

# INTERGOVERNMENTAL & INTERAGENCY TASK FORCE ON HOMELESSNESS IN GASTON COUNTY REPORT

2021



**GASTON COUNTY**  
Local Strengths. Global Success.



# ACKNOWLEDGEMENTS

Gaston County Community,

I would like to express my deepest appreciation to all those who collaborated on the Intergovernmental and Interagency Task Force on Homelessness in Gaston County. The Task Force was made up of members with an interest in homelessness from county and municipal staff, local churches, county school system, local and state elected officials, law enforcement, legal aid, and subject matter experts. The Task Force spent 8 months putting together this report on how the county and community together could work on the homelessness issue. Even more difficult, we had to do this against the backdrop of the threat posed by COVID-19.

The Task Force examined existing conditions and developed findings on homelessness in Gaston County, which led to recommendations designed to help, protect, and assist people experiencing homelessness. The dedicated years of experience and well-rounded knowledge Task Force members brought to the table helped to identify root causes and provide solutions to the homelessness issue. Each day, homeless individuals experience the lack of permanent and affordable housing; a need for emergency shelters; transportation challenges and difficulty; lack of food; and no basic healthcare to name a few. In addition, the Task Force brought together the service providers to voice how collaboration, communication, and cooperation could be achieved to mitigate some of these issues.

While the pandemic is a public health crisis, it has made the challenge of ending homelessness even greater. It has revealed much about how difficult it is for people to live on the streets and in encampments. This is why the Task Force worked diligently to develop actionable and specific strategies to address this public concern.

As the Task Force worked to develop this report to reduce or end homelessness, we all learned it will take the full attention of the entire Gaston County community to make this happen. The County, municipalities, non-profits, churches, private sector and individuals cannot do it alone. "All hands must be on deck." Therefore, I challenge everyone to read this report and take action by getting involved in helping Gaston County solve this community issue.

There has already been tremendous progress towards this subject, and I look forward to the work that continues to be done, as well as future actions to making a difference in our community on homelessness.

In closing, I do want to take another moment and say thank you to all who participated in this effort. This report could not have been achieved without you.

In all sincerity,



Mr. Tracy Philbeck, Commissioner, Gaston County Board of County Commissioners  
Chair, Intergovernmental and Interagency Task Force on Homelessness in Gaston County



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# EXECUTIVE SUMMARY

On any given night in the United States in 2020, there were approximately 580,000 persons who could be classified as living in a state of homelessness.

According to the United States Department of Housing and Urban Development (HUD), “homelessness” is classified in four different categories: chronic, episodic, transitional, and hidden. Chronic homelessness refers to an individual with a disability who has been continuously homeless for one year or more, or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless on those occasions is at least 12 months. Episodic homelessness refers in general to persons who are presently homeless, and have repeated problems with housing. Transitional homelessness is the most common type, but is typically shorter in timeframe and often occurs in times of economic hardship and temporary housing loss. Last, hidden homelessness refers to those individuals who have no place to call home but do not sleep in shelters or on the streets. Examples may include but are not limited to those who sleep on a friend’s couch, in a vehicle, or in inexpensive hotels and motels. Appendix B provides further detail and explanation of the various sub-definitions of homelessness.

While the HUD definitions of homelessness

above are very detailed and specific, the Intergovernmental and Interagency Task Force on Homelessness in Gaston County worked to develop a “universal definition” of homelessness for Gaston County that would be broad yet flexible enough to cover HUD requirements but also meet the needs of the myriad of situations in Gaston County. As developed by the Task Force, the definition is the following:

**Homelessness is the condition in which a person or family is homeless.**

A homeless person or family is:

- **An individual or family who lacks a fixed, regular, and adequate nighttime residence, such as those living in emergency shelters, transitional housing, or places not meant for habitation.**
- **An individual or family who will imminently lose their primary nighttime residence (within 14 days), provided that no subsequent housing has been identified and the individual/family lacks support networks or resources needed to obtain housing.**
- **Unaccompanied youth under 25 years of age, or families with children and youth who qualify under other Federal statutes, such as the Runaway and Homeless**

**Youth Act, who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.**

- **An individual or family who is fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing.**
- **An individual or family who resides in a hotel or motel as the only means of habitation and has no other means to reside in a primary residence.**

According to the most recent 2020 Point in Time Count—an annual count of the homeless population conducted by the Gaston-Lincoln-Cleveland Continuum of Care (GLC CoC)—there were at least 126 homeless people in Gaston County (Appendix D). Also, according to evidence-based research, there are a number of factors or root causes driving homelessness in the community. They include job loss, mental and physical health issues, drug use and addiction, lack of affordable housing, and domestic violence, among others. These factors that are driving homelessness have a significant impact on Gaston County.

Knowing that homelessness is a concern in Gaston County just as it is nationwide, the Homelessness Task Force was established by the Gaston County Board of Commissioners to better understand the extent and challenges of homelessness in Gaston County; to coordinate with ongoing efforts, and to develop or reinforce action steps to reduce homelessness.

The Task Force was comprised of a diverse group of organizations and people to provide guidance on how and where resources can be used to reduce homelessness in a collaborative, engaging, and innovative way to ensure that homelessness is reduced and does not become a permanent experience for anyone

living in Gaston County. The Task Force was chaired by Commissioner Tracy Philbeck. Members included representatives of the cities and towns in Gaston County; representatives of the County's Health Department, Department of Social Services, and Gaston County Police Department. The Task Force also included within its membership staff from key community organizations such as the United Way of Gaston County, Gaston County Salvation Army, the GLC CoC, and Catherine's House/Sisters of Mercy. A full roster of members is included in Appendix C.

The Task Force met monthly over the course of eight months, from May through December, 2021. The principle charge of the Task Force was to develop findings and actionable recommendations to be considered for implementation by the Gaston County Board of Commissioners (see the Findings and Recommendations section and Appendix G). Eight subject matter experts were invited to share additional information on relevant topics such as affordable housing, healthcare and homelessness, and equity. Individuals who have faced homelessness were also invited to share their personal stories, and add context to the work of the Task Force. Three meetings reserved space for public comment. To develop findings and recommendations, the Task Force gathered data on the extent of homelessness and supportive services, surveyed its members, held working meetings to compile current efforts, initiatives, and services, identify gaps in information or services, as well as develop and rank recommendations.

Therefore, it is the goal of this report to examine the multitude of issues and complexities surrounding homelessness in Gaston County and develop evidenced-base solutions that will lead to effective and documented outcomes.



*Photograph courtesy of Dwayne Burks*

Homelessness is a persistent issue in Gaston County. It affects people from all walks of life—there is no single story of homelessness. The annual Point in Time (PIT) Count conducted by the Gaston-Lincoln-Cleveland Continuum of Care (GLC CoC) serves as the main data source describing the homeless population in Gaston County (Appendix D). The PIT Count is an initiative of the U.S. Department of Housing and Urban Development (HUD), and is conducted by CoCs in counties all over the state. Figure 1 compares the demographic composition of Gaston County’s homeless population (according to the most recent 2020 PIT Count) compared with the total County population. The 2020 PIT data also shows that homelessness affects both families and individuals, and people of all races and ethnicities. Eight out of every 10,000 population in Gaston, Lincoln, and Cleveland Counties are homeless. This is marginally better than the state average of 8.8 per 10,000, and on par with peer counties New Hanover and Cumberland, as Figure 2 shows.

The PIT Count only counts those who are unsheltered or staying in an emergency shelter or transitional housing. The Task Force, however, recommends a more expansive definition of homelessness to include individuals living in hotels or motels, people who are “doubled up” with another household, house-

holds imminently at risk of losing their housing, and children counted as homeless according to the McKinney-Vento Act. In the 2019 school year (the most recent year for which data is available), Gaston County Schools identified 796 students qualifying as homeless under the McKinney-Vento Act. A full list of definitions can be found in Appendix B. This Under this more expansive definition, the rate of people who are homeless or at-risk in Gaston County is likely higher than 8 per 10,000.

