HOUSING LANDSCAPE ANALYSIS FOR PEOPLE AT-RISK OF OVERDOSE AND EXITING INCARCERATION

NORTH CAROLINA HOUSING COALITION

Report prepared for the North Carolina Department of Health and Human Services

Division of Public Health

Injury and Violence Prevention Branch

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Key Findings from Housing Landscape Analysis

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Executive Summary

Background

In late 2021 The North Carolina Housing Coalition (NCHC) was engaged by the North Carolina Division of Public Health, Injury and Violence Prevention Branch (IVPB) through a two-year grant from the U.S. Centers for Disease Control and Prevention (CDC) to help support the development of a roadmap for sustainable housing infrastructure for people at risk of overdose and those exiting incarceration. As a part of this overall goal, NCHC conducted a housing landscape analysis of North Carolina specific to the focus populations. NCHC contracted with the Technical Assistance Collaborative, Inc. (TAC) to support the landscape analysis and draft this report of its key findings. This report provides an overview of key takeaways from a literature review, interviews, and survey results from stakeholders and people with lived experience statewide. The interviews took place over the course of the summer and fall of 2022, and the survey included 225 respondents representing people with lived experience and service providers from all regions of the state. The report also includes a list of housing resources for people at risk of overdose or exiting incarceration and examines barriers for both groups to obtain safe, stable housing. Finally, this report takes into consideration the impact of COVID-19 on housing stability and housing access for the focus populations.

Key Findings Overview

Individuals who have been incarcerated are 10 times more likely to experience homelessness than the general population, and individuals returning to the community post-incarceration are at a higher risk of rearrest if they are experiencing homelessness.[1] [2] A person who has been arrested for reasons associated with substance use faces further complications in accessing and maintaining safe, stable housing. Individuals who use opioids or injection drugs are far more likely to be involved in the criminal justice system than those who do not, and those who use opioids in particular — including heroin — are 13 times more likely to be involved in the criminal justice system.[3] The experience of institutionalization, the stigma associated with a criminal history, and the fact that individuals with criminal justice involvement often face multiple barriers to finding and sustaining safe and stable housing, often creates a cycle of incarceration and homelessness; a cycle that disproportionately impacts individuals of color.[4]

The landscape analysis found:

- There is an overall shortage of affordable housing across the state.
- Some model programs are successfully and permanently housing people at risk of overdose or returning from incarceration; however, there is limited funding for these programs.

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1 Bailey, M., Crew, E., and Reeve, M. (2020). No Access to Justice: Breaking the Cycle of Homelessness and Jail. Vera Institute of Justice. www.vera.org/downloads/publications/no-access-to-justice.pdf

2 Couloute, L., (Aug. 2018) Nowhere to Go: Homelessness among Formerly Incarcerated People. Prison Policy Initiative https://www.prisonpolicy.org/reports/housing.html

3 Winkelman, T., Chang, V., and Binswanger, I., (2018) Health, Polysubstance Use, and Criminal Justice Involvement Among Adults With Varying Levels of Opioid Use. JAMA Network Open, *1*(3), e180558 www.jamanetwork.com/journals/jamanetworkopen/fullarticle/2687053

4 Bauman, T., (Dec. 2019) Housing Not Handcuffs. National Law Center on Homelessness and Poverty www.homelesslaw.org/wp-content/uploads/2019/12/HOUSING-NOT-HANDCUFFS-2019-FINAL.pdf

- There are few consistent strategic cross-sector efforts. Without intentional cross-sector strategies, systems are not collaborating to leverage resources or capacity to effectively house individuals; and at times, programs are even competing for resources.
- There is a lack of understanding and education on evidence-based practices in serving and housing people at risk of overdose and those returning from incarceration.
- Limitations in funding and restrictive regulations serve as barriers to access for the focus populations.

Next Steps

There is significant overlap between people who use drugs, people with justice system involvement, and people who are experiencing homelessness; collectively, these individuals often touch multiple systems. These systems are not always coordinating effectively, yet such coordination is imperative to decrease duplication of services and end the cycle for these individuals. The state and its communities are currently planning for the utilization of opioid settlement funds, creating an opportune time for systems to come together and strategize for effective change. Communities across the state are working vigilantly to serve the focus populations and there are regions and programs doing so successfully, employing evidence-based practices. These models can be replicated and built upon, and national models should be incorporated.

NCHC will use the information provided in this landscape analysis to inform the continuing work of this project, which will include (in 2023) drafting educational materials for providers and regions determined to replicate successful and evidence-based models of providing housing access to people at risk of overdose and those returning from incarceration.

Acknowledgments

NCHC would like to acknowledge everyone who contributed to this report, including TAC for its work in drafting this report and supporting the landscape analysis overall, the Department of Public Health for their guidance, and the three collaborative partners for their feedback and input throughout the process: Alliance Healthcare, The North Carolina Coalition to End Homelessness, and the North Carolina Department of Public Safety. NCHC would like to especially thank all of the stakeholders and people with lived experience who took time to be interviewed and complete the survey.

Connections between Incarceration, Substance Use, and Homelessness

The relationship between substance/drug use, homelessness, and incarceration is complex and multifaceted. If an individual has been arrested for reasons associated with their substance use, it further complicates their ability to access and maintain safe and stable housing. Individuals who use opioids or injection drugs are far more likely to be involved in the criminal justice system, and those who use opioids, including heroin, are 13 times more likely to be involved in the criminal justice system.[5] Individuals who have been incarcerated are 10 times more likely to experience homelessness than the general population, and individuals returning to the community post-incarceration are at a higher risk of rearrest if they are experiencing homelessness.[6] [7] The experience of institutionalization, the stigma associated with a criminal history, and the fact that individuals with criminal justice involvement often face multiple barriers to finding and sustaining safe and stable housing, often create a cycle of incarceration and homelessness; a cycle that disproportionately affects individuals of color.[8]

North Carolina's 2020 annual homelessness count found that, on an average night, 9,230 people in North Carolina were experiencing homelessness and 1,272 were experiencing chronic homelessness.[9] [10] More than 20,000 individuals are released from North Carolina state prisons each year and approximately 12,000 individuals within the state are post-release or on parole.[11] [12]

The COVID-19 pandemic both complicated and exacerbated the challenges faced by individuals using drugs and those experiencing homelessness. Individuals who had a substance use disorder (SUD) at any time during their lives were 1.5 times more likely to contract COVID-19, and those diagnosed with an SUD were more likely to have worse health outcomes if COVID-19 was contracted.[13] Drug use increased risk factors for COVID-19, while the psychological and social impact of the pandemic also led to an

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[5] Winkelman, T., Chang, V., and Binswanger, I., (2018) Health, Polysubstance Use, and Criminal Justice Involvement Among Adults With Varying Levels of Opioid Use. JAMA Network Open, *1*(3), e180558 www.jamanetwork.com/journals/jamanetworkopen/fullarticle/2687053

6 Bailey, M., Crew, E., and Reeve, M. (2020). No Access to Justice: Breaking the Cycle of Homelessness and Jail. Vera Institute of Justice. www.vera.org/downloads/publications/no-access-to-justice.pdf

7 Couloute, L., (Aug. 2018) Nowhere to Go: Homelessness among Formerly Incarcerated People. Prison Policy Initiative https://www.prisonpolicy.org/reports/housing.html

8 Bauman, T., (Dec. 2019) Housing Not Handcuffs. National Law Center on Homelessness and Poverty www.homelesslaw.org/wp-content/uploads/2019/12/HOUSING-NOT-HANDCUFFS-2019-FINAL.pdf)

9 Chronic homelessness has been defined as a single individual or head of household with a disabling condition (including behavioral health conditions) who has either: Experienced homelessness for longer than a year, during which time the individual may have lived in a shelter, Safe Haven, or a place not meant for human habitation OR experienced homelessness four or more times in the last three years.

10 Henry, M., de Sousa, T., Roddey, C., Gayen, S., Bednar, T., Abt Associates (2021). The 2020 Annual Homeless Assessment Report to Congress. www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf

11 North Carolina Department of Public Safety (2018). Department of Public Safety Statistics. www.ncdps.gov/about-dps/department-public-safety-statistics

12 North Carolina Department of Public Safety (n.d.). Reentry Programs and Services. Retrieved November 18, 2022 from www.ncdps.gov/our-organization/adult-correction/reentry-programs-and-services

13 Hiller-Sturmhoefel, S., (Jan. 2021). People With SUDs Have Increased Risk for COVID-19 and Worse Outcomes. National Institute on Drug Abuse. www.nida.nih.gov/news-events/nida-notes/2021/01/people-with-suds-have-increased-risk-for-covid-19-worse-outcomes

increase in substance use and drug use across the nation.[14] The number of overdose deaths rose during the pandemic; an estimated 93,000 overdoses occurred in the U.S. in 2020.[15] North Carolina saw a resurgence of opioid overdose visits to the emergency room in 2020 and reportedly saw a 40% increase in overdoses.[16] Service providers altered services and amended operations, many shifting to telehealth practices, in order continue to provide services while trying to limit the spread of the virus.[17] [18] This change created unintended consequences for the most vulnerable individuals experiencing homelessness, who may have lacked access to telehealth equipment and thus struggled to maintain connections with their support providers.[19] Conversely, states saw an increase in funding to support communities through legislation like the CARES (Coronavirus Aid, Relief and Economic Security) Act and the American Rescue Plan Act (ARPA) which allocated funding to support housing initiatives, among other things.

Allocating funding to support housing initiatives and supportive services is a step in the right direction as evidence indicates that housing is a strong intervention in the cycle of substance use, incarceration, and homelessness. It is widely known that stable housing plays a vital role in recovery.[20] Research shows that evidence-based housing strategies can reduce criminal behavior and that when people are stably housed, they interface less with the criminal justice system.[21] [22] Low-quality and unsafe housing has been shown likely to lead to criminal justice involvement, and one study found that people receiving supportive housing were 40% less likely to be rearrested. [23] [24] [25] Clearly, housing is a stabilizing as well as preventive strategy that can prevent overdose, help lessen crime, support recovery for individuals, and promote healthy communities. This report will evaluate the available housing options for individuals

14 Ornell, F., Moura, H. F., Scherer, J. N., Pechansky, F., Kessler, F., and von Diemen, L., (2020). The COVID-19 Pandemic and its Impact on Substance Use: Implications for Prevention and Treatment. Psychiatry Research Science Direct vol. 289 https://doi.org/10.1016/j.psychres.2020.113096

15 Chacon, N. C., Walia, N., Allen, A., Sciancalepore, A., Tiong, J., Quick, R., Mada, S., Diaz, M. A., & Rodriguez, I. (2021). Substance use during COVID-19 pandemic: impact on the underserved communities. Discoveries (Craiova, Romania), 9(4), e141. https://doi.org/10.15190/d.2021.20

16 NCDHHS (2021). North Carolina Reports 40% Increase in Overdose Deaths in 2020 Compared to 2019; NCDHHS Continues Fight Against Overdose Epidemic. www.ncdhhs.gov/news/press-releases/2022/03/21/north-carolina-reports-40-increase-overdose-deaths-2020-compared-2019-ncdhhs-continues-fight-against

17 NCDHHS (n.d.) COVID-19 and Behavioral Health. Retrieved November 18, 2022 from www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/covid-19-and-behavioral-health

18 Kopelovich, S. L., Monroe-DeVita, M., Buck, B. E., Brenner, C., Moser, L., Jarskog, L. F., Harker, S., & Chwastiak, L. A. (2021). Community Mental Health Care Delivery During the COVID-19 Pandemic: Practical Strategies for Improving Care for People with Serious Mental Illness. Community Mental Health Journal, 57(3), 405–415. https://doi.org/10.1007/s10597-020-00662-z

19 Toseef, M. U., Armistead, I., Bacon, E., Hawkins, E., Bender, B., Podewils, L. J., & Hurley, H. (2022). Missed appointments during COVID-19: The impact of telehealth for persons experiencing homelessness with substance use disorders. Asian Journal of Psychiatry, 69, 102987. https://doi.org/10.1016/j.ajp.2021.102987

20 Rajita Sinha (2018). Chronic Stress, Drug Use, and Vulnerability to Addiction. Annals of the New York Academy of Sciences. www.ncbi.nlm.nih.gov/pmc/articles/PMC2732004/.

21 MacCratic, Rachel. (2012). Criminal Interventions with Homelessness: Risk Factors for Incarceration among the Service Seeking Homeless in San Diego. .researchgate.net/publication/328353660_Criminal_Interventions_with_Homelessness_Risk_Factors_for_Incarceration_among_the_Service_Seeking_Homeless_in_San_Diego

22 Fischer, S. N., Shinn, M., Shrout, P., & Tsemberis, S. (2008). Homelessness, mental illness, and criminal activity: Examining patterns over time. American Journal of Community Psychology, 42(3-4), 251-265. https://doi.org/10.1007/s10464-008-9210-z

23 Aizer, A., and Currie, J., (2017) Lead and Juvenile Delinquency: New Evidence from Linked Birth, School and Juvenile Detention Records. *National Bureau of Economic Research*. http://www.nber.org/papers/w23392

24 http://www.thinkupstream.net/sdoh_justice

25 Fontaine, J., Gilchrist-Scott, D., Roman, J., Taxy, S., and Roman, C., (2012). Supportive Housing for Returning Prisoners. The Urban Institute Justice Policy Center. www.urban.org/research/publication/supportive-housing-returning-prisoners-outcomes-and-impacts-returning-home-ohio-pilot-project

who are using drugs and for people reentering the community after incarceration. It will also explore the barriers to accessing these resources that these individuals face.

