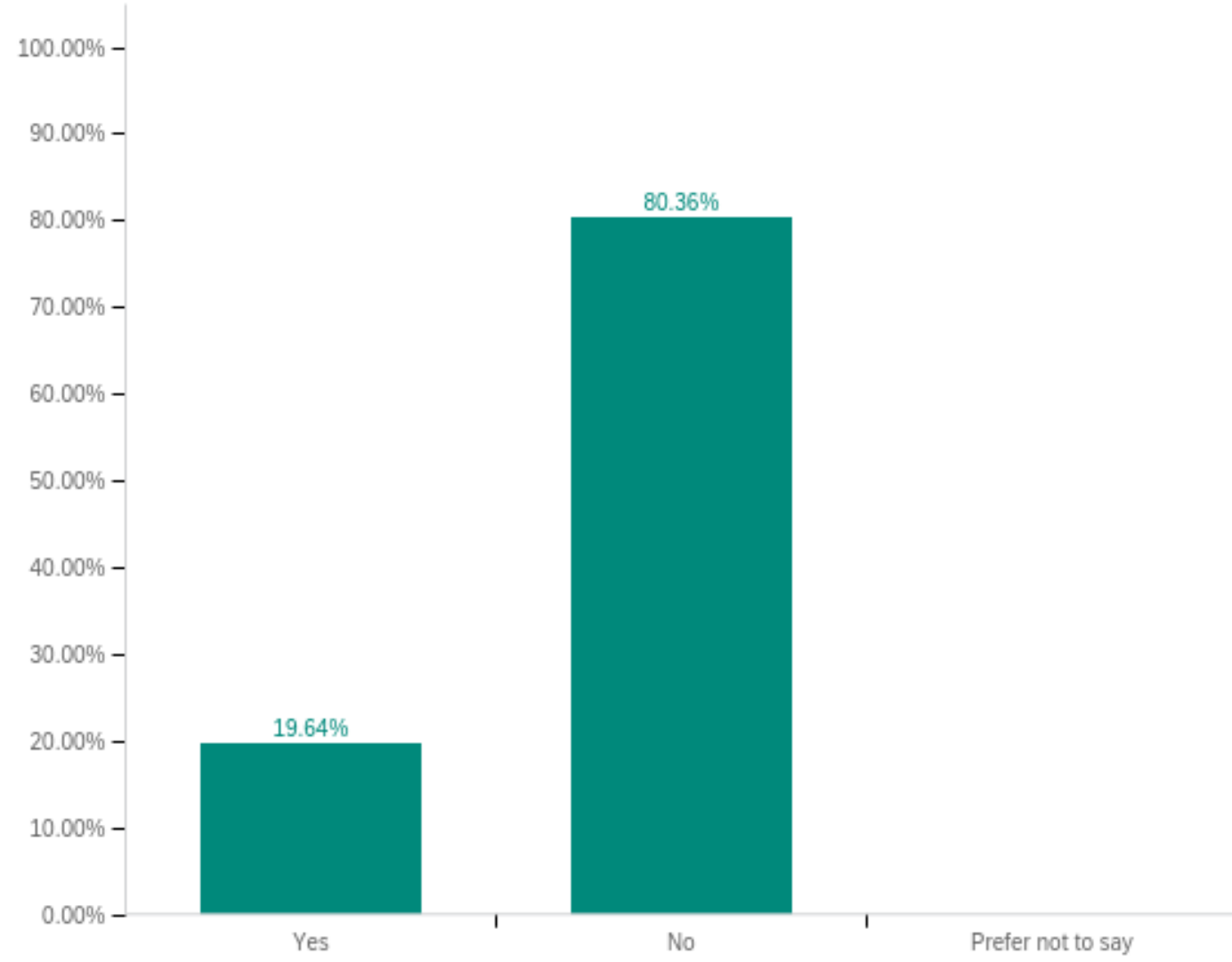
Foster Care Experience
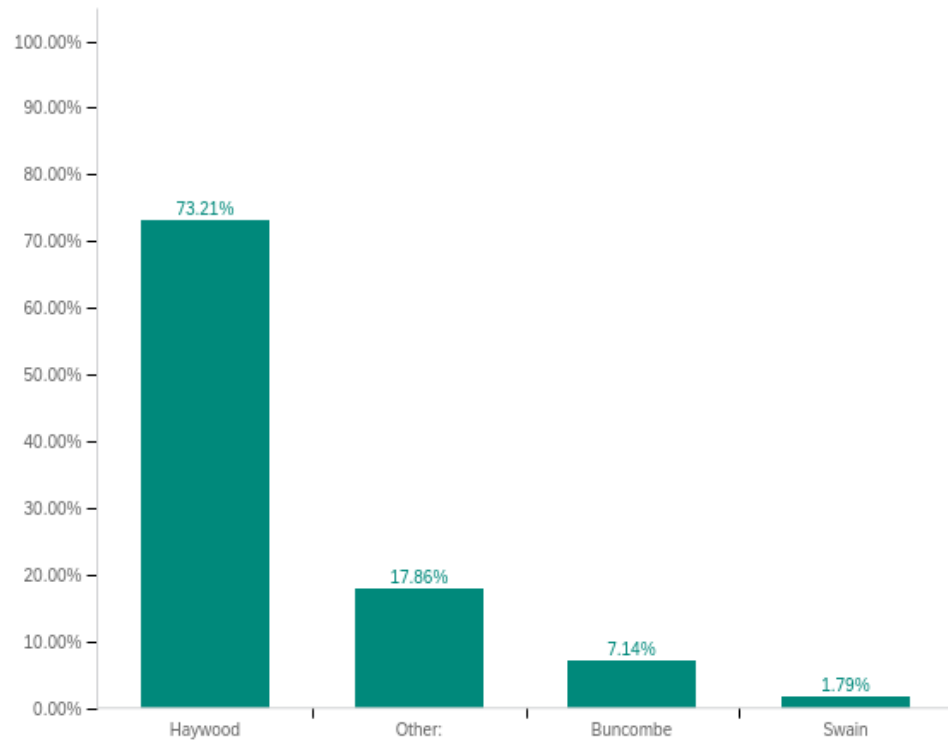
County lived in which last had stable housing