## Co-Existing Characteristics

Homelessness can exist alongside other potentially related issues, such as substance abuse disorders or domestic violence. The GLC CoC’s 2020 PIT Count reveals that, on a single night in January 2020, 83% of homeless individuals had one of several common co-existing characteristics. Twenty-five percent were severely mentally ill, 23% were victims of domestic violence, 19% had a chronic substance abuse disorder, and 17% had no co-existing characteristics (Figure 3). Homelessness often coincides with other underlying social and health characteristics.

Some groups of people, like black and male populations, are disproportionately impacted by homelessness in Gaston County (Figures 3 and 4). The U.S. Interagency Council on Homelessness (USICH) reports national trends

**FIGURE 1. HOMELESS VERSUS GENERAL POPULATIONS IN GASTON COUNTY**

	Homeless Population <sup>a</sup>	General Population
<b>Household Composition</b>		
<i>Households without Children</i>	87%	-
<i>Households with at least one child and one adult</i>	12%	-
<i>Households with only children</i>	1%	-
<b>Gender</b>		
<i>Female</i>	44%	52% <sup>c</sup>
<i>Male</i>	56%	48% <sup>c</sup>
<b>Race &amp; Ethnicity</b>		
<i>White</i>	60%	69% <sup>b</sup>
<i>Black or African American</i>	33%	18% <sup>b</sup>
<i>Multiple Races</i>	6%	7% <sup>b</sup>
<i>Hispanic/Latino</i>	7%	8% <sup>c</sup>
<i>American Indian or Alaska Native</i>	1%	0% <sup>b</sup>
<i>Asian</i>	0%	2% <sup>b</sup>
<i>Native Hawaiian or Other Pacific Islander</i>	0%	1% <sup>b</sup>
<b>Other populations</b>		
<i>Severely Mentally Ill</i>	25%	5% <sup>d</sup>
<i>Victims of Domestic Violence</i>	23%	0.7% <sup>e</sup>
<i>Chronic Substance Abuse</i>	19%	7% <sup>d</sup>
<i>Other</i>	17%	-
<i>Veterans</i>	6%	6% <sup>c</sup>
<i>Unaccompanied Youth</i>	6%	-
<i>Children of Parenting Youth</i>	2%	-
<i>HIV/AIDS</i>	1%	-
<i>Parenting Youth</i>	1%	-

*a HUD 2020 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations (Appendix D)*

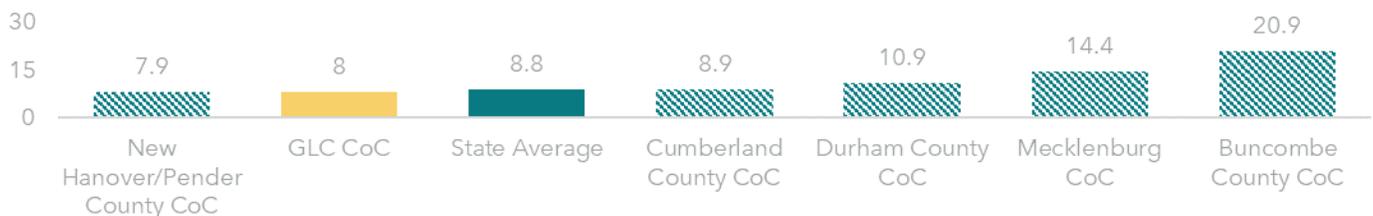
*b Decennial Census (2020)*

*c Census Quickfacts, Accessed November 4, 2021*

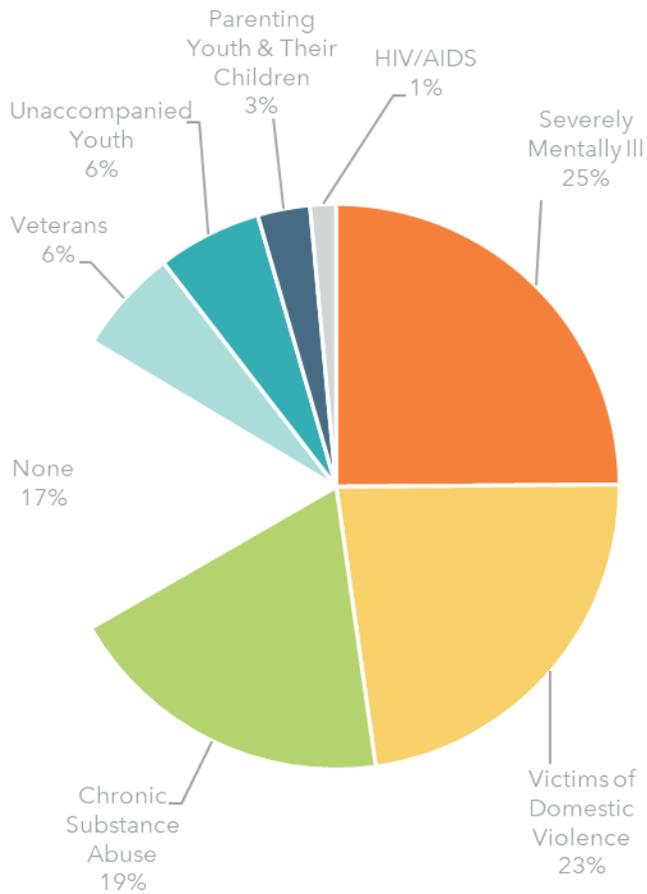
*d SAMHSA (2020) "Behavioral Health Barometer, NC, Volume 6"*

*e NCDOA Council for Women and Youth Involvement (2021) "Domestic Violence in North Carolina"*

**FIGURE 2. HOMELESSNESS RATE PER 10,000 POPULATION**



**FIGURE 3. CO-EXISTING CHARACTERISTICS**



indicating that COVID-19 has worsened historic racial inequities among groups who are disproportionately impacted by homelessness. The USICH promotes several tools published by HUD to examine and combat inequity.<sup>1</sup>

### Impact of COVID-19

The extent of the impact of COVID-19 on homelessness is still unfolding. National trends indicate the pandemic worsened existing inequities, and had a disproportionately negative impact on the health and economic outcomes of minority groups, including homeless populations.<sup>2</sup>

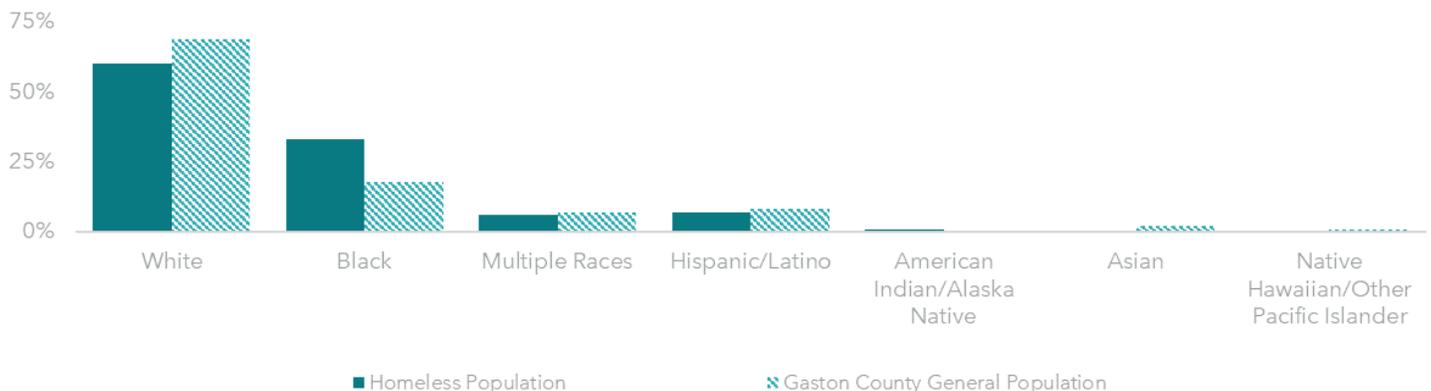
As evictions begin to take place, many more people will be at risk for homelessness. HUD cites a documented association between evictions and adverse health outcomes for children. Eviction proceedings can stain a potential renter’s housing record, making it harder for them to secure housing in the future.<sup>3</sup>