Overview of the Project

The North Carolina Housing Coalition (NCHC) was contracted by the North Carolina Division of Public Health's Injury and Violence Prevention Branch through a two-year grant from the U.S. Centers for Disease Control and Prevention (CDC) to conduct a housing landscape analysis of North Carolina. NCHC contracted with the Technical Assistance Collaborative (TAC) to draft a key findings report. This report provides a high-level overview of key findings from this analysis, including a non-exhaustive list of housing resources for people at risk of overdose or exiting incarceration. This key findings report also examines barriers for individuals exiting prison and jails and for individuals at risk of overdose to obtaining safe stable housing. Finally, this report also takes into consideration the impact of COVID-19 on housing stability and housing access for these populations.

Methodology

Information for this landscape analysis report was collected primarily from three sources:

- Literature review: The team researched public-facing information on North Carolina's housing programs and reviewed national best practices for housing and supportive services for individuals at risk of overdose and those reentering the community post-incarceration.
- Key informant interviews: Semi-structured interviews were conducted with 63 stakeholders and people with lived experience (PWLE) within the justice, public safety, behavioral health, recovery, and housing sectors (see Appendix A for a list of interviewees). Interviewees were selected through snowball sampling and through collaborative partner suggestions. Stakeholders ranged from state representatives and community leaders to cross-sector frontline staff and nonprofit administration personnel.
- Community stakeholder survey: A survey of cross-sector providers, stakeholders, and PWLE attempted to gather statewide cumulative data on housing opportunities and challenges. (See Appendices B and C for the survey instruments.)

Quantitative data points from the survey were analyzed, and qualitative data from both interviews and surveys was clustered into themes and reviewed by two peer reviewers. This data was used to identify commonalities across the state as well as to highlight promising housing practices and barriers to accessing housing.

Ongoing Agency Collaboration

The North Carolina Coalition to End Homelessness, the Reentry Programs and Services Office of the North Carolina Department of Public Safety, and Alliance Health, a managed care organization for the public behavioral health system, all served as ongoing collaborative partners in this process. (See Appendix D for a list of specific representatives from these collaborative partners.) These agencies were invited to help guide the process, suggest pertinent interviewees, serve as conduits to specific resources, and advise on approaches for obtaining necessary information for the landscape analysis. This group informed the methodology, survey question selection, stakeholder outreach process, and landscape analysis process and recommendations. They ensured that components in the housing landscape were comprehensive and accurate reflections of housing options and barriers, reflecting input

from community stakeholders. NCHC contracted with TAC to support the overall process in addition to drafting this key findings report.

Limitations

This landscape analysis had two limitations:

- The key informants who were interviewed were selected by a snowball sample, also known as chain-referral sampling, in which interviewees and the advisory council provided referrals and recommendations based on their networks. With this sampling method, the representativeness of those interviewed is not guaranteed.
- The design and mechanism of the survey created some gaps in data quality. Most of the survey questions were voluntary and there was a high rate of nonresponse for several questions among the providers, stakeholders, and individuals with lived experience. For example, out of 102 respondents who identified that they worked with individuals using substances, only 3 answered the question on prioritization (VI-SPDAT; see Continuums of Care section below). Due to the number of questions that were skipped, there was some difficulty in discerning the extent of the challenge based solely on survey response. Survey response was evaluated in tandem with themes from key informant interviews to develop a broader picture.

Housing Landscape for Target Populations

This section provides a high-level overview of the findings from the landscape analysis, with recognition that implementation of programs can vary from county to county. This landscape analysis focused on the array of housing, including emergency shelters and transitional housing, available to individuals at risk of overdose and those reentering the community post-incarceration.[26] Though supportive services are not necessary for every individual to succeed in housing, it has been found that housing supports can assist in achieving and maintaining recovery and that supportive services are imperative in reducing recidivism and promoting social integration upon reentry.[27] [28] For these reasons, housing and housing support services are explored together in this report.

Housing and Supports for People with SUD

As established by the North Carolina General Assembly in 2011, public behavioral health services and supports are administered through six LME/MCOs which manage the care for Medicaid beneficiaries who are receiving services for mental health, developmental disabilities, or SUDs. For this reason, LME/MCOs are involved in the administration of certain housing programs that target their beneficiaries and a variety of housing support services, which are explored below. There is variation among LME/MCOs in both infrastructure approach for housing and housing-related supports.

Transitions to Community Living

The Transitions to Community Living (TCL) program administered by DHHS serves to meet the goals specified in North Carolina's *Olmstead* settlement agreement with the U.S. Department of Justice (DOJ). The program promotes community integration and prioritizes diverting individuals with disabilities, including mental health conditions, from institutional settings and adult care homes into the least restrictive level of care that can meet their needs. TCL provides community-based PSH coupled with community mental health and supported employment services provided by LME/MCO providers.[29] The TCL is predominantly administered by the LME/MCOs, and there is variation in implementation and processes. They often play a significant role in identifying and securing housing as well as overseeing the services provided within the program, including tenancy supports, behavioral health, and recovery-oriented care.

[26] Due to resource and time limitations, the list of resources is considered non-exhaustive

[27] Sirois, C., (2019). Household Support and Social Integration in the Year After Prison www.static1.squarespace.com/static/5c8e74cd94d71a16ff94b536/t/5d83d19b25230834994dd8fe/1568919964314/sirois_households_final.pdf

[28] Dockery, A. (2019). The Influence of Social Support on Recidivism of Formerly Incarcerated Individuals. Walden Dissertations and Doctoral Studies. 8197. www.scholarworks.waldenu.edu/dissertations/8197

[29] NCDHHS (n.d.). Transitions to Community Living. Retrieved November 18, 2022 from www.ncdhhs.gov/about/department-initiatives/transitions-community-living

Challenges to Accessing TCL

Due to the current terms of the settlement agreement with the DOJ regarding *Olmstead* compliance, this program targets individuals with serious mental illness (SMI).[30] Therefore, individuals with co-occurring disorders may be eligible for this program; however, individuals with a primary SUD diagnosis and individuals with no mental health diagnosis who are at risk of overdose are not currently eligible.[31]

Long-Term Treatments and Recovery-Focused Housing

The North Carolina Alcohol and Drug Abuse Treatment Centers (ADATCs) are three state-operated facilities that provide medically monitored detoxification and crisis stabilization services as well as short-term treatment. ADATCs offer acute detoxification services as well as acute rehabilitation inpatient treatment, usually from 14 to 21 days, for individuals who are eligible. They also play a role in connecting individuals to both long-term treatment facilities and community-based recovery sites. Though long-term treatment options should be driven by level of care and should not be viewed as housing, many residential treatment options, such as TROSA in Durham, can also serve as a transition for individuals experiencing homelessness who are working towards maintaining recovery.

Challenges to Accessing Long-Term Treatment

Residential treatment options are limited throughout the state and it was noted that many have high-barrier eligibility criteria. For example, key informants working with individuals diagnosed with SUDs also highlighted that many long-term treatment providers may not accept individuals taking psychotropic medications. Individuals who are uninsured cannot be connected to long-term treatment options. Some individuals who have completed detox or short-term treatment may have limited options for ongoing community treatment supports, and because North Carolina is a Medicaid non-expansion state, availability and capacity of recovery support services for SUDs is often limited. Treatment providers reported that individuals are often referred to recovery residences post-treatment, even when an alternative may have been a more appropriate option.

Recovery Housing Model

Recovery housing, recovery residences, or recovery homes refer to a range of mutually supportive sober living environments in which individuals in recovery can reside in a safe place, while increasing "recovery capital," or internal and external resources to maintain their recovery. Some recovery housing programs serve individuals receiving medication-assisted treatment (MAT), whereas other programs do not.[32] In most recovery residences, residents split the cost of housing expenses, thus cost to the individual can range depending on the cost of housing in the area and the number of residents sharing a house. Though individuals can permanently live in recovery residences, they are often utilized to provide primary support for individuals who are transitioning from inpatient treatment settings. Recovery housing usually operates outside of both the traditional behavioral health treatment and the supportive housing systems. Due to this fact, some states have found their recovery housing was vulnerable to

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[30] North Carolina Department of Health and Human Services (n.d.). Settlement Agreement. Retrieved November 18, 2022 from www.ncdhhs.gov/media/1646/open

[31] Currently, DHHS has not met the settlement requirements for housing placement, however in a recent and ongoing Strategic Housing Plan process, DHHS has stated its commitment to continue its housing and services partnerships under TCL to create and sustain integrated PSH for a broader range of disability populations.

[32] The National Council for Mental Wellbeing (2022). Building Recovery: State Policy Guide for Supportive Recovery Housing www.thenationalcouncil.org/wp-content/uploads/2022/02/22.01.12_Building-Recovery-Toolkit-Rebrand.pdf#22.01.12_Building%20Recovery%20Toolkit%20Rebrand.indd%3A.4441%3A5

inconsistent implementation and without proper oversight; some residences were providing substandard housing, and engaging in predatory practices.[33] The National Association of Recovery Residences (NARR) provides a national standard for recovery residences in order to protect against some of these vulnerabilities.[34] North Carolina utilizes federal pass-through dollars via DHHS, such State Opioid Response (SOR) funds, to contract with Oxford Housing Inc. to develop and maintain their Oxford Housing network.[35] As of March 2022, there were 287 Oxford Housing locations in North Carolina, which provided over 2,200 beds for individuals in recovery. Bed availability is tracked in a statewide directory.[36]

Challenges to Accessing Recovery Housing

Individuals residing in recovery residences are responsible for housing expenses. For individuals who have limited or no income, this could create a barrier. By model, in order to support the recovery of individuals in the house, a resident who relapses must be immediately expelled from the house. This can create a situation in which an individual becomes homeless immediately and if that person is not integrated into the broader continuum of services, they may end up unsheltered. If the recovery residence is not integrated into the broader continuum of services that can result in individuals experiencing a same day eviction with limited support services available to them.

Harm Reduction Providers

Harm reduction is a set of strategies which focus on meeting an individual where they are in their SUD recovery journey and reducing the negative consequences of their drug use. These interventions focus on the needs of the person and on ensuring the rights and dignity of the individual using drugs. The North Carolina Department of Public Health supports specific harm reduction providers through syringe services programs (SSPs) which are an evidence-based practice that serves to reduce overdose deaths, decrease transmission of blood-borne pathogens, and increase access to SUD treatment. SSPs do this through providing sterile syringes, discarding biohazardous materials, providing naloxone, and connecting individuals to resources.[37] As of 2021, there were 42 registered SSPs providing services in 52 North Carolina counties and to one federally recognized tribe. As community-based providers of site-based and mobile services, SSPs and homeless outreach providers are often consistent points of contact for individuals experiencing unsheltered homelessness and at risk of overdose. As such, they can serve as conduits to housing resources for unhoused and unstably housed individuals at risk of overdose.

[33] United States Government Accountability Office (2018). Substance Use Disorder: Information on Recovery Housing Prevalence, Selected States' Oversight, and Funding. www.gao.gov/assets/gao-18-315.pdf

[34] National Alliance for Recovery Residences (2018). Standards and Certification Program – National Alliance for Recovery Residences www.narronline.org/affiliate-services/standards-and-certification-program/

[35] The National Council for Mental Wellbeing (2022). Building Recovery: State Policy Guide for Supportive Recovery Housing www.thenationalcouncil.org/wp-content/uploads/2022/02/22.01.12_Building-Recovery-Toolkit-Rebrand.pdf#22.01.12_Building%20Recovery%20Toolkit%20Rebrand.indd%3A.4441%3A5

[36] Oxford Houses of North Carolina. Welcome to North Carolina Oxford Houses (n.d.). Retrieved November 18, 2022, from www.oxfordhousenc.org/

[37] North Carolina Department of Health and Human Services (2021). NC Safer Syringe Initiative Annual Report. www.ncdhhs.gov/media/13767/download?attachment

Housing and Supports for Persons Exiting Incarceration

The Department of Public Safety through the Reentry Programs and Services (RPS) office in the Division of Adult Correction and Juvenile Justice oversees several reentry programs to help people who are justice-involved successfully integrate back into their communities after incarceration. RPS also facilitates stakeholder collaboration through the State Reentry Council Collaborative and administers funding for LRCs.