Time in Haywood County
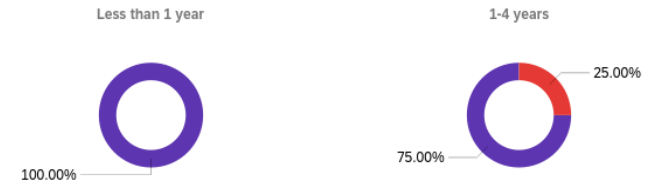
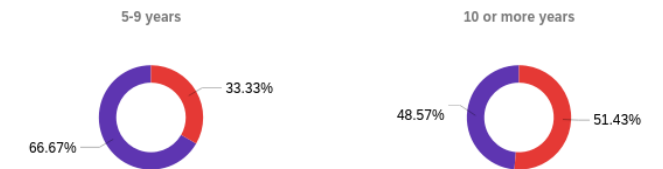Originally from Waynesville and Time in Haywood County
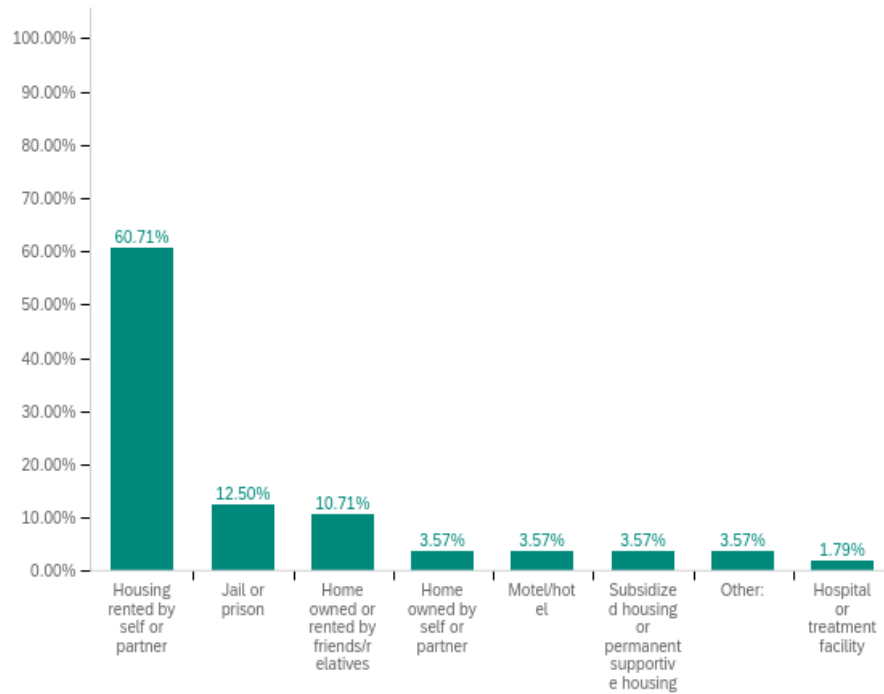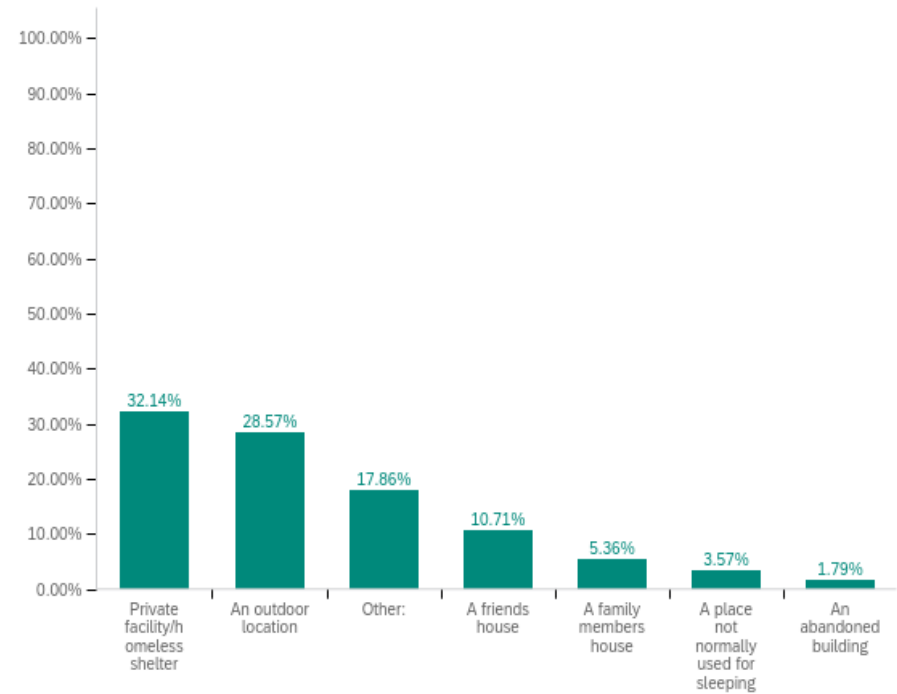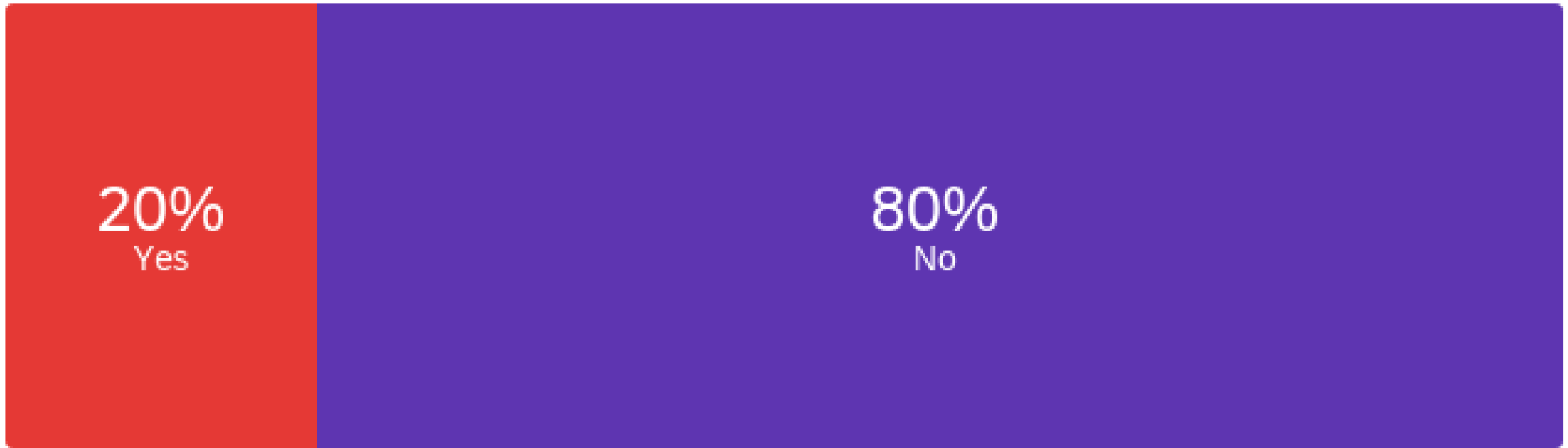
Originally from Waynesville
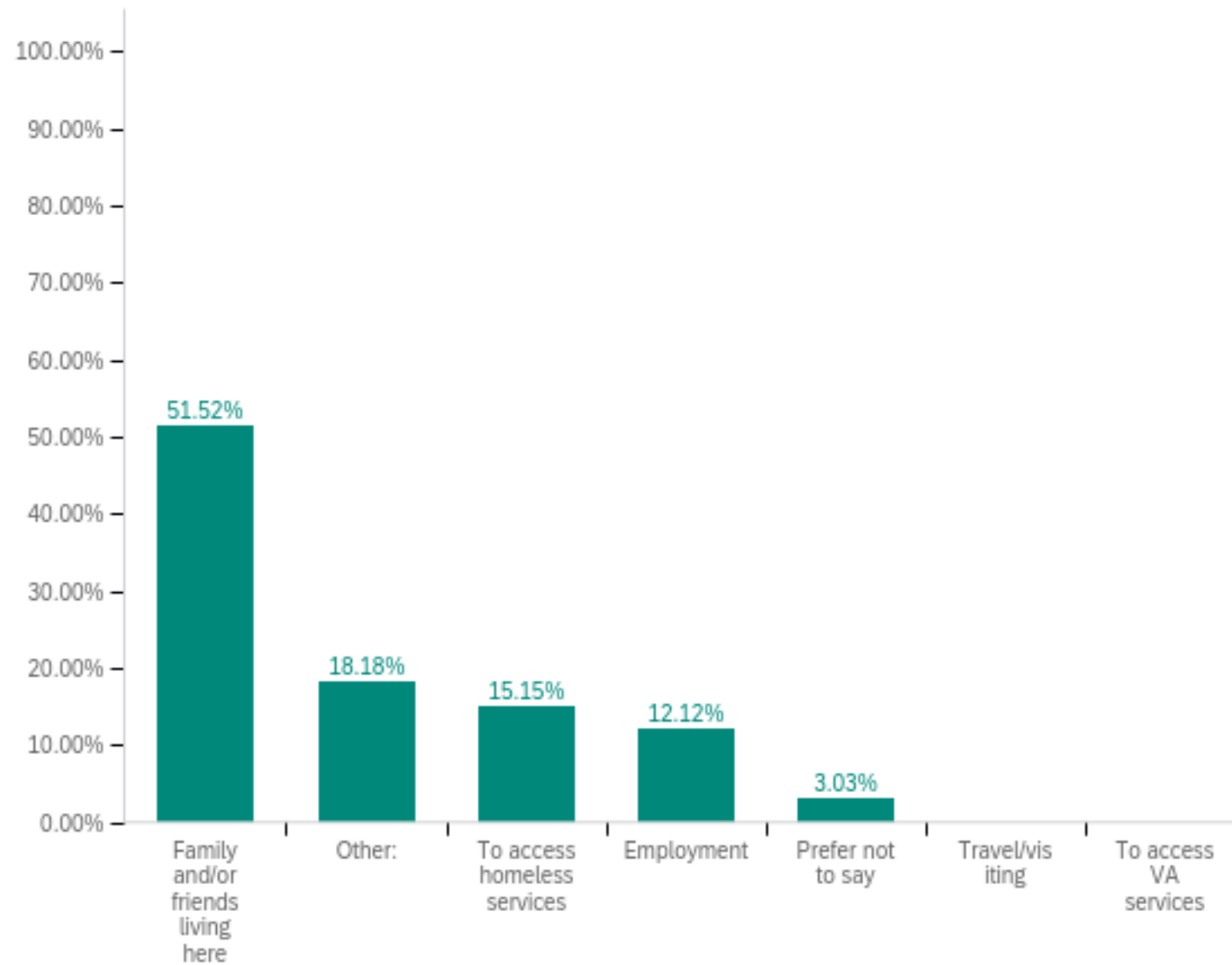
Reason You Came to Waynesville
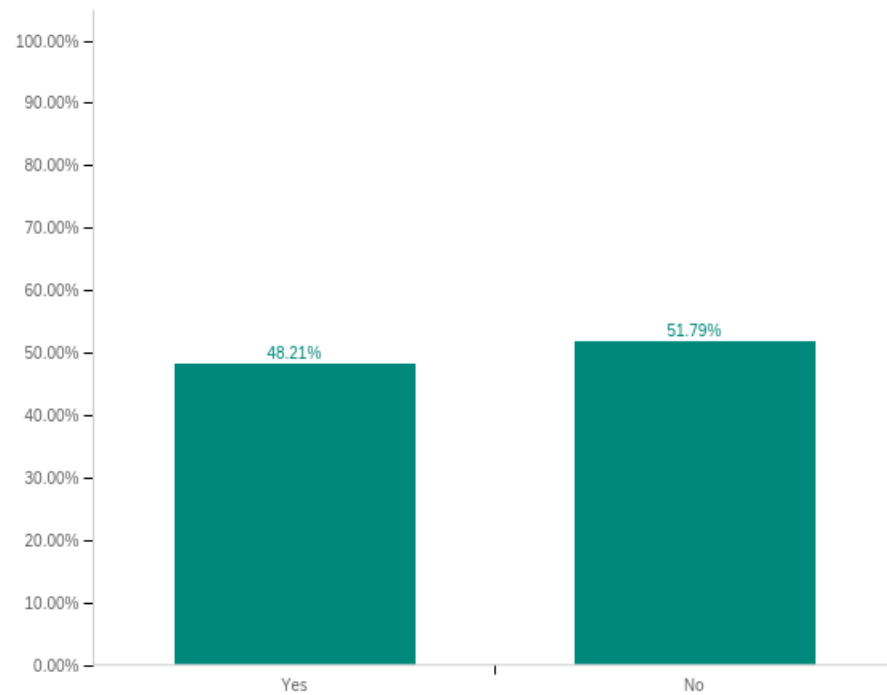
Living Arrangement Prior to Homelessness