Homelessness is an issue of public health, which is currently being exacerbated by the pandemic. The National Health Care for the Homeless Council reports that homelessness is associated with increased rates of illness, and can reduce average life spans by twelve years.<sup>4</sup>

### The True Cost of Homelessness

The GLC CoC’s 2019 Recommendations to End Homelessness explain that the solutions to end homelessness can cost less than the hidden costs of leaving people without housing. For example, a chronically homeless person costs the average taxpayer about \$35,578 per

**FIGURE 4. RACE AND ETHNICITY**



**FIGURE 5. AREA MEDIAN INCOME AND COST OF HOUSING**

	Monthly Income <sup>a</sup>	Monthly Housing Budget
<b>Area Median Income (AMI)</b> → Chief Executive, Orthodontist, Airline Pilot <sup>b</sup>	\$6,958	\$2,088
<b>Low-Income (80% AMI)</b> → Dental Hygienist, Chemist, Web Developer <sup>b</sup>	\$5,567	\$1,670
<b>Very Low-Income (50% AMI)</b> → Flight Attendant, Kindergarten Teacher, Property Appraiser <sup>b</sup>	\$3,479	\$1,044
<b>Extremely Low-Income (30% AMI)</b> → Veterinary Assistant, Pharmacy Aide, Janitor <sup>b</sup>	\$2,183	\$655

<sup>a</sup> 2020 HUD Section 8 Income Limits

<sup>b</sup> <https://www.bls.gov/ooh/occupation-finder.htm>

year. Leading practices in homelessness prevention such as permanent supportive housing can reduce that cost by an estimated 49.5%.<sup>5, 6</sup>

## Causes of Homelessness

Task Force members listened to the personal testimony of several formerly homeless individuals during the course of their work. At other times, Task Force members who regularly work with homeless clients shared their own experiences as service providers. The stories shared during Task Force meetings underscore the widespread risk of homelessness.

One family suffered the traumatic death of a loved one, and ended up living in their car through a series of unfortunate events. A single mother living on the edge of poverty was unable to make rent, and was subsequently evicted. An eviction or felony can be a lasting stain on a person’s housing record, which forces many to find shelter in extended stay motels or “doubled up” with family members. Although no two stories are the same, there is extensive reporting on national trends in the leading causes of homelessness.<sup>7</sup> These include:

**Housing affordability.** Task Force members attest there is not enough affordable and workforce housing (30-80% AMI) in Gaston County. Clients are often unable to secure

permanent housing after receiving support services, which increases the risk of cycles of homelessness. In 2021, HUD estimates the area median income (AMI) of a four-person household in Gaston County to be \$83,500 (or, \$6,958 a month).<sup>8</sup> In keeping with HUD’s definition of affordable housing as not exceeding 30% of a household’s income, Figure 5 shows the “affordable” budget for low-income, very low-income, and extremely low-income families of four.

The City of Gastonia completed an analysis of the impediments to housing in 2019, which identified five reasons why residents have difficulty in securing housing.<sup>9</sup> The impediments include:

- Housing in Gaston County is often not affordable for low-wage employees, seniors, and people with disabilities. People of color are disproportionately impacted.
- Opportunities to secure affordable housing are not evenly spread across Gastonia.
- There are racial disparities in homeownership. Homeownership enables households to build equity and increases housing stability in the long run.
- The options for accessible housing for people with disabilities is limited.
- There is not enough awareness, education, and enforcement around fair housing.

**Poverty.** When families live paycheck to paycheck, it can be nearly impossible to build up an emergency fund. Without a financial safety net, an injury or unplanned car repair can have major repercussions.

**Chronic health issues.** Homeless populations are more than twice as likely as the general population to have a disability. Underlying mental illness or substance abuse disorders can be worsened by chronic homelessness.

**Domestic violence.** Victims and survivors of domestic violence and/or sexual assault may have nowhere else to turn when fleeing an abusive relationship. Emergency shelter and transitional housing are critical lifelines for people fleeing from abuse.

## Gaston-Lincoln-Cleveland Continuum of Care

The primary organizing entity around homelessness in the region is the GLC CoC, a program of the U.S. Department of Housing and Urban Development (HUD). The main function of the GLC CoC is to oversee and administer compliance for HUD funding around homelessness. The GLC CoC is a regional tri-county collaboration of local government, nonprofit and community organizations designed to promote community-wide commitment to identify and address issues related to homelessness. The fundamental mission is to aid homeless individuals and families by providing access to available services and resources that lead to long-term permanent housing and self-sufficiency. The GLC CoC is an key component of the regional organizing efforts around the issue of homelessness. It is the primary recipient of funding from HUD and other federal grants.

The lead agency of the GLC CoC is HealthNet Gaston, located in Gastonia. As lead agency, HealthNet is responsible for administration of the GLC CoC, such as staffing, reviewing funding applications, collecting data, reporting, distributing funding, among many other duties.

Much of the County-level data on current efforts, initiatives, and services is collected, analyzed, and reported by the GLC CoC. They are required to report data to HUD using federal standards. See Appendix D for more information on local data on homelessness.