Transitional Housing

The Department of Public Safety (DPS) funds 9 transitional housing programs to support individuals who are transitioning from prison. DPS funds social workers and peer support specialists to work with individuals while they are still incarcerated to identify transition plans, including assessing housing options. They work to reunify individuals with family members, where appropriate, and can connect them to transitional beds, which requires approval and assistance from DPS' Transitional Housing Coordinator. Referrals for housing cannot be processed until 10 days before the individual is released from jail and in order to be eligible the individual must be able to complete activities of daily living independently, be willing and able to seek employment, and meet any additional criteria of the particular housing program. Transitional housing can bridge the gap between homelessness and permanent housing for these individuals, but the need far exceeds the capacity for these beds. Several interviewees identified that if there is a transitional housing program that has availability, it may not be in the individual's community. Additionally, there are predominantly privately funded transitional housing programs, such as Jubilee Houses in Durham, which are designed to create a bridge between incarceration and community integration with independent housing.

Challenges to Accessing Transitional Housing

These transitional programs are part of the continuum of housing and prove successful for some individuals but sometimes have higher barriers for admission that may be more difficult to meet for individuals with complex needs. As with many housing resources, the need exceeds supply. Therefore, individuals who may have limited social supports or resources and who are not able to secure transitional housing will be released to shelter, if it is available. For those individuals, as well as anyone released from jail, DPS supports Local Reentry Councils and the Transitional Aftercare Network. Transitional housing programs also may have higher barrier eligibility criteria that prevent accessibility for some and for others who are unable to maintain sobriety and full-time work requirements, it may mean expulsion from the program. Also, it should be noted that while transitional housing programs are shown to be a successful model for some, rapid re-housing programs are shown to be more effective in stabilizing people in permanent housing and are also more cost-effective.[38]

[38] https://files.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf#:~:text=Research%20suggests%20that%20rapid%20re-housing%20is%20more%20cost-effective,appropriate%20community%20resources%20to%20address%20other%20service%20needs.

Transitional Aftercare Network

TAN (Transitional Aftercare Network) is a DPS, Division of Adult Corrections initiative which focuses on enhancing community reentry and reducing recidivsim. TAN builds on community natural supports through training individuals, agencies, faith-based organizations, and community organizations to provide mentorship to support individuals in transitioning back into the community. They begin their work with individuals while they are still incarcerated and continue support post-release.[39] TAN works with pre-release programs provided by DPS and assists inmates whose infractions do not rise above a certain level to apply for TAN services. The initiative assists inmates transitioning from incarceration to reintegrate with their families, communities, and workforce to become "productive citizens of society."[40]

TAN's motto is "Transforming Lives through a Spirit of Excellence" and the mission of the initiative is: *Our goal is to train individuals, churches and other ministry organizations to provide aftercare through an educational forum within their own counties. This is done so ex-offenders can study and grow during their transitional phase. Trained mentors will provide guidance, encouragement, coping and life coaching skills in collaboration with the Division of Prisons, Chaplaincy Services support.*[41]

As of summer 2022, the TAN coordinator reported there are approximately 40 volunteers providing mentorship services statewide, with volunteers located mainly in Gaston, Wake, and Durham. Where a volunteer is not available, the TAN coordinator will connect with an LRC, if there is one available in the area where a person will be discharged. As described more in-depth below, LRC coverage and services offered can be inconsistent. One of the primary barriers to TAN is the availability of resources and mentors.[42] Also, TAN does not work with sex offenders but will provide references to resources when available.

Local Reentry Councils

LRCs are a network of community-based organizations that provide and coordinate resources and services to assist individuals returning to the community from prison. LRCs focus on 13 service areas, including housing services. As of March 2021, 19 counties across the state had established LRCs to promote successful community reintegration and resource linkage (see Appendix E).[43] Currently, LRCs may apply for capacity funding through DPS. There is not sufficient funding to establish LRCs in every region of the state, leaving some counties without this important resource. Further, LRCs have different levels of community and staff capacity as well as resources available to them, making them strong in some areas and less strong or sometimes nonexistent in others. Examples of promising LRC practices can be found below.

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[39] North Carolina Department of Public Safety, Transitional Aftercare Network (n.d.). Retrieved November 18, 2022 from www.ncdps.gov/our-organization/adult-correction/prisons/transition-services/transitional-aftercare-network

[40] North Carolina Department of Public Safety, Transitional Aftercare Network (n.d.). Retrieved November 18, 2022 from www.ncdps.gov/our-organization/adult-correction/prisons/transition-services/transitional-aftercare-network

[41] North Carolina Department of Public Safety, Division of Prisons Chaplaincy Services Transitional Aftercare Network (n.d.). Retrieved November 18, 2022 from www.doc.state.nc.us/DOP/chaplaincy/TAN/

[42] Personal Communication with Jerry Love from Transitional Aftercare Network Coordinator. NCDPS Prisons July 29th, 2022.

[43] Harvell, S., and Simoncelli, J., (2021). Strengthening and Supporting Local Reentry Services in North Carolina. Three Flights. www.osbm.nc.gov/media/2250/open

North Carolina Council on Developmental Disabilities Release, Reentry, and Reintegration Program

The North Carolina Council on Developmental Disabilities (NCCDD), supported by DHHS, is a 40-member body appointed by the governor, and is, by law, 60-percent people with intellectual and other developmental disabilities (I/DD) and their families. The 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 funds a Release, Reentry, and Reintegration program that works to improve transition outcomes for individuals with I/DD who are transitioning from incarceration. The program establishes and develops in-reach activities to help someone with I/DD prepare for release. The program works directly with program participants to provide peer support services and build skills and a personal network; offers GED training; and provides accessibility advocacy and full wraparound services. To date, the program has received more than 140 referrals and completed more than 130 individualized reentry plans (IRPs).[44] [45]

Initial outcomes from the program have shown it to be successful in supporting individuals with reentry, and program staff reported an 86% success rate with the 130 individuals with IRPs. However, COVID-19 limited its ability to work with individuals while they were incarcerated and only as of May 2022 was the program able to reenter the jail system. It was also noted that individuals encountered challenges in identifying affordable housing options that also were compliant with Americans with Disabilities Act (ADA) regulations, which often created barriers for successful housing.

Law Enforcement Assisted Diversion (LEAD) programs

LEAD programs work to connect individuals with low-level offenses related to behavioral health or poverty to community-based care, rather than providing a punitive criminal justice response. Nationally, LEAD has been tied to decreased recidivism by 22% and case studies have reported that individuals were 58% less like to be rearrested if they were connected with a city's LEAD program.[46] [47] LEAD has identified that individuals across states are more likely to be connecting to income, obtaining housing, and connect to community supports if connected to LEAD.[48] Diversion programming can be a cost-effective way to ensure that individuals are connected to the appropriate services, as the North Carolina Department of Public Safety reports that it costs approximately $35,000 in public funds to house one person in prison for a year.[49] Furthermore, for individuals with a chronic health condition such as an SUD, jail is not an effective or appropriate treatment environment. Currently North Carolina has 8 LEAD programs, and the

[44] North Carolina Council on Developmental Disabilities. Justice: Release, Reentry, and Reintegration. (n.d.). Retrieved November 18, 2022 from www.nccdd.org/initiatives/current-initiatives-2017/43-initiatives/1056-justice-release-reentry-and-reintegration.html

[45] The Alliance of Disability Advocates (2020). Presentation to the North Carolina Council on Developmental Disabilities Advocacy Development and Community Living Committees. www.nccdd.org/images/article/initiatives/2020/ADANC_Reentry_Presentation_To_NCCDD_8-6-2020_Revised.pdf

[46] National Institute of Corrections (2015). LEAD: Law Enforcement Assisted Diversion. www.nicic.gov/lead-law-enforcement-assisted-diversion

[47] LEAD National Support Bureau (n.d.). Retrieved November 18, 2022 from www.leadbureau.org/

[48] Clifasefi, S., Lonczak, H., and Collins, S., (2017). Seattle's Law Enforcement Assisted Diversion (LEAD) Program: Within-Subjects Changes on Housing, Employment, and Income/Benefits Outcomes and Associations With Recidivism. Crime and Delinquency 1-17. www.leadbureau.org

[49] Crumpler, R. (2022). After prison, individualized reentry plans are cutting recidivism. North Carolina Health News. www.northcarolinahealthnews.org/2022/09/07/after-prison-individualized-reentry-plans-are-cutting-recidivism/

North Carolina Harm Reduction Coalition offers technical assistance for law enforcement entities interested in setting up these types of diversion programs.[50]

Reentry Policy Initiatives

North Carolina's executive and legislative branches have initiated several task forces and policy initiatives focusing on reentry over the last several years. In 2009, Governor Bev Perdue signed an executive order to create the StreetSafe Task Force that established policy goals to serve as a roadmap for reentry policy and initiatives. The Task Force's 2010 report included recommendations to increase safe, affordable housing, among other things.[51] In 2010, the North Carolina General Assembly created the Joint Select Committee on Ex-Offender Reintegration into Society. This Joint Select Committee issued a report in 2011 that included creating the Rehabilitative Programs and Services Rehabilitative Programs and Services (RP&S) Section (formerly Research and Planning) of the Department of Public Safety (DPS) and designating it as the single state authority responsible for the coordination and implementation of reentry policy initiatives. This also directed RP&S to create local reentry councils across the state. [52] Then in 2017, Governor Cooper charged the Secretary of DPS and the Division of Adult Correction and Juvenile Justice with developing a Reentry Action plan with the purpose to facilitate an improved transition from incarceration to community life.[53] This Action Plan designated eighteen prisons to become reentry facilities that focus on providing pre-release planning for those exiting incarceration. The Plan also expanded the number of re-entry councils and per 2017 legislation, created the State Reentry Council Collaborative. There are also recommendations to bolster transitional housing efforts by expanding the number of beds available, increasing the "variety of affordable and supportive housing models offered by community-based providers," as well as, "supporting evidenced-based permanent supportive housing models in multiple jurisdictions."[54] Then in June 2020, Governor Cooper established the Task Force for Racial Equity in Criminal Justice. The Task Force is led by Attorney General Josh Stein and North Carolina Supreme Court Justice Anita Earle and engages a diverse set of stakeholders including law enforcement, people with lived experience in justice involvement, representatives from the North Carolina General Assembly, Council on Developmental Disabilities, and the judicial branch. The Task Force made several recommendations to address racial biases and inequities within the justice system. Their report released in 2020, includes recommendations on how to improve equity in the court system and law enforcement, increasing arrest diversion efforts, and overall increasing accountability and capacity of law enforcement.[55] While the report does not mention recommendations specific to housing programs and resources post-incarceration, interviewees involved in the task force reported numerous conversations about housing during task force meetings. Also, in 2021, Task Force members provided education to local governments on how to utilize American Rescue

[50] North Carolina Harm Reduction Coalition (n.d). North Carolina LEAD Team. Retrieved November 18, 2022 from www.nchrc.org/programs/lead/north-carolina-lead-team/

[51] North Carolina Metropolitan Mayors Coalition (2009). StreetSafe Taskforce Members Announced. www.ncmetromayors.com/streetsafe-taskforce-members-announced.

[52] North Carolina Department of Public Safety (2018). North Carolina's Reentry Action Plan. www.files.nc.gov/ncdps/documents/files/NC%20Reentry%20Action%20Plan%20Final%20Feb%2018.pdf

[53] North Carolina Department of Public Safety (2018). North Carolina's Reentry Action Plan. www.files.nc.gov/ncdps/documents/files/NC%20Reentry%20Action%20Plan%20Final%20Feb%2018.pdf

[54] North Carolina Department of Public Safety (2018). North Carolina's Reentry Action Plan. www.files.nc.gov/ncdps/documents/files/NC%20Reentry%20Action%20Plan%20Final%20Feb%2018.pdf

[55] North Carolina Governor Roy Cooper (2020). Task Force for Racial Equity in Criminal Justice (TREC). www.governor.nc.gov/issues/public-safety/task-force-racial-equity-criminal-justice-trec

Plan funds to bolster the work of Local Reentry Councils, to include using ARP funds for reentry housing.[56]

Housing Resources for People Experiencing Homelessness

Resources for people experiencing homelessness[57] [58]

While not everyone who is exiting incarceration or at risk of overdose meets the U.S. Department of Housing and Urban Development's (HUD) definition of homelessness[59], the programs listed here may be available to those who do, providing a potential pathway to securing permanent housing and achieving housing stability.