Where You Are Sleeping Now: Most Often
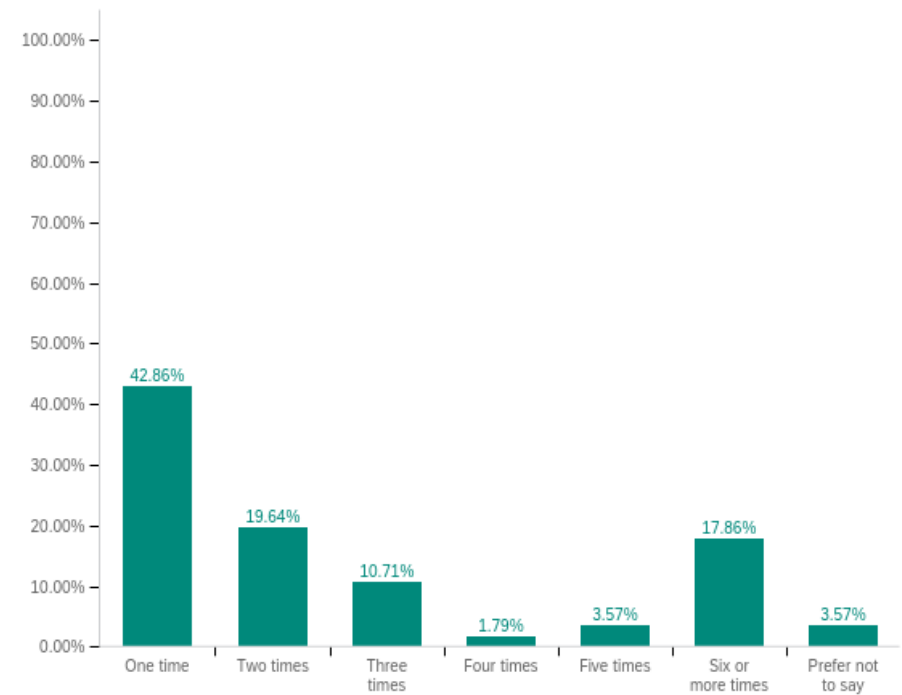
20%
Yes