## Current Efforts, Initiatives, and Services

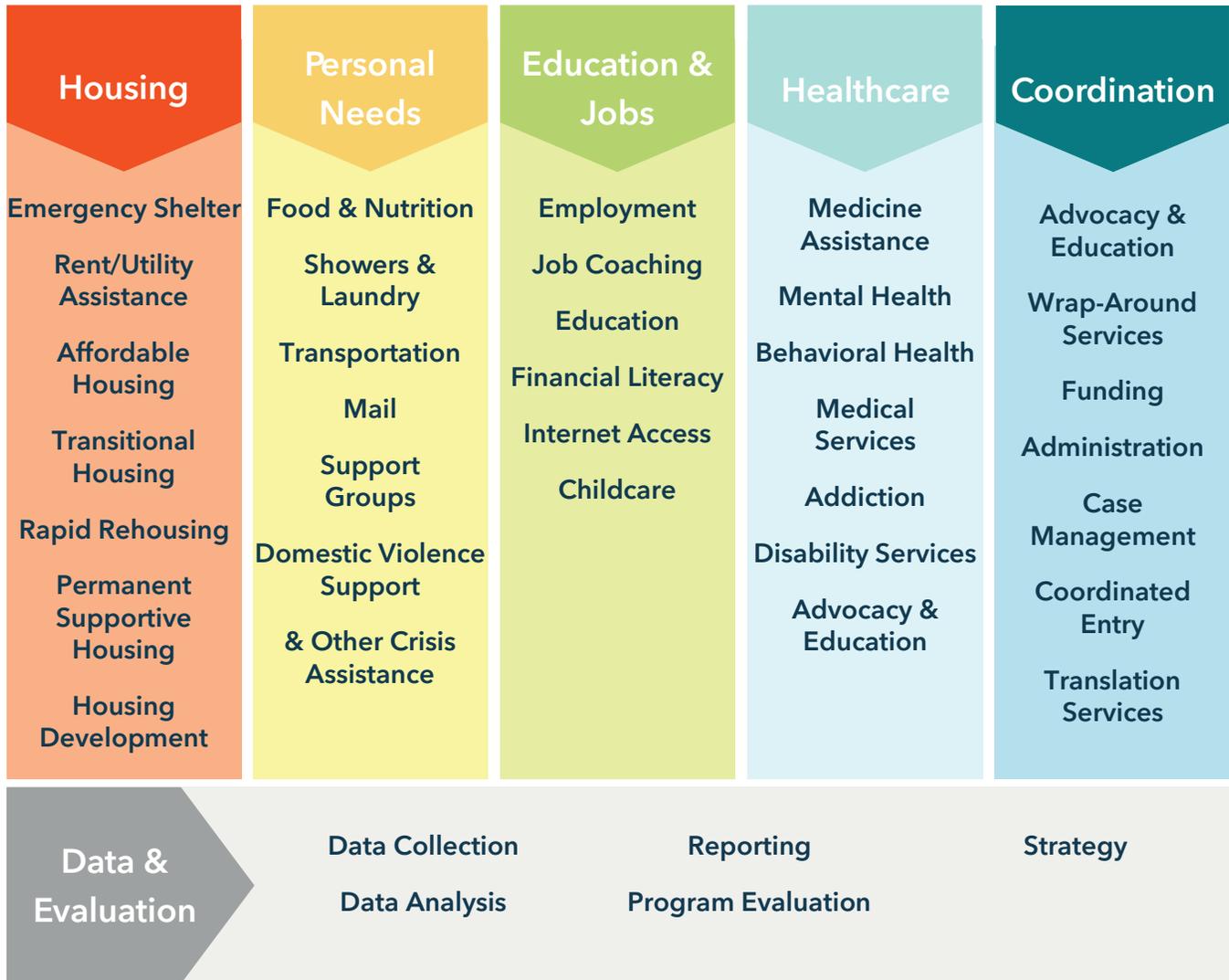
There are many government, nonprofit, and community organizations in Gaston County offering services to homeless and at-risk populations in Gaston County. Task Force members identified six focus areas of current efforts, initiatives, and services: housing, personal needs, education & jobs, healthcare, coordination, and data & evaluation. Figure 6 provides additional information about the types of programs and services included in each focus area. Services were identified by Task Force members during working sessions, survey, and by review of existing administrative, grantmaking, and referral sources such as NC 211, the GLC CoC, and local governments.

Most programs are located in Gastonia, but serve the entire County. A small number of organizations offer transportation to clients as part of their wrap-around services, but most require individuals to arrange transportation independently.

A survey of Task Force members (Appendix E) revealed a need for improved service coordination. Respondents rated interagency collaboration as “moderate,” and intergovernmental collaboration as “limited.”

Intergovernmental and interagency collaboration may be limited for a number of reasons. Program entry may be limited by grant restrictions, organization missions may be restricted to a certain population, and many organizations lack the financial or staffing capacity to pursue collaborations. For example, some organizations serve men or women only, while some will refuse services to individuals who do not comply with intake rules or criteria. This may create organizational silos

FIGURE 6. SIX HOMELESSNESS FOCUS AREAS



by population, leaving certain groups underserved.

Open-ended survey responses revealed a number of other unmet needs. Most respondents mentioned a need to offer more direct support for homeless individuals via housing and emergency shelter, day programming, career and job training, mental and physical health assessments, habilitation, and rental/utility assistance. Others needs address more social and cultural issues such as understanding family structure, education, and the proliferation of low-income jobs.

Overall, the Task Force revealed a need for improved data and evaluation on current efforts, initiatives, and services specific to Gaston County.

### Efforts, Initiatives, and Services by Population

Homelessness is not a monolith. Needs vary across different groups of people. Some agencies limit services by population, or based on a set of eligibility criteria. Emergency shelters, for example, may restrict entry to people with active substance use disorders or a criminal history. Navigating the network of efforts, initiatives, and services can be overwhelming, especially in a crisis situation.

Adults have access to several health and social services through Gaston County, such as a housing crisis fund and domestic violence crisis assistance. Organizations such as Gateway Gaston and the City of Gastonia help adults connect to resources and services.