Permanent Supportive Housing

In 2010, the U.S. Substance Abuse and Mental Health Administration (SAMHSA) of the U.S. Department of Health and Human Services named PSH an evidence-based practice. SAMSHA defines PSH as "decent, safe, affordable community-based housing that provides tenants with the rights of tenancy under state and local landlord tenant laws and is linked to voluntary and flexible supports and services designed to meet tenants' needs and

FIGURE 1. HOUSING FIRST

- Housing First: an evidence-based approach that prioritizes housing and does not mandate participation in services in order to obtain or maintain housing. It views housing as a necessary foundation which individuals need in order to work on other personal goals and advance their quality of life. It offers, but does not require, supportive services to aid individuals in housing stability.
- There are five guiding principles in Housing First:
  1. Immediate Access to housing: assists in finding safe, stable, and permanent housing without the need to demonstrate "readiness"
  2. Individual Choice: emphasizes individual choice in housing and self-determination around when, if, and how to engage in supports and services
  3. Services Match the need: recognizes that individuals are unique and so are their needs thus services should be catered to meet those needs.
  4. Recovery- oriented Services: efforts are focused on the individual's wellbeing and on promoting recovery
  5. Community Integration: housing strategy includes supporting individuals with integrating into their community and promotes participation in meaningful activities

[56] Interview with North Carolina Council on Developmental Disabilities - 8/15/22 and interview with Task Force member on 8/25/22

[57] Please note: A majority of resources for ending homelessness and providing housing for people who are low-income derive from the federal government through the United States Department of Housing and Urban Development (HUD). As such, the focus of this section is on HUD funded programs. This is not an exhaustive list of HUD funded programs, but is a high-level overview of the most often available HUD funded housing programs in North Carolina communities.

[58] Insert HUD definition link

[59] Legal Information Institute. (n.d.). 42 U.S. Code § 11302 - general definition of homeless individual. Retrieved November 21, 2022, from www.law.cornell.edu/uscode/text/42/11302

preferences." [60] 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 are able to 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 supports as a successful intervention. Research shows PSH is effective for those with more severe disabilities and complex needs, including serious mental illness; people affected by substance use and SUDs; people experiencing chronic homelessness; and people exiting institutions. Research has also demonstrated that PSH is cost-effective for people with co-occurring conditions who often experience homelessness and are frequent users of costly emergency and institutional services.[61] Overall, PSH results in positive outcomes for health, including behavioral health, as well as overall housing stability.[62]

PSH can be scattered site, which allows the individual to live in any unit that they choose, or site-based, in which the voucher and services are tied to a particular property. In this report, all references to PSH indicate inclusion of a voucher with supportive services. While many PSH programs are housing first models (see Figure 1), some PSH programs may have specific eligibility or criteria for residents.

Continuums of Care (CoCs) are local planning entities that coordinate housing and services for individuals and families experiencing homelessness. There are currently 12 CoCs in North Carolina.[63] CoCs compete nationally for funds to develop and operate PSH and other programs to end homelessness. According to HUD's 2021 housing inventory count showing the number of beds and units available by CoC, there were 6,184 PSH beds in North Carolina;[64] far below the need for these units. These CoC administered PSH programs must be accessed through the CoC's Coordinated Entry System (CE) – see below.

Rapid Rehousing

Rapid rehousing (RRH) provides short-term rental assistance with time-limited case management in order to support individuals in quickly obtaining and maintaining permanent housing. This Housing First model moves individuals into housing as quickly as possible and provides case management to support them in meeting goals to maintain housing. Services can be for up to 24 months. Upon completion of the program, individuals maintain the housing and pay rent on their own or may transition to PSH or other options as needed. Rapid rehousing programs are funded by CoCs, ESG, or, for Veterans, through Supportive Services for Veteran Families (SSVF) programs.

Rapid rehousing is considered a best practice in ending homelessness nationwide. Years of research and practice show that RRH is effective in getting people from homelessness into permanent housing and

[60] Substance Abuse and Mental Health Services Administration (2010). Permanent supportive housing evidence-based practices. Toolkit publication: www.store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4509

[61] Culhane, D. P. et al. (2002). Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing. Housing Policy Debate. *13*(1):107–163. www.repository.upenn.edu/cgi/viewcontent.cgi?article=1067&context=spp_papers

[62] Rog, D. et al. (2014). Permanent supportive housing: Assessing the evidence. Psychiatric Services, *65*(3):287-294. www.pubmed.ncbi.nlm.nih.gov/24343350/

[63] NC Coalition to End Homelessness (n.d.). Continuums of Care. Retrieved November 21, 2022, from www.ncceh.org/coc/

[64] HUD Exchange (2021). CoC Housing Inventory Count Reports. www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/

maintaining housing stability.[65] When connected with this stability in permanent housing, people are shown to better address other challenges such as substance use and unemployment. RRH is shown to be efficient and as successful as, but less expensive than, other homelessness interventions such as emergency shelter or transitional housing.[66]

HUD's housing inventory count shows there were 2,875 RRH beds in North Carolina in 2021. Again, this number is far below the need.[67] Individuals are connected to RRH through coordinated entry or, in some communities, through direct referral.

Coordinated Entry

CoCs are required to utilize a coordinated entry (CE) process to standardize the way persons experiencing homelessness are assessed for and obtain access to housing and housing-related supports including PSH and RRH programs. CE ensures a consistent and efficient process which prioritizes allocation of resources to those with the most vulnerability. This practice also ensures that individuals and families receive the same assessment for housing regardless of where in the continuum of services they access services. This tool assesses for and takes into consideration behavioral health, physical health, trauma, incarceration, and other vulnerabilities to determine the level of support from which an individual may benefit in order to be most successful in housing. Though there are general requirements for ensuring access, centralization, and prioritization, communities collaborate to reach consensus on how they prioritize based upon the needs within their community.[68] CoCs and CE prioritize housing strategies which meet the needs of their community, and members work collaboratively to allocate housing resources. Individuals who access housing through the CE process are generally eligible for PSH and RRH, depending on their needs as identified in the centralized assessment.

It is important to note that within North Carolina, CE looks different in each community depending on a variety of factors such as resources available, existing capacity, and infrastructure. For example, more rural communities in the Balance of State CoC may rely on 2-1-1 to provide CE services while less rural areas may have a locally staffed call center or in-person CE available. It's also important to note that each community has access to different housing programs and resources, meaning that referrals through CE will depend on what's available in that community. For example, some CoCs/communities have street outreach, rapid rehousing, and PSH programs, while other communities only have only one, or can offer only emergency shelter beds (or no beds at all). In almost every community, there are not enough resources to meet the need for stable, permanent housing.

Challenges Accessing Housing through Coordinated Entry

According to a survey of service providers conducted as a part of this landscape analysis, 66% of those who indicated that they had never heard of coordinated entry identified as behavioral health providers or Local Management Entity – Managed Care Organization (LME/MCO) representatives (see Appendix C for a list of survey questions). Sixty-four percent of respondents who were not aware of whether their

[65] McDonald, S. (2018). Rapid Re-housing Works: What the Evidence Says. National Alliance to End Homelessness. www.endhomelessness.org/blog/rapid-re-housing-works-evidence-says/

[66] U.S. Department of Housing and Urban Development (2013). Homelessness Prevention and Rapid Re-Housing Program Year 2 Summary. www.files.hudexchange.info/resources/documents/HPRP_Year2Summary.pdf

[67] HUD Exchange (2021). CoC Housing Inventory Count Reports. www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/

[68] HUD Exchange (2022). Coordinated Entry Data and System Performance. www.hudexchange.info/resource/6643/coordinated-entry-data-and-system-performance/

agency utilized a prioritization and assessment tool to connect individuals to CoCs were working at a behavioral health agency or a Local Reentry Council (LRC). Sixty-one respondents made recommendations for their local CE system, including (not in any specific order): additional staffing; increase transparency around the prioritization process; streamline referral and data collection processes overall; increase awareness of local resources; training on Housing First principles, case conferencing process, and general meeting facilitation; create a pathway for returning citizens to achieve housing; increase coordination and collaboration locally. Survey respondents also reported current CE challenges including duplicative reporting (which can be retraumatizing), a lack of consistency in CE processes, low attendance at CE meetings, and overall limited resources.

CE uses HUD's definition of homelessness: whose "primary residence is not designed for or ordinarily used for a regular sleeping accommodation"; someone who is exiting an institution where they temporarily resided; an unaccompanied youth; someone impacted by domestic violence, dating violence, sexual assault, stalking, or human trafficking; or someone who is at imminent risk of homelessness. Programs providing housing utilizing HUD funding utilize this definition of homelessness. Not everyone exiting incarceration or at risk of overdose meets this definition, making some programs inaccessible to them. Even for people who meet the HUD definition and other eligibility criteria for housing programs, there are most often not enough resources to meet the need.

Affordable Housing Programs

Public Housing Programs

While public housing agencies (PHAs) are not the only affordable housing resources, they are arguably one of the best known. PHAs are federally funded and regulated agencies that develop housing strategies to support the communities in which they reside; they administer multiple federal housing programs that provide affordable housing for low-income individuals and families. These programs, unless coupled with other services, do not provide supportive services but only affordable housing options.[69] There are currently 128 PHAs in the state. A high-level overview of programs available is provided below.[70]

Public Housing

The Public Housing program was established in the Housing Act of 1937. Public housing was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single-family houses to high rise apartments for elderly families.[71] Historically, public housing was owned and operated by the PHA. In recent years, the Rental Assistance Demonstration (RAD) program has provided PHAs with the opportunity to leverage private sector investment, ownership and/or management. In North Carolina,

[69] Note: A few PHAs have resources to provide some supportive services, however these programs are not the norm nor prevalent in North Carolina.

[70] U.S. Department of Housing and Urban Development (n.d.). PHA Contact Report by State and City. Retrieved November 21, 2022 from www.hud.gov/sites/dfiles/PIH/documents/PHA_Contact_Report_NC.pdf

[71] U.S. Department of Housing and Urban Development (n.d.). HUD's Public Housing Program. Retrieved November 21, 2022 from www.hud.gov/topics/rental_assistance/phprog

the PHA Dashboard[72] indicates that 87 PHAs administer the Public Housing program with 229 developments serving 51,900 residents, 29% of whom are seniors or people with disabilities.

Public Housing agencies and other providers must follow federal law in their eligibility and tenant screening. However, PHAs have some discretion in how they design their administrative policies. For example, PHAs must prohibit admission to applicants (including all household members) who fall within any of these three categories:

- Someone who is required to register as a sex offender for life
- Someone with a conviction of manufacturing methamphetamine on federally assisted property
- Someone who has been evicted from federally assisted housing for drug-related criminal activity (3-year prohibition)[73]

Outside of these three mandatory prohibitions set forth by law, PHAs *may* prohibit admission for other categories of criminal activity, and have discretion as to the look-back period or length of time that someone's prior criminal convictions will affect admission to programs. However, it is important to note that PHAs' leeway can also allow greater accessibility. For instance, a PHA may admit a household if an evicted household member who engaged in drug-related criminal activity has successfully completed an approved supervised drug rehabilitation program, or if circumstances leading to a prior eviction no longer exist (for example, the criminal household member has died or is imprisoned).[74]

HUD also provides specific guidance on best practices in applying these policies and regarding programs and partnerships to consider when serving people with criminal histories.[75] It's important to note that federal law requires PHAs to provide tenants with notice and opportunity to dispute the accuracy and relevance of a criminal record before someone is denied admission, evicted, or terminated from a PHA program. PHAs also have the option to establish a preference for people returning from incarceration, and can work with local providers such as CoCs and LRCs to quickly house and stabilize people at risk of overdose or reentering the community after incarceration. Some of these initiatives are explored in the System Strengths section later in this report.

Housing Choice Voucher Program

The Housing Choice Voucher (HCV) program is funded by HUD and administered by local PHAs. HCVs allow low-income households (households making under 50% of the area median income) to receive an ongoing rental subsidy. These vouchers are "tenant-based" which means that the individual can identify a unit on their own within the housing market and with PHA inspection and approval. The individual will sign a lease and pay 30% of their income; the remainder of the rent is paid by federal funds through the PHA. Each PHA maintains a waitlist of applicants based on the date of application, and vouchers are

[72] U.S. Department of Housing and Urban Development (n.d.). Public Housing Data Dashboard. Retrieved November 21, 2022 from www.hud.gov/program_offices/public_indian_housing/programs/ph/PH_Dashboard

[73] Legal Information Institute. (n.d.). 24 CFR § 5.854 - When must I prohibit admission of individuals who have engaged in drug-related criminal activity? Retrieved November 21, 2022 from www.law.cornell.edu/cfr/text/24/5.854

[74] Legal Information Institute. (n.d.). 24 CFR § 5.854 - When must I prohibit admission of individuals who have engaged in drug-related criminal activity? Retrieved November 21, 2022 from www.law.cornell.edu/cfr/text/24/5.854

[75] U.S. Department of Housing and Urban Development Office of Public and Indian Housing (2015). Notice PIH 2015-19 www.hud.gov/sites/documents/PIH2015-19.PDF

distributed based on eligibility. Individuals can apply with the PHA. As of November 2022, there are roughly 57,000 HCV units under lease in North Carolina, with an 86% statewide utilization rate.[76]

Project-Based Vouchers are a component of the HCV program and are tied not to the tenant but to a specific unit. PHAs use a portion of HCV funding to attach voucher assistance to a particular unit through Housing Assistance Payment contracts with private landlords. Individuals on the HCV waitlist who are eligible and open to a site-based voucher can be referred to the units by PHAs.