80%
No

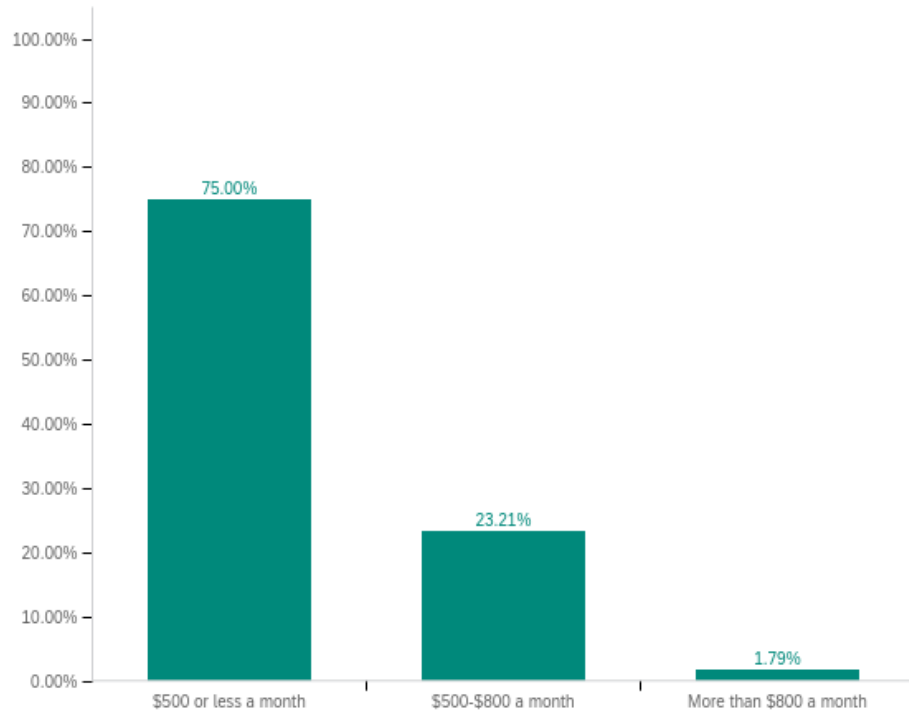■ Yes (20%, 11) ■ No (80%, 44)