**FIGURE 7. NEEDS BY POPULATION**

	HOUSING	PERSONAL NEEDS	EDUCATION & JOBS	HEALTHCARE	COORDINATION
<b>ADULTS</b>	<ul style="list-style-type: none"> <li>1 Emergency Shelter</li> <li>2 Rent/Utility Assistance</li> <li>1 Affordable Housing</li> <li>2 Transitional Housing</li> <li>2 Rapid Rehousing</li> <li>2 Housing Development</li> </ul>	<ul style="list-style-type: none"> <li>2 Food/Nutrition</li> <li>1 Showers &amp; Laundry</li> <li>1 Transportation</li> <li>1 Mail</li> <li>3 Support Groups</li> <li>2 Domestic Violence</li> </ul>	<ul style="list-style-type: none"> <li>1 Employment</li> <li>2 Job Coaching</li> <li>1 Education</li> <li>1 Financial Literacy</li> <li>1 Internet Access</li> <li>1 Childcare</li> </ul>	<ul style="list-style-type: none"> <li>2 Medicine Assistance</li> <li>2 Mental Health</li> <li>2 Behavioral Health</li> <li>2 Medical Services</li> <li>1 Addiction</li> <li>2 Disability Services</li> <li>1 Advocacy &amp; Education</li> </ul>	<ul style="list-style-type: none"> <li>2 Advocacy &amp; Education</li> <li>2 Wrap-Around Services</li> <li>? Funding</li> <li>3 Administration</li> <li>2 Case Management</li> <li>1 Coordinated Entry</li> <li>2 Translation Services</li> </ul>
<b>FAMILIES</b>	<ul style="list-style-type: none"> <li>1 Emergency Shelter</li> <li>2 Rent/Utility Assistance</li> <li>1 Affordable Housing</li> <li>3 Transitional Housing</li> <li>2 Rapid Rehousing</li> <li>2 Housing Development</li> </ul>	<ul style="list-style-type: none"> <li>3 Food/Nutrition</li> <li>1 Showers &amp; Laundry</li> <li>1 Transportation</li> <li>1 Mail</li> <li>1 Support Groups</li> <li>2 Domestic Violence</li> </ul>	<ul style="list-style-type: none"> <li>2 Employment</li> <li>2 Job Coaching</li> <li>3 Education</li> <li>1 Financial Literacy</li> <li>1 Internet Access</li> <li>1 Childcare</li> </ul>	<ul style="list-style-type: none"> <li>2 Medicine Assistance</li> <li>2 Mental Health</li> <li>2 Behavioral Health</li> <li>2 Medical Services</li> <li>1 Addiction</li> <li>2 Disability Services</li> <li>1 Advocacy &amp; Education</li> </ul>	<ul style="list-style-type: none"> <li>2 Advocacy &amp; Education</li> <li>2 Wrap-Around Services</li> <li>? Funding</li> <li>3 Administration</li> <li>2 Case Management</li> <li>1 Coordinated Entry</li> <li>2 Translation Services</li> </ul>
<b>UNACCOMPANIED CHILDREN</b>	<ul style="list-style-type: none"> <li>1 Emergency Shelter</li> <li>? Rent/Utility Assistance</li> <li>1 Affordable Housing</li> <li>? Transitional Housing</li> <li>2 Rapid Rehousing</li> <li>2 Housing Development</li> </ul>	<ul style="list-style-type: none"> <li>3 Food/Nutrition</li> <li>1 Showers &amp; Laundry</li> <li>1 Transportation</li> <li>1 Mail</li> <li>1 Teen Parenting Program</li> <li>2 Domestic Violence</li> </ul>	<ul style="list-style-type: none"> <li>1 Financial Resources</li> <li>2 Job Coaching</li> <li>3 Education</li> <li>1 Financial Literacy</li> <li>1 Internet Access</li> <li>? Childcare</li> </ul>	<ul style="list-style-type: none"> <li>2 Medicine Assistance</li> <li>1 Mental Health</li> <li>1 Behavioral Health</li> <li>2 Medical Services</li> <li>? Addiction</li> <li>2 Disability Services</li> <li>1 Advocacy &amp; Education</li> </ul>	<ul style="list-style-type: none"> <li>3 Advocacy &amp; Education</li> <li>2 Wrap-Around Services</li> <li>? Funding</li> <li>3 Administration</li> <li>2 Case Management</li> <li>1 Coordinated Entry</li> <li>2 Translation Services</li> </ul>
<b>ELDERLY</b>	<ul style="list-style-type: none"> <li>1 Emergency Shelter</li> <li>1 Rent/Utility Assistance</li> <li>1 Affordable Housing</li> <li>1 Transitional Housing</li> <li>1 Rapid Rehousing</li> <li>2 Housing Development</li> </ul>	<ul style="list-style-type: none"> <li>2 Food/Nutrition</li> <li>1 Showers &amp; Laundry</li> <li>1 Transportation</li> <li>1 Mail</li> <li>3 Senior Center</li> <li>2 Domestic Violence</li> </ul>	<ul style="list-style-type: none"> <li>2 Employment</li> <li>2 Job Coaching</li> <li>1 Education</li> <li>1 Financial Literacy</li> <li>1 Internet Access</li> <li>? Childcare</li> </ul>	<ul style="list-style-type: none"> <li>2 Medicine Assistance</li> <li>2 Mental Health</li> <li>2 Behavioral Health</li> <li>2 Medical Services</li> <li>? Addiction</li> <li>2 Disability Services</li> <li>1 Advocacy &amp; Education</li> </ul>	<ul style="list-style-type: none"> <li>1 Advocacy &amp; Education</li> <li>2 Wrap-Around Services</li> <li>? Funding</li> <li>1 Administration</li> <li>1 Case Management</li> <li>1 Coordinated Entry</li> <li>2 Translation Services</li> </ul>
<b>LGBTQ+</b>	<ul style="list-style-type: none"> <li>1 Emergency Shelter</li> <li>2 Rent/Utility Assistance</li> <li>1 Affordable Housing</li> <li>? Transitional Housing</li> <li>2 Rapid Rehousing</li> <li>2 Housing Development</li> </ul>	<ul style="list-style-type: none"> <li>2 Food/Nutrition</li> <li>1 Showers &amp; Laundry</li> <li>1 Transportation</li> <li>1 Mail</li> <li>? Support Groups</li> <li>2 Domestic Violence</li> </ul>	<ul style="list-style-type: none"> <li>1 Employment</li> <li>2 Job Coaching</li> <li>3 Education</li> <li>1 Financial Literacy</li> <li>1 Internet Access</li> <li>1 Childcare</li> </ul>	<ul style="list-style-type: none"> <li>2 Medicine Assistance</li> <li>1 Mental Health</li> <li>1 Behavioral Health</li> <li>1 Medical Services</li> <li>1 Addiction</li> <li>1 Disability Services/SOAR</li> <li>1 Advocacy &amp; Education</li> </ul>	<ul style="list-style-type: none"> <li>1 Advocacy &amp; Education</li> <li>2 Wrap-Around Services</li> <li>? Funding</li> <li>1 Administration</li> <li>? Case Management</li> <li>1 Coordinated Entry</li> <li>2 Translation Services</li> </ul>
<b>VETERANS</b>	<ul style="list-style-type: none"> <li>1 Emergency Shelter</li> <li>3 Rent/Utility Assistance</li> <li>1 Affordable Housing</li> <li>3 Transitional Housing</li> <li>1 Rapid Rehousing</li> <li>2 Housing Development</li> </ul>	<ul style="list-style-type: none"> <li>2 Food/Nutrition</li> <li>1 Showers &amp; Laundry</li> <li>1 Transportation</li> <li>1 Mail</li> <li>2 Support Groups</li> <li>? Domestic Violence</li> </ul>	<ul style="list-style-type: none"> <li>2 Employment</li> <li>2 Job Coaching</li> <li>? Education</li> <li>1 Financial Literacy</li> <li>1 Internet Access</li> <li>? Childcare</li> </ul>	<ul style="list-style-type: none"> <li>2 Medicine Assistance</li> <li>2 Mental Health</li> <li>2 Behavioral Health</li> <li>2 Medical Services</li> <li>1 Addiction</li> <li>1 Disability Services</li> <li>1 Advocacy &amp; Education</li> </ul>	<ul style="list-style-type: none"> <li>1 Advocacy &amp; Education</li> <li>2 Wrap-Around Services</li> <li>? Funding</li> <li>1 Administration</li> <li>3 Case Management</li> <li>1 Coordinated Entry</li> <li>2 Translation Services</li> </ul>

**Legend:** 1 Immediate Need  
 2 Near-term Need  
 3 Long-term Need  
 ? Unknown Need

Healthcare is available to low-income, uninsured Gaston County residents through HealthNet Gaston. Permanent, affordable housing is a persistent need for all populations.

Families with and without children have access to several services that provide for their personal needs, healthcare, and education. Emergency shelter that can accommodate families is a critical need. Currently, there is not enough emergency shelter to house all families in need of emergency accommodations.<sup>10</sup> In terms of permanent housing, the upfront costs—such as the first month’s rent, a security deposit, and other utility and moving costs—can be a serious barrier to transitioning into permanent housing. Access to services heavily depends on the availability of transportation, as most services are located in Gastonia.

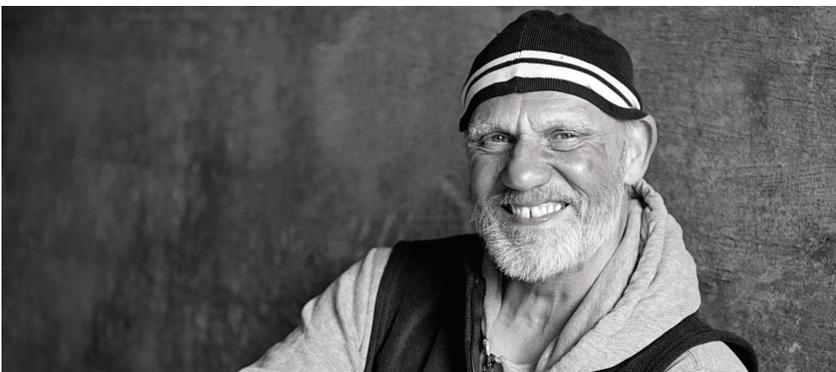
There are organizations dedicated to providing care to foster and other unattached children in Gaston County, such as Rapha House. Youth who are aging out of foster care are particularly at-risk, and have limited access to resources. Mental health, long-term stable

housing, case management, and wrap-around services are the greatest needs for homeless youth in Gaston County as reported by Task Force members

The elderly have a unique set of needs, as well as particular challenges. The National Coalition for the Homeless reports the proportion of older homeless adults has steadily risen.<sup>11</sup> After age 65, elderly populations qualify for Medicare and Social Security benefits, but there is a gap in services between ages 50-64. Currently, there is some affordable housing for seniors, such as the mixed-income apartment complex Loftin at Montcross, developed by Laurel Street and the Southern Benedictine Society.