Challenges with Accessing Housing through Public Housing Agencies

As noted above, PHAs have some discretion in their process for screening so there is variation in how North Carolina PHAs approach this. In some areas, a PHA only utilizes the three mandatory prohibitions, while offering flexibility in all other screening criteria and processes for admission. Other PHAs utilize more stringent criteria which further limits the accessibility of housing for some individuals with justice involvement. For scattered site housing, individuals who are at risk of overdose and those with justice involvement may be awarded a voucher through the PHA but have difficulty finding and securing a landlord or unit. This can be due to the private landlord's application or screening process which may exclude tenants with certain criminal convictions.[77]

Emergency Housing Vouchers

Emergency Housing Vouchers are funded by HUD through a program launched in 2021 through the American Rescue Plan Act (ARPA). Through the Emergency Housing Voucher (EHV) program, HUD is providing 70,000 HCVs to public housing agencies (PHAs) in order to assist individuals and families who are:

- Homeless;
- At risk of homelessness;
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or
- Were recently homeless or have a high risk of housing instability.

EHVs require CoCs and PHAs to work together to house eligible EHV populations quickly. PHAs must receive referrals from the CoC, and EHV provides funds to pay for ongoing rental assistance as well as services to support applicants in their lease-up process. This assistance can include housing search assistance, move-in costs, landlord outreach and incentives, and tenant readiness services, to name a few eligible activities.

The EHV program provides waivers and alternative requirements to the regular Housing Choice Voucher (HCV) program (see below) with the goal of expedited lease-up for vulnerable families. The waivers also provide added flexibilities to promote access that is more equitable for people of color, who disproportionately experience higher rates of homelessness, housing insecurity, incarceration, and health inequities. These waivers also remove many eligibility and access barriers that vulnerable populations experience when trying to access the HCV program and can serve as a partial blueprint for

[76] U.S. Department of Housing and Urban Development (n.d.) Housing Choice Voucher Data Dashboard. Retrieved November 21, 2022 from www.hud.gov/program_offices/public_indian_housing/programs/hcv/dashboard

[77] U.S. Department of Housing and Urban Development Office of Public and Indian Housing (2013). Notice PIH 2013-15 (HA). www.hud.gov/sites/documents/PIH2013-15.PDF

PHAs on how to lower barriers to access.[78] [79] In May 2021, twenty-two PHAs in North Carolina were allotted a total of 1,296 EHVs.[80] While some communities have utilized the majority of their EHV vouchers, others have struggled with prioritizing, selecting, and screening individuals resulting in challenges to moving individuals quickly.[81]

[78] U.S. Department of Housing and Urban Development (2022). Emergency Housing Vouchers A How-To Guide for Public Housing Agencies. www.files.hudexchange.info/resources/documents/Emergency-Housing-Vouchers-How-To-Guide-For-Public-Housing-Agencies.pdf#page=8

[79] U.S. Department of Housing and Urban Development (2022). EHV Waivers and Alternative Requirements Summary Checklist. www.files.hudexchange.info/resources/documents/EHV-Waivers-and-Alternative-Requirements-Summary-Checklist.pdf

[80] U.S. Department of Housing and Urban Development (2022). Allocation of Emergency Housing Voucher (EHV) Awards. www.hud.gov/sites/dfiles/PIH/documents/Emergency_Housing_Voucher_Awards.xlsx

[81] The overall statewide leasing utilization rate for EHV is at 30.25% as of November 8, 2022: U.S. Department of Housing and Urban Development Office of Public and Indian Housing (2022). Emergency Housing Voucher Program Dashboard. www.app.powerbigov.us/view?r=eyJrIjoiYjU4MzlkNzEtM2MxZi00ZjhjLTkyNTEtYjI2OWUzZjA0YTIwIiwidCI6IjYxNTUyNGM1LTIyZTktNGJjZC1hODkzLTExODBhNTNmYzdiMiJ9

Challenges in North Carolina's Housing Landscape

Cross-System Gaps and Barriers to Access

Lack of Affordable Housing

The general lack of affordable housing is a national problem, and North Carolina is no exception. Almost every interviewee and stakeholder reported a general lack of affordable housing options, and interviewees who directly engage with landlords noted that the supply is decreasing as landlords who had previously worked with programs or had offered area fair market rent were no longer doing so. COVID-19 had a considerable impact on the housing market in several ways. During the height of the pandemic, there was a national moratorium on evictions for nonpayment of rent, which ensured that many individuals could remain housed. However, interviewees reported unintended consequences of the moratorium, especially that landlords were more stretched financially (particularly after temporary relief lifted); market rate housing options increased due to lack of unit turnover; and landlords became more difficult to engage. Interviewees indicated that staff turnover, at both the property management and housing support provider levels, led to a decrease in proactive engagement with both residents and landlords.

A general lack of affordable housing options often results in individuals who are at risk of overdose and/or have a history of justice involvement being unsheltered. Other times, it results in individuals accepting any housing available, even if it does not support their recovery. One SUD treatment provider reported that often when individuals were discharged to an Oxford House, they would return to treatment within several months and be without housing again.

Variation in Services and Resources across Agencies and Counties

While a county-based system allows for flexibility to support local community need, it can also create vast variation in the availability of resources and in implementation of programming across counties. Key interviews and survey results elevated particular instances of individuals being released from jail and being on probation in one county, having potential family or housing supports in another county, and being connected to a behavioral health provider through a Local Management Entity that covers a separate region. Additionally, because Medicaid and its supported services are funded through Local Management Entity – Managed Care Organizations (LME/MCOs), which are regional entities, there are differences between LME/MCOs in eligibility, service delivery, and oversight of housing and housing-related supports. There is also variation in the connection of LME/MCOs and their provider networks to Continuums of Care (CoCs). For example, Trillium LME/MCO provides a two call center staff who complete Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) assessments in order to access coordinated entry (CE), whereas other LME/MCO providers were reportedly less familiar with CE. Key stakeholders suggested that the inconsistency in delivery of service between housing support providers could be addressed through stronger infrastructure to support quality assurance both at the LME/MCO and state levels.

Similarly, Local Reentry Councils (LRCs) are afforded latitude in development of their goals and approach to services, which allows them to adjust priorities in order to meet the needs in their communities;

however, this results in lack of uniformity among LRCs. For example, Buncombe LRC is embedded into the Justice Resource Center, providing easier access to core services and resources in a one-stop shop.[82] As noted above, public housing agencies (PHAs) have some discretion in their ability to deny individuals due to criminal background, and some PHAs utilize a more stringent screening process than others.[83] Outside of individuals who are required to be on the sex offender registry and those who have been convicted of manufacturing methamphetamines, PHAs have discretion in their evaluation and acceptance of current or prospective tenants who have criminal histories.[84] The federal regulations set the floor for evaluating, but individual PHAs may implement additional regulations that often exacerbate the barriers to access for individuals. For example, a PHA can prohibit accepting someone who has been evicted from federally funded housing in the last three years due to a drug-related criminal activity; however, the PHA has the discretion to waive the prohibition if the individual has completed SUD treatment.[85]

Challenges with Interagency Coordination

Regardless of the variation noted above, a consistent theme from stakeholders was the limited cross-system collaboration occurring. Both surveys and interviews overwhelming indicated the need for behavioral health treatment providers and LRCs to have better understanding of and coordination with the CoCs. On the statewide survey of service providers, 66% of those who indicated that they had never heard of coordinated entry identified as behavioral health providers or LME/MCO representatives. Sixty-four percent of individuals who were not aware of if their agency utilized the VI-SPDAT to connect individuals to CoCs were working at a behavioral health agencies or an LRC. Stakeholder interviews in several counties elevated the need for LRCs to better coordinate with CoCs and behavioral health providers. Additionally, many syringe services program (SSP) staff were unaware of CE or how to connect individuals to the continuum of housing through this process. In interviews across the North Carolina Department of Housing and Human Services (DHHS), there is currently a lack of cross-agency collaborative planning at the state level, and of infrastructure specifically designed to support local interagency coordination of housing supports. Staff transition at the state level has created a barrier to consistent strategic planning regarding housing, including for those at risk of overdose and those with justice involvement.

Lack of Housing First Programming and Harm Reduction Strategies

Housing First acknowledges that when an individual is stably housed they are better able to focus on their personal goals to enhance their quality of life. Housing First models understand that meeting the basic needs of an individual is essential before addressing less vital needs. There is substantial evidence that housing first is a cost-effective intervention that promote housing stability.[86] It has been tied to

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[82]Harvell, S., and Simoncelli, J. (2021). Strengthening and Connecting Local Reentry Services in North Carolina. Three Flights. www.osbm.nc.gov/media/2250/open

[83]National Housing Law Project (n.d.). Model PHA Admission Policies on Past Criminal Activity. Retrieved November 21, 2022 from www.nhlp.org/files/Model%20admission%20policies%20-%20NHLP.pdf

[84]National Housing Law Project (n.d.). Model PHA Admission Policies on Past Criminal Activity. Retrieved November 21, 2022 from www.nhlp.org/files/Model%20admission%20policies%20-%20NHLP.pdf

[85] National Housing Law Project (n.d.). Model PHA Admission Policies on Past Criminal Activity. Retrieved November 21, 2022 from www.nhlp.org/files/Model%20admission%20policies%20-%20NHLP.pdf

[86] Basu, A., Kee, R., Buchanan, D., & Sadowski, L. S. (2012). Comparative cost analysis of housing and case management program for chronically ill homeless adults compared to usual care. Health Services Research, *47*(1 Pt 2), 523–543. www.doi.org/10.1111/j.1475-6773.2011.01350.x

decreased drug use for individuals previously engaged in problematic substance use[87] providing quick access to housing generally results in cost-savings to community and according to the National Alliance to End Homelessness, one study found a cost savings on emergency services of $31,545 per person housed in a housing first program.[88] Investing in housing first strategies across the continuum of housing options increases the accessibility of housing to individuals who use drugs and those returning post-incarceration.

A consistent theme in the interviews and survey responses was that there was a general lack of understanding and appreciation for Housing First throughout the continuum of housing services. Many shelters, particularly in rural areas where they may be supported by faith-based organizations, are not low-barrier and prove inaccessible to individuals using drugs. While the state has made efforts to enhance the understanding and acceptance of Housing First principles through education and training, more work is needed to shift the culture. The North Carolina Coalition to End Homelessness, with Emergency Solutions Grant (ESG) support from the state, has collaborated on a local level to provide trainings. As previously noted, the source of state-supported recovery residences is Oxford House, which by model, requires eviction if a resident engages in substance use. While this housing is effective for many individuals, offering a continuum of recovery residences and Housing First options would widen the opportunities for individuals at risk of overdose who may be in various stages of recovery.

Need for More Harm Reduction and Diversion Approaches

Many cited challenges due to the lack of understanding of harm reduction principles among housing providers. A common theme among stakeholders was the role that stigma plays in creating barriers to housing and services for individuals at risk of overdose and individuals with criminal backgrounds. Across the state, SSP providers identified varying levels of engagement with law enforcement ranging from coexisting to antagonistic, and cited limited opportunities for true diversion into appropriate behavioral health services for individuals with SUDs. They reported that individuals may be hesitant to call 911 during a suspected overdose because they fear arrest or eviction. Without diversion options, these arrests can create a domino effect for individuals that often results in homelessness. Though the utilization and access to medication-assisted treatment (MAT) has increased across the state, there are additional barriers to the success of MAT, tied to non-Housing-First housing programs. Many of the housing options, including Oxford Houses, transitional housing following SUD treatment, and emergency shelters, will not admit individuals who are receiving MAT. In areas where shelter resources are limited, individuals are often left with the decision to give up MAT or be unsheltered. Additionally, there were safety concerns for starting individuals on MAT while they are transitioning from SUD treatment or an institution, if they would not be able to maintain access to MAT in the community.

Investment in Additional Diversion Strategies

Key informant interviewees working with people using drugs identified the need for better collaboration with law enforcement to understand the chronic health condition of SUDs, and the survey of people with lived experience (PWLE) (see Appendix B) identified that having a criminal record was among the top three barriers to obtaining affordable housing. Three key informants reported that people using drugs often declined to call 911 while observing a potential overdose for fear of arrest and/or eviction.

[87] Davidson, C., Neighbors, C., Hall, G., Hogue, A., Cho, R., Kutner, B., & Morgenstern, J. (2014). Association of housing first implementation and key outcomes among homeless persons with problematic substance use. Psychiatric Services (Washington, D.C.), *65*(11), 1318–1324. www.doi.org/10.1176/appi.ps.201300195

[88] National Alliance to End Homelessness (2022). Housing First. www.endhomelessness.org/resource/housing-first/

Diversion is a broad term that encompasses intervention strategies to ensure that people are connected to the appropriate services rather than entering into the criminal justice system.

System Strengths: Promising Practices and Opportunities in North Carolina

Throughout the statewide assessment, stakeholders and individuals with lived experience highlighted some promising programs and opportunities for alignment in North Carolina.