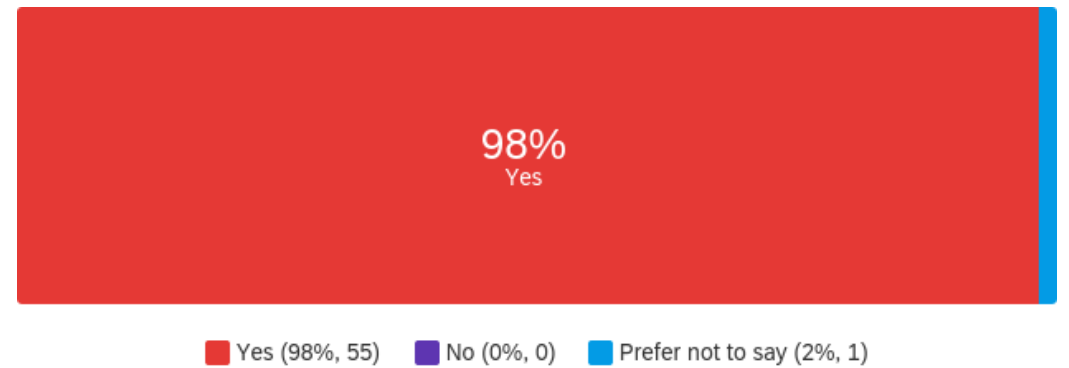Ever Approached by an Outreach Worker

First time experiencing homelessness

# of Times Have You Experienced
Homelessness in the Past 3 Years

How much can you pay towards housing costs?

If affordable housing was available, would you move into it?

Type of Substance	%	Count
Nicotine	24.79%	29
I do not use any substances	13.68%	16
Methamphetamine	13.68%	16
Alcohol	11.97%	14
Marijuana	11.97%	14
Heroin	7.69%	9
Opioids	7.69%	9
Benzodiazepines/Barbiturates	2.56%	3
Other: Using before incarceration (2); Zyprexa (1)	2.56%	3
Hallucinogens	1.71%	2
Cocaine (crack)	0.85%	1
Herbal substances (kratom, kava)	0.85%	1
Aerosols/Inhalants	0.00%	0
Ecstasy	0.00%	0
Steroids	0.00%	0
Prefer not to say	0.00%	0

Substance Use
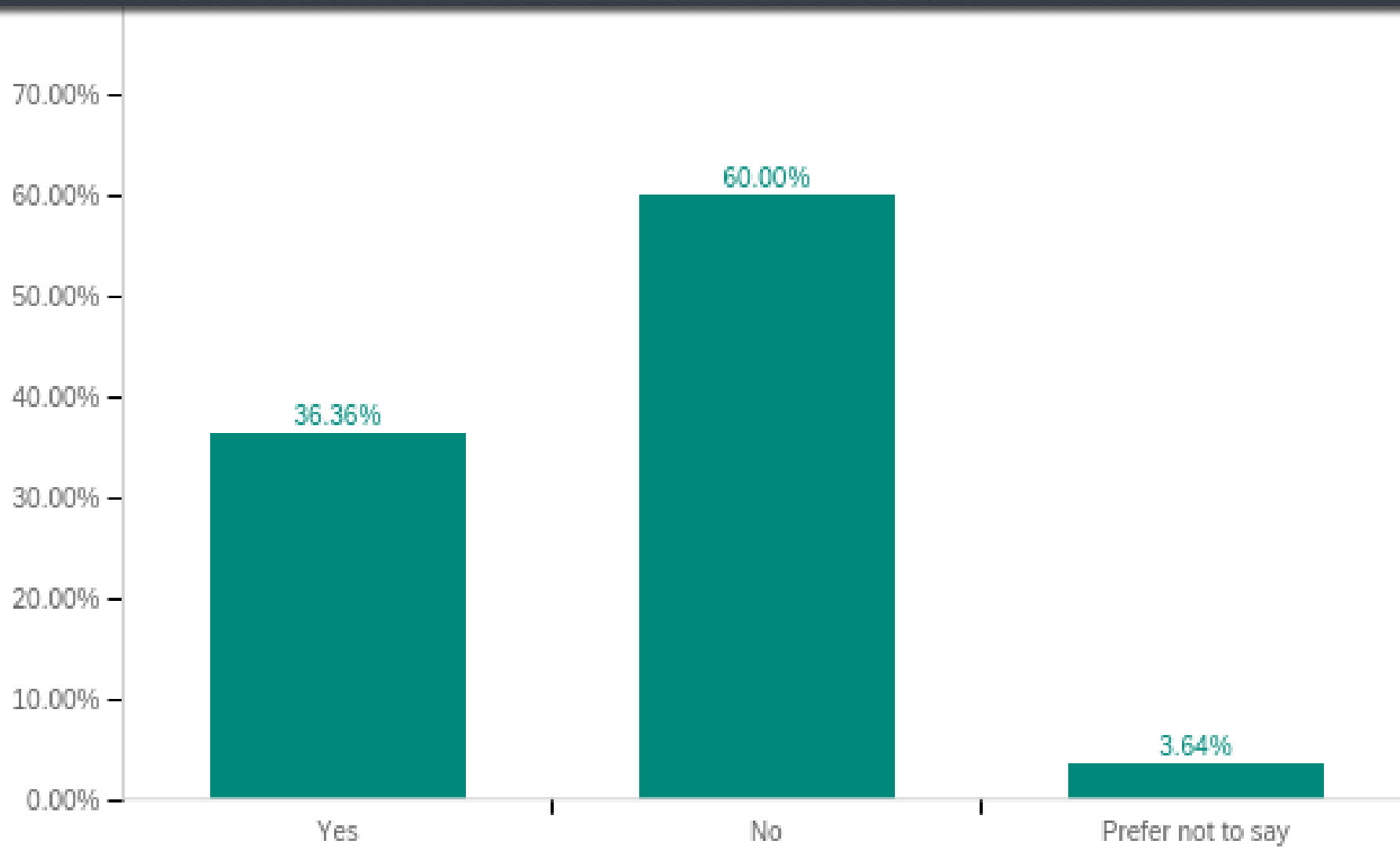
Victim of Crime while Homeless
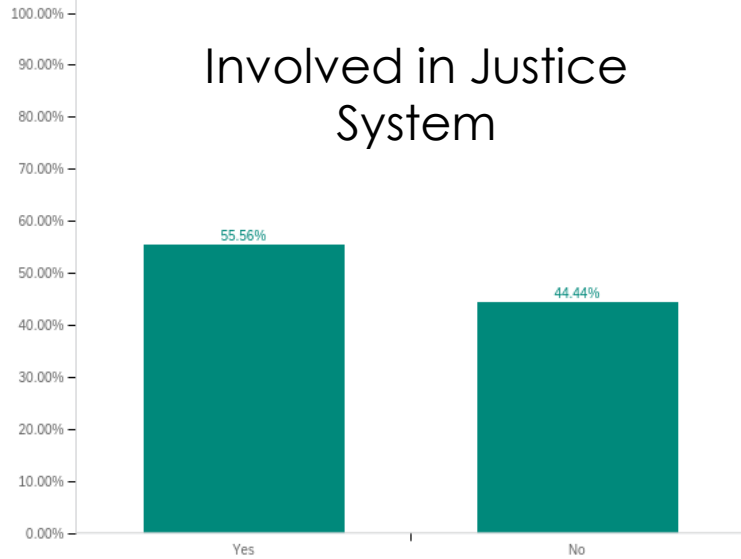
70%
Yes