There are not any known resources specific to homeless or at-risk LGBTQ+ people in Gaston County. Time Out Youth, based in Charlotte, offers services and occasional outreach to Gaston County. National trends show that LGBTQ+ populations are twice as likely to experience homelessness within their lifetimes.<sup>12</sup>

Veteran homeless populations also have unique needs, and qualify for specialty funds



and services. Camp Centurion is a transitional housing program for veterans in Gaston County. Also, the Veterans Affairs Department of Gaston County provides widespread support to the veteran community.

## Best Practices

The GLC CoC identified five national best practices in its 2019 Recommendations to End Homelessness<sup>6</sup>, which the Task Force endorses and recommends to the Gaston County Board of Commissioners.

The **housing first** approach proposes that people need to be placed in permanent housing before they can begin to heal from mental illness or substance abuse disorders (Appendix F). It is a leading, evidence-based model for ending homelessness, and recognizes housing as a piece of an interdependent model of holistic wellness, alongside other basic necessities such as healthcare and counseling.

**Rapid re-housing** is an extension of the housing first approach. It is a program model that identifies housing, offers limited financial and move-in assistance, and provides case management and other services over a longer timeframe. It is designed to ensure housing stability and prevent relapses in homelessness.

**Discharge protocols to prevent homelessness** are focused on the long-term stability of people exiting hospitals, jails, foster care, or other similar institutions. Discharge protocol should be designed to ensure nobody is released into homelessness.

Coordinated, intergovernmental and interagency **street outreach** is another best practice. Project Homelessness Connect is a model in successful collaborative street outreach.

**Affordable and workforce housing infrastructure** is a widespread community need. The Built for Zero model is a successful program model that has been implemented in Mecklenburg County and elsewhere around the country.

## Top Challenges

Task Force members identified some of the biggest challenges impacting homeless individuals in Gaston County. While many members are subject-matter experts themselves, the Task Force took additional steps to understand these challenges by participating in a poverty simulation and inviting several formerly homeless individuals to share their stories. Common themes emerged, including:

**The long-term impact of evictions and felonies.** Even when individuals are able to overcome difficulties that led to eviction or felony charges, their ability to find housing and employment will be substantially diminished for the rest of their life.

**There is no single story of homelessness.** The causes of homelessness are complex. Too often, harmful stereotypes of homelessness pull attention away from the true issues.

**Affordable housing is a growing need.** As housing prices rise in the Charlotte area, Gaston County will likely see a continued population growth. The County needs to be prepared to meet the rising demand for housing and services. Housing must not only be affordable, but also accessible to people with disabilities and safe for families.

**Prevent and respond.** There is a need for a systemic approach that coordinates the resources of service providers throughout the County. It is imperative that government, nonprofits, and businesses work together to uncover systemic causes of homelessness.

**Unmet needs.** There are still many unmet needs for people in poverty who face housing insecurity in Gaston County, relating to residents' mental, physical, and financial health. In addition to affordable housing, needs include childcare, healthcare, jobs, rehab, gas money, and food.

**Breaking the stigma.** There is an increasing need for more education for the public, normalizing stories of homelessness and poverty. Homelessness is not criminal.



# KEY FINDINGS & RECOMMENDATIONS

Over the course of several meetings, the Task Force identified a comprehensive list of findings across the six focus areas of housing, personal needs, jobs & education, health-care, coordination, and data & evaluation. Next, the Task Force deliberated on potential recommendations to address needs identified by the findings. The Task Force also considered how those needs may differ by population (Figure 7). The comprehensive list of findings and recommendations can be found in Appendix G, Comprehensive Findings and Recommendations.

## Actions to Address Immediate Needs

Task Force members ranked each potential recommendation by the potential community impact and urgency of need. Figure 8 ranks the comprehensive list of recommendations according to this impact-urgency matrix. Recommendations are also ranked by focus area in the Appendix G. The three recommendations presented here address the top, most pressing needs for homelessness in Gaston County.



**Provide short-term emergency housing assistance for Gaston County residents facing housing insecurity as a result of the COVID-19 pandemic.**



**Task the County Manager to establish a County-wide Homelessness Prevention Committee comprised of agency and community organizations serving homeless populations for the purpose of fostering collabo-**

**Finding:** In Gaston County, there are more families in need of emergency shelter than there are beds to for them to sleep in. On a representative night in 2020, 24 family members slept outside, and there were zero spare beds in emergency shelters (97% capacity). This is only marginally better than the six-year average of 118% capacity for families in emergency shelters.<sup>10</sup>

**Recommended Solutions:** Allocate \$250,000 of the County's American Rescue Plan Act funding towards short-term emergency shelter so no family is unhoused this winter.

Identify temporary housing infrastructure that meets HUD's best practice approach to physical attributes such as cleanliness, heating/cooling, bathrooms, etc. HUD recommends non-congregate shelters such as such as hotels, motels, and dorm rooms as an alternative approach to winter sheltering during COVID-19.<sup>13</sup>

Coordinate the program with Gaston County Department of Health and Human Services' current Emergency Rental Assistance Program (ERAP).

**ration, communication, and coordination of services aimed at serving and preventing homelessness in Gaston County.**

**Findings:** Task Force members agree there is a need for follow-up, data collection, and monitoring after this report of recommendations is presented to the Board of Commissioners.

Service providers want to see more intergovernmental collaboration. Both the County and the cities have shared responsibility, and governments need to coordinate their efforts to end homelessness.

Service providers believe interagency communication and collaboration could be improved through an ongoing Homelessness Committee.

**Recommended Approach:** The purpose of the Committee is to foster collaboration, improve communication, and oversee County-wide initiatives to end homelessness in coordination with regional efforts led by the Gaston-Lincoln-Cleveland Continuum of Care.

The Committee will be responsible for following up on the Comprehensive Findings and Recommendations included in Appendix G of this report.



**Pursue long-term public-private partnerships to fund affordable housing development.**

**Findings:** Task Force members attest there is not enough affordable and workforce housing (30-80% AMI) in Gaston County (see Figure 5 for an overview of housing affordability). Clients are often unable to secure permanent housing after receiving support services, which increases the risk of cycles of homelessness.

Affordable housing development depends on subsidies, the cooperation of both city and county government, as well as private investment.<sup>14</sup>

**Recommended Solutions:** Pursue public-private partnerships to fund affordable housing development, including local housing authorities.