Queen City Critical Time Intervention Rapid Rehousing Program

Critical Time Intervention (CTI) is a time-limited evidence-based practice which provides targeted intensive supports to individuals during periods of transition (e.g., discharges from inpatient settings, transitions from homelessness to housing, release from prison or jail, etc.).[89] CTI has been found to support individuals in maintaining housing and stability and is often coupled with rapid rehousing (RRH), for a model called CTI-RRH — which, given the time-limited nature of RRH, provides a structured approach to case management which targets maximizing resources and supports by promoting housing stability.[90] This intentional approach utilizes three phases: [91]

- Transition: Build rapport and develop the relationship; assess strengths; provide support; and connect the individual to services that will assume a primary supporting role
- Try-out: Monitor and strengthen individual's skills and connection to support network
- Transfer of care: Terminate services and transition care to the support network

This year, North Carolina funded a pilot CTI-RRH program which will be provided by the Queen City Harm Reduction (QCHR) program within the Center for Prevention Services. QCHR is currently a syringe service program (SSP) providing services in Mecklenburg, Davidson, Rowan, and Union counties, and the pilot will build on work the agency has done to target people who use drugs to support them in rapidly finding housing and offering short-term intensive case management.[92]

Cross-System Collaborative Housing

There are several cross-sector collaborations that prioritize housing and housing-related supports for individuals with justice involvement and those who are at risk of overdose.[93]

Coming Home Initiative

Alliance Health partnered with the Durham Housing Authority (DHA), the City of Durham, the Durham Local Reentry Council (LRC), Durham County, and Resources for Human Development (RHD) to implement a pilot permanent supportive housing (PSH) program designed for individuals with justice involvement. The program prioritizes services for individuals who are being released from prisons as well as those who have behavioral health conditions and a history (or current experience) of

[89] Center for the Advancement of Critical Time Intervention (n.d.) CTI Model. Retrieved November 21, 2022 from www.criticaltime.org/cti-model/

[90] Herman, D. B., Conover, S., Gorroochurn, P., Hinterland, K., Hoepner, L., & Susser, E. S. (2011). Randomized trial of critical time intervention to prevent homelessness after hospital discharge. Psychiatric Services (Washington, D.C.), *62*(7), 713–719. www.doi.org/10.1176/ps.62.7.pss6207_0713

[91] National Alliance to End Homelessness (2021). Critical Time Intervention for Rapid Re-Housing. www.endhomelessness.org/resource/ctirrh/

[92] Personal Communication with Lauren Kestner on June 23 2022.

[93] Non-exhaustive list due to sample limitations

homelessness. Using a combination of DHA public housing units and rental subsidies funded through Alliance Health, the program provides PSH services, including case management and peer support services from RHD.[94] [95] Individuals are connected to services through a referral, screening, and waitlist process.

MeckFUSE

MeckFUSE is a housing program for people experiencing homelessness with behavioral health issues who have been frequent users of Mecklenburg's jail, street camps, and shelters. The program defines frequent utilizers as individuals who have been incarcerated four or more times and have been admitted to shelter at least four times in the last five years. FUSE stands for Frequent User Systems Engagement, a national model from CSH. Funded by Mecklenburg County, the program is administered by the county's Community Support Services Department, and is operated by Urban Ministry Center. Additional partners include: Men's Shelter of Charlotte, Salvation Army Center of Hope, the Mecklenburg County Sheriff's Office, Criminal Justice Services, the Public Defender's Office, and Legal Services of Southern Piedmont. MeckFUSE subsidizes rent and works with clients to remain safe and housed. Clients are offered referrals for services such as medical, mental health, and substance abuse care and treatment. The program also provides support to help rebuild family and community connections.[96]

Orange County: Partnership between the Continuum of Care, Public Housing Agency, and Local Reentry Council

The Orange County LRC is coordinated by the Orange County Criminal Justice Resource Department and provides case management, action planning, housing assistance, employment support, transportation support, and connection to substance use treatment and other community resources.[97] The Orange County Housing and Community Development Department (OCHCD)/PHA director and the CoC coordinator actively participate in the Orange County LRC by sitting on the Executive Committee and the Housing Committee, respectively. Through this relationship, the LRC was able to set up a process for direct referrals to housing resources for people returning from incarceration, including Housing Choice Vouchers (HCVs), Emergency Housing Vouchers (EHVs), and local Emergency Housing Assistance. Using an array of funding sources including county funds, CARES, HCV-CARES, EHV, and American Rescue Plan funds, the Emergency Housing Assistance fund provides emergency rent assistance to residents facing eviction as well as funds for landlord incentives, a risk mitigation fund, security deposits, and application fees.[98] The county and towns of Chapel Hill, Carrboro, and Hillsborough also fund a Housing Access Coordinator who helps connect people to available units. While there are limitations described above for people with justice involvement to federally funded programs such as HCV, partnerships such as Orange County's can be seen as a model for leveraging existing resources and infrastructure to connect people returning from incarceration directly to housing resources.

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[94] Personal Communication with Ann Oshell on August 10, 2022.

[95] Resources for Human Development (n.d.). Coming Home (A Justice-Involved Permanent Supportive Housing Program). Retrieved November 21, 2022 from www.rhd.org/program/coming-home/

[96] Mecklenburg County, North Carolina (n.d.). MeckFUSE Program. Retrieved November 21, 2022 from www.mecknc.gov/CommunitySupportServices/HomelessServices/Pages/MeckFUSE.aspx

[97] Orange County North Carolina Criminal Justice Resource Department (n.d.) Local Reentry Council. Retrieved November 21, 2022 from www.orangecountync.gov/1977/Local-Reentry-Council

[98] Orange County North Carolina Housing Department (n.d.) Emergency Housing Assistance. Retrieved November 21, 2022 from www.orangecountync.gov/2359/Emergency-Housing-Assistance

Homeward Bound: Housing First PSH

Homeward Bound utilizes a Housing First model to provide PSH to vulnerable and chronically homeless individuals. The recovery-oriented programming is not contingent on "housing readiness" but works with landlords in the community, including private owners, larger developers, and property management groups, to secure and maintain housing. Effective partnerships with landlords are essential for the success of PSH programs and can create mutually beneficial relationships. Homeward Bound's landlord partnerships, in addition to maintaining a network and working relationship, provides financial incentives for landlords to mitigate risk of any damages to the property and support for landlords to problem-solve regarding challenges that may arise. Homeward Bound currently has 140 scattered site units and is in the process of opening a new site-based PSH program with 85 units for individuals who need a higher level of support.[99] Woodfin, Homeward Bound's first PSH facility, has ensured 90% of the residents have remained housed since its start in 2016.[100]

Opioid Settlement Funds

Like many states across the nation, North Carolina is currently in the planning stages to determine how to spend a $26 million dollar allotment of the multistate settlement with McKinsey & Company. A Memorandum of Agreement (MOA) between the state and local government dictates that 15% of settlement monies will be allocated to the state and the remaining 85% to its 100 counties and 17 municipalities.[101] The MOA offers two options for local governments: option A, in which they are to target one or more high-impact strategies; or option B, which ensures collaborative strategic planning to address a strategy from a shorter list of options.[102] One of the strategies in option A *and* option B focuses on housing to promote recovery; while counties are still in the planning phase, housing has reportedly been at the front of many stakeholders' minds. This funding stream provides an opportunity for the state and counties to intentionally invest in housing initiatives and evidence-based practices to support individuals at risk of overdose and those with justice involvement in securing and maintaining housing. The following section explores national evidence-based practices and other national cross-sector partnerships that could be considered for community implementation in North Carolina.

[99] Personal Communication with Jenny Moffatt on October 31st, 2022.
[100] Homeward Bound (n.d.) About Us. Retrieved November 21, 2022 from www.homewardboundwnc.org/about/
[101] North Carolina Opioid Settlements (n.d.). Home. Retrieved November 21, 2022 from www.ncopioidsettlement.org
[102] North Carolina Opioid Settlements (n.d.). Home. Retrieved November 21, 2022 from www.ncopioidsettlement.org

Conclusions

This report provides an overview of the housing opportunities that are accessible to individuals at risk of overdose and those with justice involvement. It explores the barriers that such individuals face in accessing housing and housing-related supports as well as examining promising practices in housing throughout North Carolina that align with national best practices. Individuals at risk of overdose and those who are justice-involved face additional barriers to accessing safe and affordable housing. They often touch multiple systems so it is imperative that systems work together to increase efficiency and decrease duplication of services. With the state and communities actively planning for utilization of opioid settlement funds, now is an opportune time for systems to come together and strategize for effective change.

Appendix A: Key Informant Interviews

Interviewee	Title	Date	Organization	Sector
Teresa Hinkle	Clinical Director	9/21/22	Caring Services Inc.	SUD
Stephanie Almeida	Executive Director	9/12/22	Full Circle Recovery Center & Smoky Mountain Harm Reduction	SUD
Sarah Potter	Public Health Advisor (Former Executive Director of Addiction Professionals of North Carolina)	9/1/22	SAMHSA	SUD
Gary Crites	Executive Director	9/1/22	NAMI NC	SUD
Kelly Snead	Reentry Transitional Housing Coordinator	8/31/22	NC Department of Public Safety, Division of Adult Correction	Justice
Isaac Sturgill; Erin Haygood	Attorney; Director of Pro Bono Programs	8/31/22	Legal Aid of NC	Legal

Stacy Lowery	Community Support Services Director for Mecklenburg County	8/31/22	MeckFUSE	Affordable Housing
Tinu Driver	Vice President of Resource Development & Partnerships	8/31/22	DHIC	Affordable Housing
Robin Merrell	Managing Attorney	8/30/22	Pisgah Legal Services	Legal
Russ Pierce; Valaria Brown	Executive Director; Street Outreach Program Manager	8/29/22	Housing For New Hope	Housing/Homelessness
Jesse Battle	Senior Director of Community Partnerships	8/25/22	TROSA	SUD
Larayshea Harris	Property Management Supervisor	8/25/22	CASA	Homelessness
Ellen Carroll; Jessica Foster	Director of Program Design; Program Manager	8/25/22	CaroNova	Heatlhcare & Mental Health

Sen. Mujtaba Mohammed	State Senator D-Mecklenburg	8/24/22	North Carolina General Assembly	Elected Official
Dixie Brown	Owner, Director	8/24/22	Willow Place/NCARR	SUD
Angela Harper King	Human Services Program Consultant II	8/24/22	NCDHHS, Division of Aging & Adult Services	Public Health
Tina Krause	CoC Coordinator	8/23/22	Hospitality House	Homelessness
Joe Breen; Chris Battle	Chief of Budget Planning and Service Support; Homeless Programs Coordinator for ESG	8/22/22	NCDHHS, Division of Aging & Adult Services	Homelessness
Ken Schuesselin	State Opioid Response Project Director	8/18/22	NCDHHS, Division of Mental Health, Developmental Disabilities and Substance Abuse Services	SUD
Carlyle Johnson	Director of Provider Network Strategy & Initiatives	8/18/22	Alliance Health	MCO
Sharif Brown	Director	8/17/22	Alliance of Disability Advocates of NC	Justice

Claire Colligan	Program Manager	8/16/22	RJ Blackley ADACT	SUD
Talley Wells; Phillip Woodward	Executive Director; Program Manager	8/15/22	NC Council on Development Disabilities	DHHS
Thomas Coyne	Senior Policy Analyst	8/10/22	Council of State Governments Justice Center	Justice
Ann Oshel	Sr. VP, Community Health and Wellness	8/10/22	Alliance Health	MCO
Raymond Velazquez	Harm Reduction Coordinator	8/1/22	Western NC AIDS Project	SUD
Jerry Love	Transitional Aftercare Network Coordinator	7/29/22	NC Department of Public Safety, Division of Adult Correction, Prisons Section	Justice
Amy Blank, Ph.D	Associate Professor	7/28/22	UNC School of Social Work - Tiny Homes Village Project	Justice
Bill Rowe	Deputy Director of Advocacy	7/27/22	NC Justice Center	Legal
Laura Holland; Quisha Mallette	Director of Fair Chance Criminal Justice Project; Staff Attorney	7/26/22	NC Justice Center	Legal

Amy Modlin, Talaika Williams	Head of Housing, Head of HUD	7/25/22	Trillium Healthcare	MCO
Nicole Sullivan	Deputy Secretary of Analysis, Programming, & Policy	7/21/22	NC Department of Public Safety, Division of Adult Correction	Justice
Steffi Travis	CoC Coordinator	7/20/22	HealthNet Gaston	Homelessness
Rebecca Sauter	Project Reentry Coordinator	7/19/22	Piedmont Triad Regional Council - LRC	Justice
Natalie Mabon; Shanae Artis	Reentry Program Manager; Reentry Resource Consultant	7/7/22	Wake LRC	Justice
Trisha Ecklund	Vulnerable Populations Program Manager	7/7/22	Blue Ridge Community Health Center	Homelessness/Healthcare
Emily Ball	Homeless Services System Performance Lead	7/6/22	City of Asheville - CoC	Homelessness
Nicholle Karim	Director of Policy	7/5/22	NC Healthcare Association	Healthcare
Janon Harris	Staff Attorney	6/30/22	Charlotte Center for Legal Advocacy	Legal