30%
No

Yes (70%, 39)　　No (30%, 17)
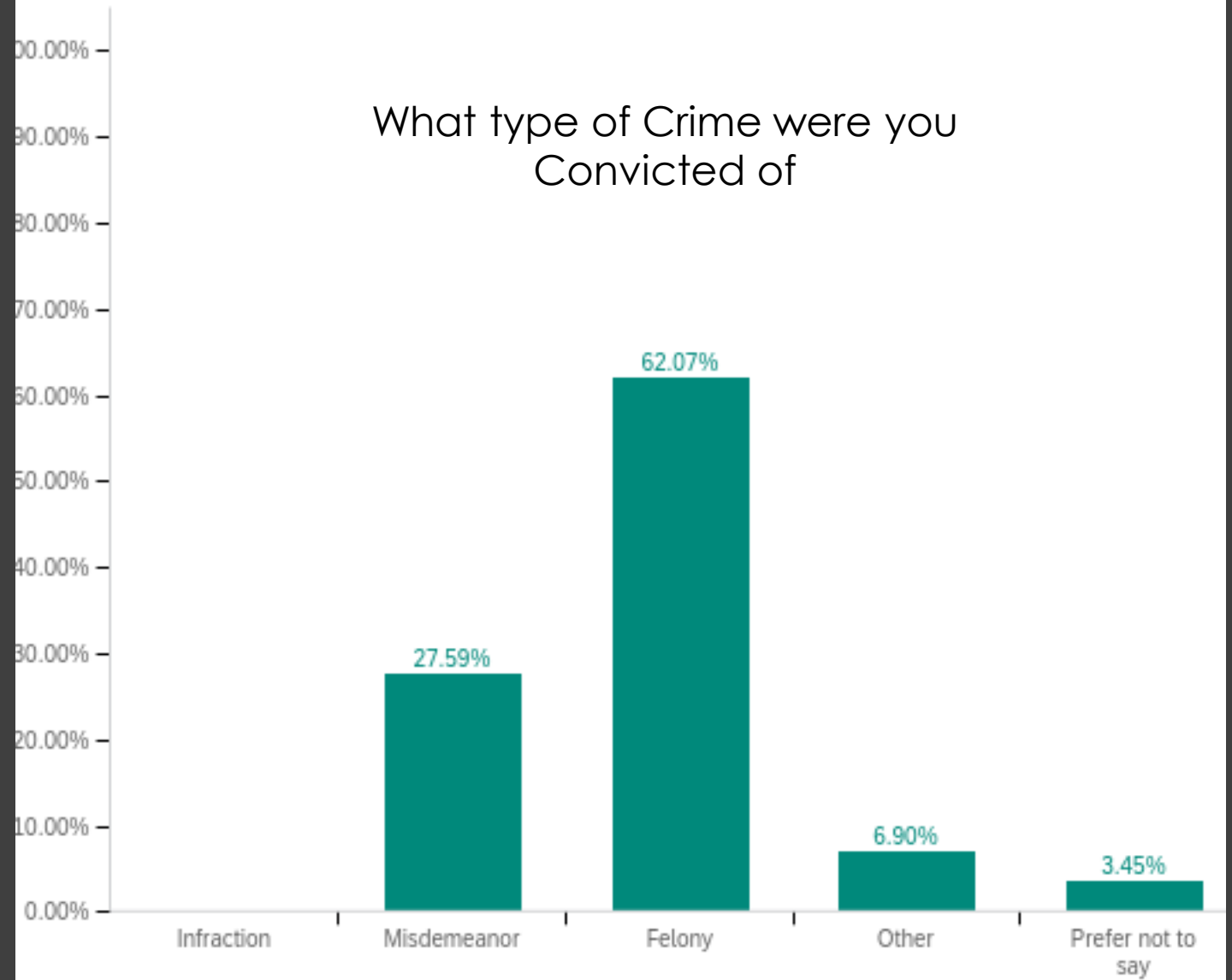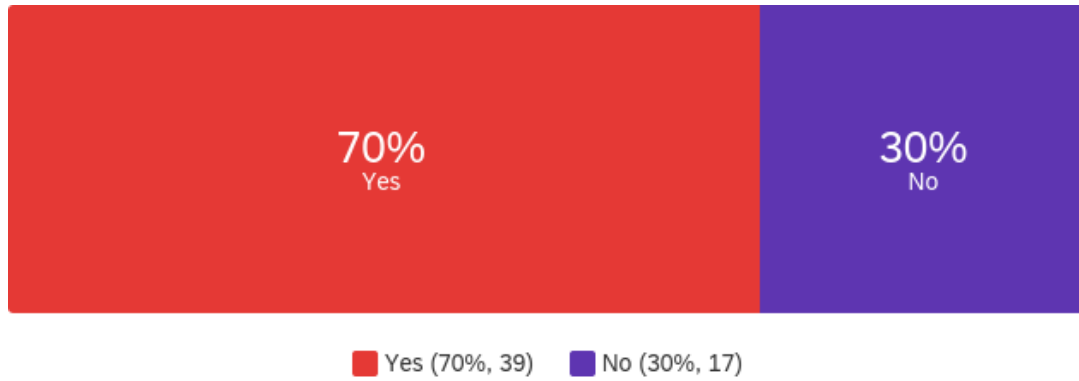
Have You Experienced a History of Domestic and/or Interpersonal Violence/Abuse