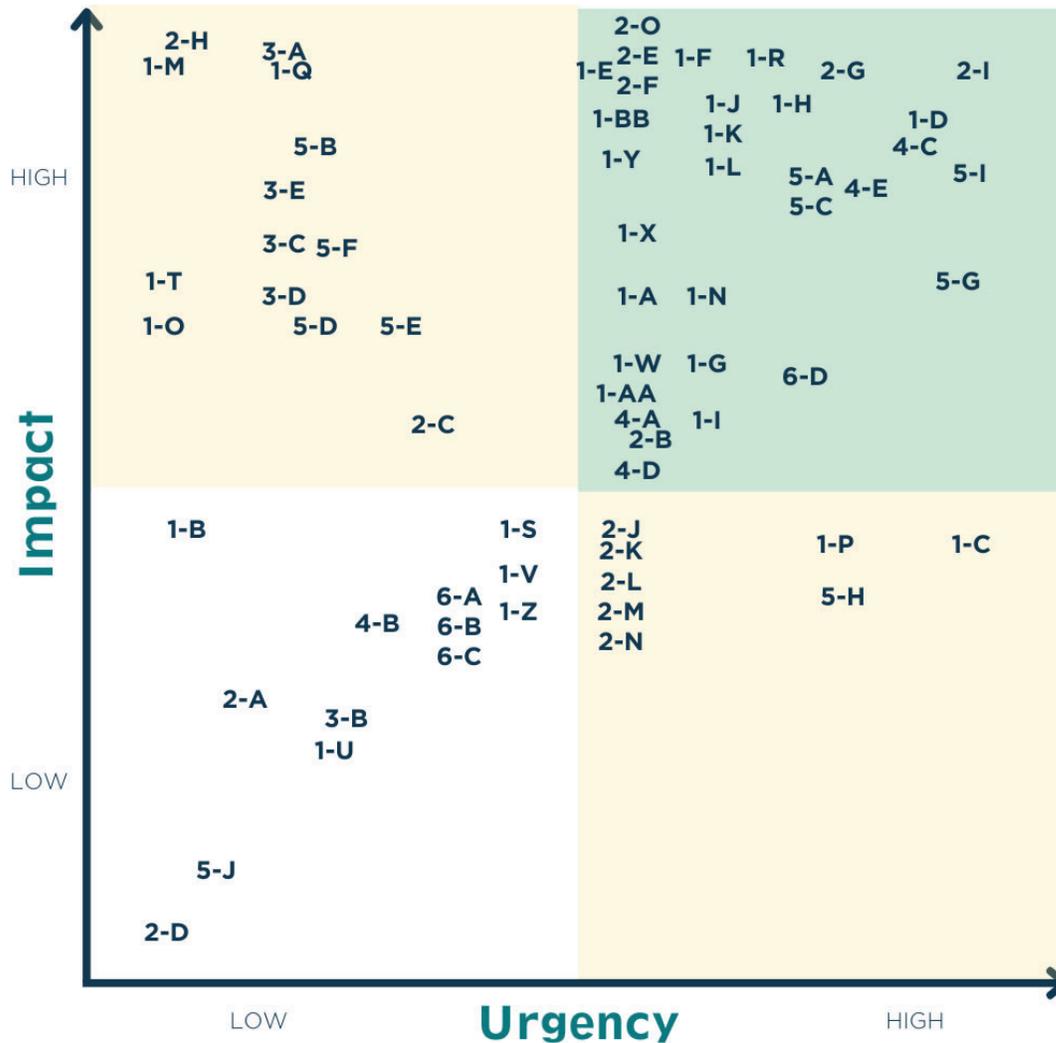
Educate investors and local governments on the benefits of funding affordable housing.

Establish a housing trust fund or other funding mechanism to collect and receive dollars from both governments and the general public for the explicit purpose of constructing affordable housing. There is potential for an intergovernmental and interagency partnership with the Gaston Community Foundation.



*Photograph courtesy of Dwayne Burks*

FIGURE 8. COMPREHENSIVE RECOMMENDATIONS PRIORITIZATION



## Comprehensive Recommendations

The Task Force’s comprehensive recommendations are listed below. Explanations of each of the following recommendations, including the associated findings and supporting data, are included in Appendix G.

### 1. HOUSING

#### Infrastructure Funding

1-A. Seek local government and private sector funding to help nonprofit organizations to fund affordable housing development. Include housing authorities in the conversation.

1-B. Educate investors and local governments on the benefits of funding affordable housing.

1-C. Allocate County and municipal funding to fund a Homelessness Prevention Coordinator or Housing Navigator.

1-D. Pursue long-term public-private partnerships to fund affordable housing development, including local housing authorities. Educate investors and local governments on the benefits of funding affordable housing. Establish a housing trust fund or other funding mechanism to collect and receive dollars from both governments and the general public for the explicit purpose

of constructing affordable housing. Potential intergovernmental and interagency partnership with the Gaston Community Foundation.

### **Infrastructure**

- 1-E. Conduct a study to determine the number of housing units needed in the next 3-5 years.
- 1-F. Create public-private partnerships to develop affordable housing, including housing authorities.

### **Intergovernmental Planning and Zoning Solutions to Encourage Affordable Housing Development**

- 1-G. Gaston County and municipalities provide in zoning and development ordinances and incentive through implementing density bonuses to incentivize, not mandate, the production of affordable housing in exchange for increases in allowable number of units/building heights/vertical expansion. For example, in exchange for making 10/20 percent of their units affordable for households making less than 80 percent of the Area Median Income (AMI), a developer may be able to build 45 housing units on a plot of land zoned for only 35 units.
- 1-H. County and municipalities establish a policy to streamline and expedite plan and development review approvals for affordable housing developments.
- 1-I. County and cities amend ordinances to allow for accessory dwelling units (ADU) additional, separate living quarter built on a single-family lot/parcel that is independent of the primary housing unit.
- 1-J. County and municipalities include in their comprehensive plans a housing element that takes an inventory of existing housing and project the future affordable housing needs of the county and cities that will examine the location, form and cost of future homes, and

include incentives for developers to build more affordable homes, where possible.

- 1-K. County and cities conduct a needs assessment of the land they own and consider leveraging certain properties for affordable housing development.
- 1-L. County and city create a plan to work with the private sector to repurposing existing vacant or underutilized commercial buildings for adaptive re-use for affordable housing.
- 1-M. Gaston County and the municipalities when disposing of publicly owned surplus public land and buildings give priority to affordable housing opportunities.

### **Access to Permanent Housing**

- 1-N. Provide or promote housing and rental assistance to help County residents maintain housing stability.
- 1-O. Implement a housing benefit program to assist the low-income who face a severe affordability problem in their current accommodation to prevent homelessness.
- 1-P. Create a housing program that targets investments towards chronically and episodically homeless people.
- 1-Q. Promote rapid rehousing programs.
- 1-R. Develop an overall homelessness prevention strategy that considers the matter of evictions, loss of employment, felonies, etc.
- 1-S. Educate landlords on affordable housing and how to work with tenants who face mental health crises.
- 1-T. Create local housing funding program that target investments towards chronically and episodically homeless people.
- 1-U. Offer financial literacy training.
- 1-V. Increase LGBT permanent housing.

## Access to Emergency Housing

- 1-W. Fund short-term emergency housing for homeless families this winter. Allocate \$250,000 of the County's American Rescue Plan Act funding towards short-term emergency shelter so no family is unhoused this winter. Identify temporary housing infrastructure that meets HUD's best practice approach to physical attributes such as cleanliness, heating/cooling, bathrooms, etc. HUD recommends non-congregate shelters such as hotels, motels, and dorm rooms as an alternative approach to winter sheltering during COVID-19. Coordinate the program with Gaston County Department of Health and Human Services' current Emergency Rental Assistance Program (ERAP).
  - 1-X. Invest in rapid rehousing programs to keep people out of homelessness.
  - 1-Y. Fund a low-barrier shelter.
  - 1-Z. Increase LGBT emergency housing.
  - 1-AA. Create a local and coordinated program to provide supportive funding or rental assistance for a 6-12 months based on need and proof once a person or family is re-housed to prevent repeated homelessness.
  - 1-BB. Increase the availability and capacity of emergency housing in Gaston County.
- 2-C. Seek local government and private sector funding to help nonprofit organizations to provide homelessness prevention services, including funding to support a County-wide Homelessness Prevention Coordinator.
  - 2-D. Develop a communication system mechanism to help non-profits work with homeless clients obtain routine transportation for their various needs.
  - 2-E. Conduct a report or determine central problem that provides the specific barriers to transportation for homeless to understand what solutions should be developed.
  - 2-F. Develop a county-wide collaborative approach with the county and city governments on transportation for homeless' needs, e.g. jobs, job training, education, medical, etc
  - 2-G. Increase access to showers, laundry, mail, food, clothing, and internet/phone service; ideally, located nearby emergency/transitional housing
  - 2-H. Finance a one-stop Day Center to provide a wide array of services for those experiencing homelessness and needing one-stop services. Also, provide transportation to the Day Center. The five Continuum of Care staff (funded and employed by Health-Net Gaston) would like to be housed at the Day Center to provide expertise, manpower, and collaboration with services providers.
  - 2-I. Develop a GIS (Geographical Information Systems) map that provide homeless services locations and underserved communities susceptible to homelessness, such as: Locate and track concentrations of homeless population in the local agency such as Gateway Gaston or the Continuum of Care. The study should also map the current coordinated entry process as it relates to NC211 and suggest areas for improvement.