Chablis Dandridge	Director of Operations	6/27/22	Life Connections of the Carolinas	Justice/Housing
Ayana Robinson; Helen English	Attorney; Outreach Coordinator	6/24/22	Legal Aid of NC	Legal
Lofton Wilson	Harm Reduction Programs Manager	6/23/22	NC Harm Reduction Coalition	SUD
Lauren Kestler	Program Director	6/23/22	Queen City Harm Reduction	SUD
Hanaleah Hoberman	Sr. Community Development Analyst - Homeless System	6/22/22	City of Durham	Homelessness
Ainsley Bryce	Executive Director	6/20/22	Holler Harm Reduction	SUD
Caitlin Fenhagen; Keith Patterson; Allison Zirkel	Director; LRC Coordinator; Clinical Coordinator,	6/14/22	Orange County CJRD	Justice
Tyler Yates	Syringe Services Program Coordinator	6/14/22	GCSTOP - Guilford County	SUD
Anna Baker, Tommy Green	FIT Program Manager, Community Health Worker	6/10/22	Orange County CJRD - NC FIT	Healthcare and Justice

Andrea Kurtz	Sr. Director, Housing Strategies & Director, Housing Matters	6/9/22	United Way of Forsyth County	Housing
Roshanna Parker	Program Manager	6/8/22	Durham CJRC	Justice and Housing
Nick Hobbs, Laura Marvel	State Director, Regional Director	6/1/22	Resources for Human Development, Inc.	Homeslessness & Mental Health
Delores "Dee" Taylor	Director	5/20/22	Cumberland County Community Development Dept.	Homelessness
LaNarda Williamson	Local Reentry Council Coordinator	5/16/22	Wake LRC	Justice
Amber Humble & Lisa Carter	Stepping Up Program Supervisor & SUPER Care Mgmt. Specialist	5/13/22	Forsyth Co. Stepping Up Initiative	Justice & Mental Health
Julia Gamble	Nurse Practicioner	5/11/22	Duke Outpatient Clinic/Durham Homeless Care Transitions	Homelessness & Healthcare
Jesse McCoy II	Supervising Attorney	4/29/22	Duke Civil Justice Clinic	Justice
Dawn Blagrove	Executive Director	4/21/22	Emancipate NC	Justice

Palestine Small	LRC Case Manager	4/13/22	Durham CJRC	Justice
Gudrun Parmer	Director	4/11/22	Durham CJRC	Justice
Charles Holton	Director	4/8/22	Duke Civil Justice Clinic	Justice
Nick Hobbs; Sean Porter; Rodney Daniel	State Director, Program Director; Case Manager	3/29/22	Resources for Human Development, Inc.	Homelessness & Mental Health
Elizabeth "Beth" Hopkins Thomas	Executive Director	3/29/22	NC Prisoner Legal Services	Justice
Tara Peele	President & CEO	3/24/22	Housing Collaborative	Homelessness

Appendix B: Survey Instrument for People with Lived Experience

NORTH CAROLINA HOUSING COALITION

Housing Survey for People with Lived Experience

About this project
Through a two-year grant from the Centers for Disease Control and Prevention (CDC) and the North Carolina Division of Public Health, the North Carolina Housing Coalition (the Coalition) will support the development of a roadmap for sustainable infrastructure to address the housing needs for people who are impacted by the justice system and those using drugs. The Coalition will do this by mapping current housing resources, identifying best practices, programs, and partnerships, creating educational materials for providers, and making recommendations for policies and practices that expand service coordination and affordable housing access.

In order to be successful, the Coalition will engage a broad group of community stakeholders in the justice, re-entry, substance use treatment, harm reduction, and housing sectors across the state, including hearing from people with lived experience/expertise. As of August 2022, the Coalition has interviewed more than thirty stakeholders and is seeking to continue to gather information and data throughout the fall to include in a report to NC DHHS regarding current programs and collaborative efforts, as well as barriers to housing for people impacted by the justice system and those at-risk of overdose.

About this survey
The purpose of this survey is to better understand the cooperative and cross-sector activities taking place to house people using drugs and those with justice involvement, the challenges in accessing affordable, permanent housing, and what recommendations and resources are needed to create positive outcomes. This survey is being distributed to a broad cross-section of stakeholders, people with lived experience/expertise, and providers throughout the state.

This survey is expected to take about 20-30 minutes to complete. Your responses will be anonymous, meaning that we will not ask you for your name or any identifying information. All survey responses are securely stored in a password-protected electronic format and will be only accessible to project staff.

Questions or comments?
Please contact project lead Alex Rubenstein at NCHCSurvey@nchousing.org.

1. Which of the following do you represent? (select ALL that apply)

- ☐ I am a person with lived experience (first-hand, personal experience) of exiting jail or prison and/or justice involvement
- ☐ I am a person with lived experience (first-hand experience, personal experience) of substance use disorder and/or using drugs

2a. Have you ever applied/asked for assistance in finding or maintaining housing?
Examples of housing assistance include help with move-in costs, rent assistance/vouchers, case management, etc.

- ◯ Yes *(continue to question 2b)*
- ◯ No *(continue to question 3a)*
- ◯ Not sure *(continue to question 3a)*

2b. If you answered YES to the question above, what type of housing assistance have you asked for or applied for? (select ALL that apply)

- ☐ Case management (a case manager helps people find resources like housing, connections to healthcare and other services, and jobs)
- ☐ Housing search supports (a person who helps people find housing, like a case manager or housing navigator)
- ☐ Low-barrier housing programs (housing options that do not exclude/reject people who use drugs, have a criminal conviction, have mental health symptoms, etc.)
- ☐ Peer Support (help from people with similar experiences as you)
- ☐ Rental assistance/housing vouchers (when a housing agency/other organization pays a part of your rent)
- ☐ Resources for application fees, security deposit, move in assistance (an agency provides money to help pay for housing costs)
- ☐ Transportation to tour available apartments/housing
- ☐ Other (please describe): _____

3a. Have you previously been placed in housing and have not remained housed?

◯ Yes *(continue to question 3b)*

◯ No *(continue to question 4)*

3b. If you answered <u>YES</u> to the question above, why did you not stay in housing?

4. Have you ever been denied housing or evicted from your home due to any of the following (select <u>ALL</u> that apply):

☐ Your race or ethnicity

☐ Your biological sex assigned at birth

☐ Your gender identity or expression (if different from your biological sex assigned at birth)

☐ Your sexual orientation

☐ Your past convictions or justice involvement

☐ Your substance use (active use included)

☐ Your mental health conditions (symptoms associated with substance use or mental health condition)

☐ Your medications prescribed as part of your treatment (could be Medication Assisted Treatment such as buprenorphine, methadone, and naltrexone; or medications for mental health condition)

☐ Other (please describe): _____

☐ I have not been denied housing or evicted for any of the reasons listed above.

5a. Are you <u>currently</u> living in stable housing?

◯ Yes - continue to question 5b

◯ No - continue to question 5c

5b. If you answered YES to the question above, please briefly describe your experience finding housing:

5c. What type of housing do you live in? (please select only one)

- ○ Boarding home (homeowner/housing owner rents out rooms individually)
- ○ Bridge housing (e.g. hotel/motel stays)
- ○ Emergency Housing Vouchers
- ○ Housing Choice Vouchers
- ○ Licensed group home
- ○ Private market unit (NOT with roommates or in a boarding home)
- ○ Recovery home (such as Oxford House or National Alliance for Recovery Residences affiliate etc.)
- ○ Respite care
- ○ Shared housing (e.g. roommate matching or ability to provide assistance in a shared housing situation)
- ○ Transitional housing
- ○ Other (please describe): _____

5d. How long did you look for housing before successfully finding the place where you currently live?

- ○ 30 days or less
- ○ More than 1 month but less than 2 months

- ○ More than 2 months but less than 4 months
- ○ More than 4 months but less than 6 months
- ○ More than 6 months but less than a year
- ○ Over a year

5e. What resources were useful or could have been useful in your housing search? (select ALL that apply

- ☐ Additional low-barrier affordable housing options (housing options that do not exclude/reject people who use drugs, or have a criminal conviction)
- ☐ Funds for security deposit, application, and move-in assistance (an agency provides money to pay for housing costs)
- ☐ Home Rehabilitation Program (an agency/organization provides money to make needed home repairs for health and safety)
- ☐ Housing search supports (a person who helps people find housing)
- ☐ Housing voucher/rent assistance (when a housing agency/organization pays a part of your rent)
- ☐ Legal support for issues faced around discrimination in applying for housing
- ☐ Peer Support Services (help from people with similar experiences as you)
- ☐ Transportation to tour available apartments/housing
- ☐ Other (please describe): _____

5f. What do you personally identify as the most important thing that has helped you stay in housing?

5g. If you answered NO to the question above, which resources would help you in your search for housing? This can include resources you have not previously asked/applied for. (Select ALL that apply)

- ☐ Additional low-barrier affordable housing options (housing options that do not exclude/reject people who use drugs, or have a criminal conviction)
- ☐ Funds for security deposit, application, and move-in assistance (an agency provides money to pay for housing costs)
- ☐ Home Rehabilitation Program (an agency/organization provides money to make needed home repairs for health and safety)
- ☐ Housing search supports (a person who helps people find housing)
- ☐ Housing voucher/rent assistance (when a housing agency/organization pays a part of your rent)
- ☐ Legal support for issues faced around discrimination in applying for housing
- ☐ Peer Support Services (help from people with similar experiences as you)
- ☐ Transportation to tour available apartments/housing
- ☐ Other (please describe): _____

END OF SURVEY.

Thank you for taking the time to complete this survey!

Appendix C: Survey Instrument for Service Providers

Housing Survey - Agency/Organization

OVERVIEW

About this project
Through a two-year grant from the Centers for Disease Control and Prevention (CDC) and the North Carolina Division of Public Health, the North Carolina Housing Coalition (the Coalition) will support the development of a roadmap for sustainable infrastructure to address the housing needs for people who are impacted by the justice system and those using drugs. The Coalition will do this by mapping current housing resources, identifying best practices, programs, and partnerships, creating educational materials for providers, and making recommendations for policies and practices that expand service coordination and affordable housing access.

In order to be successful, the Coalition will engage a broad group of community stakeholders in the justice, re-entry, substance use treatment, harm reduction, and housing sectors across the state, including hearing from people with lived experience/expertise. As of August 2022, the Coalition has interviewed more than thirty stakeholders and is seeking to continue to gather information and data throughout the fall to include in a report to NC DHHS regarding current programs and collaborative efforts, as well as barriers to housing for people impacted by the justice system and those at-risk of overdose.

About this survey
The purpose of this survey is to better understand the cooperative and cross-sector activities taking place to house people using drugs and those with justice involvement, the challenges in accessing affordable, permanent housing, and what recommendations and resources are needed to create positive outcomes. This survey is being distributed to a broad cross-section of stakeholders, people with lived experience/expertise, and providers throughout the state.

This survey is expected to take about 20-30 minutes to complete. Your responses will be anonymous, meaning that we will not ask you for your name or any identifying information. All survey responses are securely stored in a password-protected electronic format and will be only accessible to project staff.

Questions or comments?
Please contact project lead Alex Rubenstein at NCHCSurvey@nchousing.org.

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* Which of the following do you represent?

If you are a service provider, please select **ALL** that apply.
If you are a person with lived experience, please only select one or both of the **bolded** answer choices

- ☐ Behavioral health, substance use disorder, or other service provider (LME/MCO or service provider)
- ☐ Continuum of Care
- ☐ Harm reduction and/or syringe services provider
- ☐ Homeless service provider
- ☐ Housing provider (landlords, group homes, transitional housing)
- ☐ **I am a person with lived experience (first-hand, personal experience) of exiting jail or prison and/or justice involvement** [directs respondent to PWLE survey)
- ☐ **I am a person with lived experience (first-hand experience, personal experience) of substance use disorder and/or using drugs** [directs respondent to PWLE survey)
- ☐ Local reentry council
- ☐ Permanent Supportive Housing (PSH) provider
- ☐ Provider of services for people with justice involvement
- ☐ Rapid rehousing provider
- ☐ State reentry council
- ☐ Street outreach provider
- ☐ Shelter provider
- ☐ Recovery community organization (RCO)
- ☐ Transitional housing provider
- ☐ Other (please describe): _____

* Which of the following populations does your organization serve? (Select **ALL** that apply)

- ☐ People experiencing homelessness and/or people at risk of homelessness
- ☐ People in need of or receiving behavioral health services
- ☐ People who are impacted by justice system involvement (to include people exiting jails and prisons)
- ☐ People with a diagnosed Substance Use Disorder (SUD) or people who use drugs at risk for overdose
- ☐ Other (please describe): _____

_____

SUD Questions

If respondent indicates they work with SUD/PWUD population, they continue to the questions below:

* You indicated you work with people with a diagnosed SUD and/or people using drugs at risk of overdose. Are you aware of any housing resources (including your own) allocated specifically for the people you work with within the geographic area your program serves?