100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%

37.50%
57.14%
5.36%

Yes　　No　　Prefer not to say
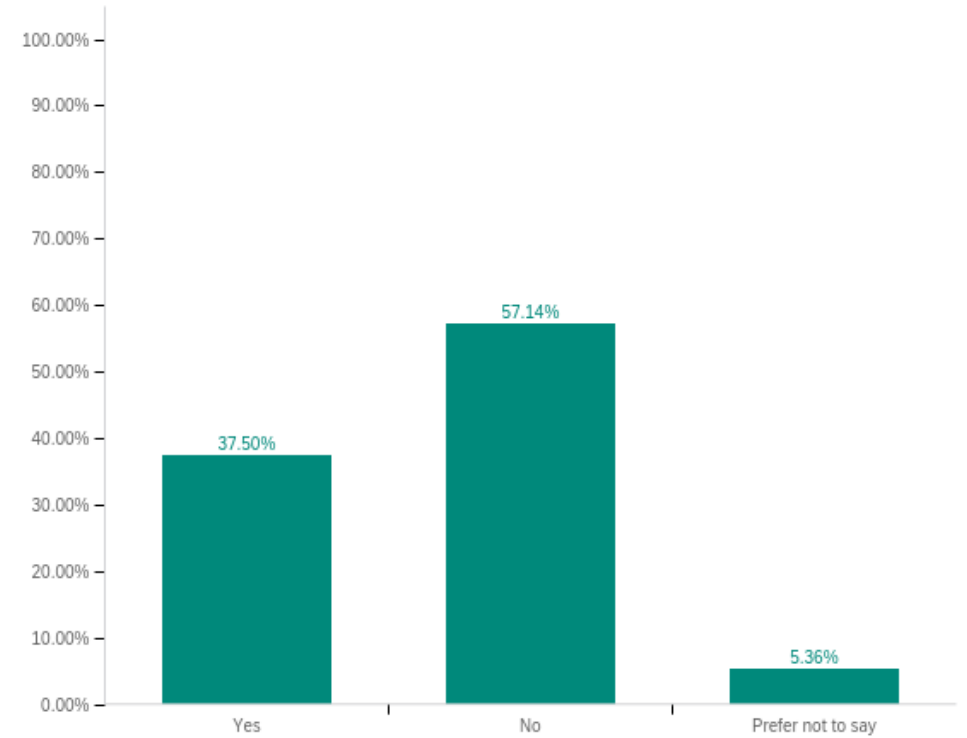
Was Domestic and/or Interpersonal Violence/Abuse The Cause of Your Homelessness

Grief Statement	Never	Rarely	Sometimes	Very Often	Always	Total
The loss of my housing feels like a personal disaster.	7.41% n=4	9.26% n=5	25.93% n=14	22.22% n=12	35.19% n=19	54
I think about not having housing so much that it is hard for me to do the things I normally do.	14.81% n=8	11.11% n=6	25.93% n=14	20.37% n=11	27.78% n=15	54
I feel stunned and dazed over the loss of my housing.	18.52% n=10	12.96% n=7	29.63% n=16	20.37% n=11	18.52% n=10	54
Ever since the loss of my housing, it's hard for me to trust people.	11.11% n=6	7.41% n=4	22.22% n=12	22.22% n=12	37.04% n=20	54
I have pain in different places in my body since I lost my housing.	32.08% n=17	3.77% n=2	24.53% n=13	15.09% n=8	24.53% n=13	53
I feel like I have become numb since the loss of my housing.	22.22% n=12	11.11% n=6	31.48% n=17	18.52% n=10	16.67% n=9	54
I feel bitter about the loss of my housing.	24.07% n=13	5.56% n=3	20.37% n=11	27.78% n=15	22.22% n=12	54
I feel a part of myself vanished by the loss of my housing.	29.63% n=16	9.26% n=5	24.07% n=13	14.81% n=8	22.22% n=12	54
I feel that the loss of my housing has smashed my view of the world.	30.91% n=17	10.91% n=6	36.36% n=20	7.27% n=4	14.55% n=8	55
I have lost my sense of security, safety, and control.	18.18% n=10	5.45% n=3	20.00% n=11	21.82% n=12	34.55% n=19	55
I have felt on edge, jumpy or easily startled since the loss of my housing.	12.73% n=7	5.45% n=3	32.73% n=18	10.91% n=6	38.18% n=21	55
Memories about the loss of my housing upset me.	12.73% n=7	5.45% n=3	25.45% n=14	16.36% n=9	40.00% n=22	55

Grief and Trauma Experience

RECOMMENDED ACTION PLAN

WAYNESVILLE COMMUNITY CARES

WAYNESVILLE COMMUNITY CARES

C.A.R.E.S
C: Coordination, Collaboration, Community-Building & Civility
A: All neighbors are known
R: Residence, A place to call home
E: Education (prevention & Early intervention)
S: Supports (SDOH--education, financial capability, workforce development, integrated health [i.e. behavioral & physical], social capital, transportation, policy innovation, etc.)

Coordination & Collaboration					
TOW appoints hiring committee for CARES Director	•				
TOW hires Community CARES Director	•				
Community CARES Director establishes a care coordination team of community-based providers	•				
Community CARES Director, on monthly basis, convenes CARES coordination team to connect PWH to service providers/services	•	•	•	•	•
Community CARES Director engages with & connects PWH to services, engage with neighbors & businesses and respond to issues associated with homelessness	•	•	•	•	•
Community CARES Director hosts monthly meetings with neighbors and businesses impacted by homelessness, communicate needs & opportunities to appropriate officials, implement actions	•	•	•	•	•
CARES Director tracks aggregate data & outcomes for success measures & reports quarterly at BoA meetings	•	•	•	•	•

- C: Coordination & Collaboration

Community-building & Civility					
Annual Community Picnic (i.e. public-private partnership event)	•	•	•	•	•
Establish and Implement Community-Building & Engagement Mini-Grants	•	•	•	•	•
Identify Facilitator & Convene Community Study Circle(s)			•	•	•

C: Community-building & Civility

CARES Coordination Team establishes shared "by-name-list"	●				
CARES Coordination Team meets every month to review "by-name-list" & connects PWH to services	●	●	●	●	●
CARES Director, in partnership with coordination team, tracks aggregate data & outcomes for success measures & reports quarterly at BoA meetings	●	●	●	●	●

A: All Neighbors are Known

Strengthen and Expand Capacity of Current System					
Town of Waynesville's financial support increased to service providers that focus efforts on existing need by creating a clear application process	•	•	•	•	•
Community CARES Director either provides or secures capacity-building and team-building professional development for CARES coordination team	•	•			
Community CARES Director facilitates expansion of provider participation and PWH access to Coordinated Entry, Rapid Rehousing, LIHTC, Section 8 Vouchers, PSH units	•	•	•		
Community CARES Director evaluates capacity-building, team-building, & access of Coordinated Entry, Rapid Rehousing, LIHTC, Section 8 Vouchers, PSH units			•		•
TOW increase affordable housing units: Rental & Homeownership Opportunities	•	•	•	•	•
Community CARES Director facilitates expansion of partnerships with landlords	•	•			
Community CARES Director tracks aggregate data & outcomes for success measures & reports quarterly at BoA meetings	•	•	•	•	•
TOW assesses progress, makes modifications as needed; after year 3 and year 5 determines if model is working or additional shelter is needed	•	•	•	•	•

R: RESIDENCE, A PLACE TO CALL HOME:

STRENGTHEN & EXPAND CAPACITY OF CURRENT SYSTEM

Individual-level education: Community CARES Director works with community agencies, schools, partners to support teaching positive coping skills and building resiliency among youth	•	•	•	•	•
Community-level education: Community CARES Director provides or coordinates quarterly and annual reports on homelessness issues at BoA meetings	•	•	•	•	•
Community-level education: Community CARES Director coordinates quarterly speaker series on issues related to homelessness, housing, & community building	•	•	•	•	•
Community-level education: Community CARES Director coordinates annual housing fair	•	•	•	•	•
Community-level education: Community CARES Director coordinates poverty simulation hosted every other year	•	•	•	•	•

E: Education

Community CARES Director builds network capacity between/among housing and other providers/resources: Behavioral health, physical health, dental care, education, workforce development, peer support, transportation, pro-social & affordable recreation, basic services, spiritual, governmental services, etc.	•	•	•	•	•
Community CARES Director coordinates the following mental health action items: • Mental health first aid training for community • Host panel of Mental health providers • Explore empowering and participatory programs for people who are homeless (i.e. programs planned/facilitated by PWH—for example, support groups, street outreach, arts/cultural enrichment, etc.) • Explore pilot of public-facing pro bono clinic staffed by experienced clinicians • Explore feasibility of implementing of a Community Response Team	•	•	•	•	•
Community CARES Director and Care Coordination Team uses network capacity (& possibly NCCare360) to connect PWH to appropriate service and support mix	•	•	•	•	•
Community CARES Director identifies & maps support services assets for both people who are homeless and businesses	•		•		•
Community CARES Director leads effort to explore Policy Innovation in support of CARES Action Plan: • TOW affordable housing set-asides (inclusive zoning) • Landlord incentives for affordable set-asides, Rapid Rehousing and/or Voucher participation • Child Development Accounts—particularly for youth who are under 5 & identified as living in poverty • Map and identify vacant land/property that may be used for housing development—including affordable units • Access to mental/behavioral health services (including support of Medicaid expansion) • Response to the pre-trial release program—document summons, citations; • Strengthen communication & partnership between LEOs and magistrates; • Monitoring and supports for individuals on pre-trial release (i.e. check-ins, connections with providers) • Support recovery court in Haywood County	•	•	•	•	•

S: Supports

Questions.