☐ Not sure

☐ No

☐ Yes (please describe): _____

* Is your organization an abstinence-based program?

☐ Yes

☐ No

☐ Not sure

If respondent indicates their program is abstinence-based, they continue to the question below:

* You indicated your program is abstinence-based. Does this include abstinence from medication-assisted treatments (such as buprenorphine, methadone, naltrexone)?

☐ Yes

☐ No

☐ Not sure

All SUD/PWUD service providers continue to questions below:

* What is the average length of stay in your program?

☐ Less than 90 days

☐ More than 3 months but less than 6 months

☐ 6 to 12 months

☐ More than 1 year

* Does your organization offer any transitional housing once participants complete the program?

- ☐ Not sure
- ☐ No
- ☐ Yes (please describe): _____

* What is your program's primary source of funding?

- ☐ Local Management Entity/Managed Care Organization (LME/MCO)
- ☐ NCDHHS or local health department
- ☐ Philanthropy
- ☐ Private funding
- ☐ Other

If SUD respondent's organization DOESN'T receive LME/MCO funding:

*Does your organization actively coordinate with LME providers regarding behavioral health care and housing resources?

- ☐ Yes
- ☐ No
- ☐ Not sure

General SP Questions

* Does your organization provide services to connect people to transitional, supportive, and/or permanent housing for the people you serve?

- ☐ Yes
- ☐ No
- ☐ Not sure

If respondent's organization connects people to housing:

*What type of housing does your organization connect people you serve to (select **ALL** that apply):

- ☐ Permanent Supportive Housing (PSH) (permanent housing with supportive services)
- ☐ Permanent housing (community-based, market-rate housing)
- ☐ Transitional housing
- ☐ Other (please describe): _____

* What types of services to connect people to housing (and/or keep people stable in housing) does your organization provide?: (Select **ALL** that apply)

- ☐ Application fee assistance (housing application fees)
- ☐ Eviction prevention (financial assistance and/or legal assistance to prevent eviction and keep people stably housed where they are)
- ☐ Housing search/navigation
- ☐ Homelessness prevention (e.g. rental assistance, financial assistance for tenancy, may include eviction prevention)
- ☐ Homelessness diversion (e.g. accessing alternatives to entering emergency shelter or the experience of unsheltered living such as conflict resolution to stay where a person lives currently, purchasing a bus ticket to stay with family, past-due rent assistance, etc.)
- ☐ Landlord liaison and/or landlord incentives (e.g. lease signing bonuses, holding fees, risk mitigation fund)
- ☐ List of housing search sites or list of available affordable housing in the community
- ☐ Moving assistance (to include moving costs and homegoods needed for move-in)

☐ Pre-tenancy supports (credit repair, paying arrears, application assistance and fees, security deposit, etc.)

☐ Security deposit assistance

☐ Tenancy supports (Community Support Team; general case management for housing stability; Peer Support; Assertive Community Team). Please describe:

☐ Transportation to apartment/housing viewings

☐ Utility deposit assistance

☐ Other (please describe: _____

If you or your organization provide(s) housing navigation/search services, do you use any of the methods and/or websites below? (Select **ALL** that apply)

*If your organization **does NOT provide housing navigation/search services**, you may skip this question*

☐ Apartments.com, Zillow, or another market-rate housing search platform

☐ Craigslist or NextDoor

☐ GoSection8

☐ NCHousingSearch

☐ There is a professional housing navigator that helps provide housing search assistance locally

☐ Other (please describe): _____

_____

All respondents continue here:

* Does your organization have access to dedicated housing resources (for example, access to set-aside housing units, landlord relationships, access to rental subsidies like Housing Choice Vouchers or Emergency Housing Vouchers, shelters, group homes, bridge housing, etc.)?

☐ Yes

☐ No

☐ Not sure

If respondent's organization has access to dedicated housing resources:

* What types of housing resources does your organization have access to? (Select ALL that apply)

- ☐ Boarding home (homeowner/housing owner rents out rooms individually)
- ☐ Bridge housing (e.g. hotel/motel stays)
- ☐ Emergency Housing Vouchers
- ☐ Housing Choice Vouchers
- ☐ Landlord relationships
- ☐ Landlord incentives (e.g. lease-signing bonuses, risk mitigation fund, holding fees, etc.)
- ☐ Licensed group home
- ☐ Public housing units
- ☐ Recovery home (such as Oxford House or National Alliance for Recovery Residences affiliate etc.)
- ☐ Respite care
- ☐ Shared housing (e.g. roommate matching or ability to provide assistance in a shared housing situation)
- ☐ Shelter access
- ☐ Transitional housing
- ☐ Other types of housing *vouchers* not listed
- ☐ Other (please describe): _____

* Does your organization formally assess (such as the Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT)) an individual's housing instability or housing need (instability can be risk of homelessness, record of evictions, justice involvement, frequent moving, couch surfing)?

- ☐ Yes
- ☐ No
- ☐ Not sure

* Does your organization refer people experiencing homelessness to the local Coordinated Entry or 2-1-1 for intake, assessment, and housing placement?

☐ Yes

☐ No

☐ Not sure

If respondent's organization refers clients to CE:

*If you are referring people to your local Coordinated Entry system, have you had success with Coordinated Entry in linking people to housing?

☐ Yes

☐ No

☐ Not sure

If respondent's organization DOESN'T refer to CE:

* Have you heard of Coordinated Entry?

☐ Yes

☐ No

If respondent's organization refers to CE:

What are the biggest challenges of the Coordinated Entry and housing referral process?

What are your recommendations for how to improve the Coordinated Entry and housing referral process?

All respondents continue here:

* Have you heard of Housing First?

☐ Yes
☐ No

If respondent has heard of Housing First:

* Does your organization practice a Housing First approach?

☐ Yes
☐ No
☐ Not sure

If respondent's organization DOESN'T practice Housing First:

Why doesn't your organization practice a Housing First approach?

All respondents continue here:

* Does your organization engage in cross-sector collaboration to address housing? Cross-sector collaboration could be partnerships between Continuums of Care and Local Reentry Councils, relationships with local Public Housing Authorities, relationships between housing providers and behavioral health providers, etc.

☐ Yes
☐ No
☐ Not sure

If respondent's organization engages in cross-sector collaboration to address housing:

What types of cross-sector groups do you collaborate with? (Select **ALL** that apply)

- ☐ Behavioral health providers/Managed Care Organizations
- ☐ Continuums of Care
- ☐ Harm reduction providers
- ☐ Housing providers (landlords, group homes, transitional housing, bridge housing)
- ☐ Local Reentry Councils
- ☐ Other reentry services/initiatives
- ☐ Public Housing Authorities/Agencies
- ☐ Other (please describe): _____

All respondents continue here:

Optional short answer

Please describe some of the barriers the population you serve faces while trying to access housing.

How has the COVID-19 pandemic impacted your work as it relates to housing services your organization provides?

How has the COVID-19 pandemic affected your clients' access to housing?

What policy recommendations would you make to reduce barriers to housing? These could be organizational, local government, state, or federal policies. *Please share no more than three.*

Please provide any additional information that you would like to share regarding housing barriers and need:

Appendix D: Collaborative Partners

Department of Public Safety, Division of Adult Correction

Analysis, Programming, & Policy Section

Lateisha Thrash
Director of Reentry, Programs, and Services

Pamela Walker
Director of Administrative Analysis, Policy, and External Affairs

Prisons Section

Sarah Cobb
Director of Rehabilitative Services

Jamila Little
Director of Social Work Programs, Behavioral Health Services

North Carolina Coalition to End Homelessness

Ryan Fehrman
Executive Director

Alliance Health

Eric Johnson
Crisis & Justice Supports Manager

Appendix E: Local Reentry Councils

North Carolina Department of Public Safety Reentry, Programs and Services Local Reentry Councils Contact Information						
County	**Local Reentry Council**	**Lead Agency**	**Contact Name**	**Title**	**Phone Number**	**Email**
Buncombe	Buncombe Reentry Council	RHA Health Services, LLC	Brent Bailey Ashley Chavez	LRC Coordinator Case Manager	828-250-6409 828-250-6423	brent.bailey@buncombecounty.org ashley.chavez@buncombecounty.org
Craven/Pamlico	Craven/Pamlico Reentry Council	Craven Community College	Angela Wilson Ashley Lee Bonita Simmons	Reentry Director Reentry Coordinator Case Manager	252-497-2009 252-514-4828 ext.232	angela.wilson@cpreentrync.org ashley.lee@cpreentrync.org simmonsb@cravencc.edu
Durham	Durham Reentry Council	Durham County Criminal Justice Resource Center	Ontario Joyner Kristi Riley	LRC Coordinator Case Manager	919-560-7589 910-560-0016	ojoyner@dconc.gov kriley@dconc.gov
Cumberland	Cumberland Reentry Council	Mid-Carolina Council of Governments	Jessie Garner Chris Onate	LRC Coordinator Case Manager	910-485-6131 Ext.4043 910-912-2430	jessie.l.garner@ncworks.gov chris.onate@ncworks.gov
Forsyth	Forsyth Reentry Council	Piedmont Triad Regional Council	Rebecca Sauter Reginald Torrence	LRC Coordinator Case Manager	336-748-4666 336-724-3625 Ext.1392	rsauter@ptrc.org rtorrence@goodwillnwnc.org
Guilford	Guilford Reentry Council	Guilford County Sheriff Department	LaQuinta Downey	LRC Coordinator Case Manager	336-641-5581 336-641-3153	ldowney@guilfordcountync.gov kpowe@guilfordcountync.gov

			Kalisha "K.J. " Powe			
Hoke	Hoke Reentry Council	Maggie's Outreach Community Economic Development	Bernice McPhatter Twana Ray	LRC Coordinator Case Manager	910-565--2299 Ext 3 910-875-4135	mcphatterbernice@yahoo.com hoke.casemgr@mocedc.com
Mecklenburg	Reentry Partners Network	Mecklenburg County Criminal Justice Services/Re-Entry Services	Hope Marshall Latoshia Young	Program Manager Case Coordinator	(704) 280-3660 980-314-5081 office 704-560-9808 cell	hope.marshall@mecklenburgcountync.gov latoshia.young@mecklenburgcountync.gov
McDowell	McDowell Reentry Council	Freedom Life Ministries	Danny Hampton Melissa Neally	LRC Coordinator Case Manager Director	828-559-2224 Ext.206 828-559-2224 Ext 206	dhampton@freedomlifeministries.org mneally@freedomlifeministries.org
Nash/Edgecombe	Nash/Edgecombe Reentry Council	North Carolina Community Action Association (NCCAA)	Anita Lynch Ashley Silver Quontelya Spruill	LRC Coordinator Case Manager (Nash) Case Manager (Edgecombe)	252-567-2819 252-883-3864 252-883-5684	anita.lynch@nccaa.net ashley.silver@nccaa.net q.spruill@nccaa.net
New Hanover	New Hanover Reentry Council	Leading Into New Communities (LINC)	Linda Thomas William Hennessee IV	LRC Coordinator Case Manager	910-332-1138 910-406-2346	lthomas@lincnc.org whennessee@lincnc.org
Orange	Orange Reentry Council	Criminal Justice Resource Department	Ben Gear Tiffany Bullard	LRC Coordinator Case Manager	919-245-2064 919-245-2065	bgear@orangecountync.gov tbullard@orangecountync.gov
Pitt	Pitt Reentry Council	Pitt Community College	Peter Peedin Tashika Thigpen-Lilley	LRC Coordinator Case Manager	252-689-1509 252-689-1509	pdpeedin726@my.pittcc.edu tthigpen-lilley@email.pittcc.edu

Robeson	Robeson Reentry Council	Robeson County Offender Resource Center	Angelina Phillips	LRC Coordinator	910-737-5022	angelina.phillips@co.robeson.nc.us
Scotland	Scotland Reentry Council	Scotland County DSS	Darren Scott Fredricka Huskey	LRC Coordinator Case Manager	910-405-9024 910-277-2500 ext. 5144	scottd@scotlandcounty.org fhuskey@scotlandcounty.org
Wake	Wake Reentry Council	Wake County Capital Area Workforce Development Board	LaNarda N. Williamson Donna Farrar	LRC Coordinator Case Manager	919-754-5326 919-754-5349	nikki.williamson@wakegov.com donna.farrar@wakegov.com
Wilson	Wilson Reentry Council	North Carolina Community Action Association (NCCAA)	Felicia Thorne Deloris Ellis-Finch	LRC Coordinator Case Manager	252-907-9266 252-813-9544	felicia.thorne@nccaa.net delores.finch@nccaa.net