## 2. PERSONAL NEEDS (Transportation, Hygiene, Internet, Food, and Other Needs)

### Accessibility Solutions: Clarify Path Forward in a Crisis

- 2-A. Create an online dashboard to raise awareness of available programs and services.
- 2-B. Conduct a program evaluation of NC211. The evaluation should assess NC211's capacity as the County's primary 24/7/365 hotline for people in need of health and human services; or, if the service could be better provided by a

community; Identify needs for and proximity to healthcare and other essential services; Analyze best locations for temporary housing; Allocate resources optimally to homeless community; and Evaluate areas in the community that are at risk for generating homelessness and prioritize and site intervention programs.

### **Transportation**

- 2-J. Increase reliable transportation services within Gastonia and elsewhere in the County.
- 2-K. Hire low-income residents to operate a small fleet of vans; potentially while they receive training for CDL licenses.
- 2-M. Marshal the faith communities that have vans and buses that are not being used (potential collaboration with Gateway Gaston).
- 2-N. Add a new bus route that extends beyond Gastonia, looping through Gaston College and the Gastonia Transit Center (see Gaston County GEMS Director Mark Lamphiear’s “Clover Leaf” transportation pitch)
- 2-O. Collect more data to determine what the most transportation needs are

## **3. EDUCATION, TRAINING, AND EMPLOYMENT ASSISTANCE**

### **Increase Capacity**

- 3-A. Develop a homelessness needs assessment based on homeless service capacity and develop actionable items to expand capacity where needed.
- 3-B. Develop public-private partnerships to create a pipeline to training and jobs that pay a living wage, including employment opportunities for people facing barriers such as prior felonies.

### **Increase Access to Education and Job Opportunities**

- 3-C. Increase access to technology and the

internet.

- 3-D. Invest in public Wi-Fi

- 3-E. Conduct an internet needs assessment to determine if there are inequities in access across regions of the County.

## **4. HEALTHCARE (Physical, Mental, Behavioral, and Addiction)**

### **Communication**

- 4-A. Establish a communication plan to improve case management across healthcare and social service organizations.
- 4-B. Develop one unified discharge policy for all healthcare providers serving homeless populations in Gaston County. Include in the policy a plan for after-hours discharge protocol to ensure people leaving the hospital are not left unhoused.

### **Scope of Services**

- 4-C. Improve access to mental and behavioral health as well as treatment for substance abuse disorders.
- 4-D. Examine the need for mental, behavioral, and physical health for homeless populations in both urban and rural areas to determine how best to provide service delivery for the specific needs of those areas.

### **Funding and Data**

- 4-E. Conduct and analysis of the impact of COVID-19 on the homeless population to determine the overall impact on Gaston County.

## **5. COORDINATION**

### **Improved Communication and Collaboration Mechanisms around Homelessness in Gaston County**

- 5-A. Establish a county-wide committee comprised of agency and community

organizations serving homeless populations for the purpose of fostering collaboration, communication, and coordination of services aimed at serving and preventing homelessness in Gaston County.

- 5-B. Develop a robust centralized and inclusive communication and reporting structure that includes all the municipalities, county, non-profits, and school in disseminating pertinent information regarding homeless population and their needs.
- 5-C. Establish a homelessness council of Gaston County appointed by the Board of County Commissioners to act as the centralized clearinghouse of homelessness service delivery, information sharing, funding opportunities, and homelessness policy development.
- 5-D. Assess the unmet needs of Gaston County homeless population to work to assess monetary costs to those unmet needs so that funding is targeted, specific, and efficient towards the services warranted.
- 5-E. Conduct a program analysis of coordinated entry to identify weaknesses and develop targeted solutions.
- 5-F. Create a comprehensive, public inventory of service providers, including populations served and services offered.

#### **Ideas for Innovation and Awareness**

- 5-G. Invest in case management and set community-wide standards for coordinated entry and case management. Utilize leading practice case management curriculum that can be designed and implemented to create greater consistency and improved performance.
- 5-H. Refine and reimagine coordinated entry as a concept of one “door” into the system and that with the coordinated entry process clients served will be directed to the right intervention and more quickly.
- 5-I. Develop a Gaston County Homelessness

Dashboard to act as a clearinghouse of information regarding homelessness statistics and available services, and as repository for non-homeless individuals to learn about homelessness with the goal to increase engagement and understanding.

- 5-J. Develop a county-wide local marketing scheme to dispel myths and stereotypes about individuals who are homeless; educate the public about the leading causes of homelessness and best practices for prevention; communicate about local transportation options; and, highlight nonprofits and government agencies providing services to the homeless.

## **6. DATA AND EVALUATION**

- 6-A. Gather data on LGBTQ+, disabled, Spanish-speaking, and elderly homeless populations in Gaston County to determine which services they need the most. Create a plan to include new groups and partners in the service delivery of these populations.
- 6-B. Create a plan to include new groups and partners in the service delivery of diverse populations, e.g. LGBTQ+, LatinX, the elderly, and person with disability, etc. populations.
- 6-C. Develop an equity service delivery plan or strategy that clearly outlines actions that provides efforts to minority groups, and recognize critical homelessness issues concerning woman, youth, and older persons.
- 6-D. Overall, more data and analysis is needed to inform specific strategies to end homelessness in Gaston County.

## End Notes

1. U.S. Interagency Council on Homelessness. (n.d.) New Tools from HUD Help Build Equity into Homelessness Response Systems. <https://www.usich.gov/news/new-tools-from-hud-helpbuildequity-into-homelessness-response-systems>
2. National Alliance to End Homelessness. (2020). COVID-19: Then and Now. <https://endhomelessness.org/wp-content/uploads/2020/05/COVID-BA-8.png>
3. U.S. Department of Housing and Urban Development. (2021). Prevalence and Impact of Homelessness. *Evidence Matters*. <https://www.huduser.gov/portal/periodicals/em/Summer21/highlight2.html>
4. National Health Care for the Homeless Council. (2019, February). Homelessness and Health: What's the Connection? Fact Sheet. <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>
5. National Alliance to End Homelessness. (2015, November 6). Ending Chronic Homelessness Saves Taxpayers Money. <https://endhomelessness.org/resource/ending-chronic-homelessness-saves-taxpayers-money/>
6. Gaston-Lincoln-Cleveland Continuum of Care. (2019). NC-509 Review and Recommendations for Plan to End Homelessness for the City of Gastonia.
7. National Alliance to End Homelessness. (n.d.). What Causes Homelessness? <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/>
8. U.S. Department of Housing and Urban Development. (2020). Income Limits. [https://www.huduser.gov/portal/datasets/il.html#2020\\_data](https://www.huduser.gov/portal/datasets/il.html#2020_data)
9. National Alliance to End Homelessness (2020). State of Homelessness: State and CoC Dashboards (Snapshot and Capacity for NC-509). <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-dashboards/?State=North%20Carolina>
10. National Coalition for the Homeless. (n.d.) Elder Homelessness. <https://nationalhomeless.org/issues/elderly/>
11. Wilson, B., Choi, S., Harper, G., Lightfoot, M., Russell, S., and Meyer. (2020). Homelessness Among LGBT Adults in the US. *UCLA School of Law, Williams Institute*. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Homelessness-May-2020.pdf>
12. U.S. Department of Housing and Urban Development. (2020). Homeless System Response: Alternative Approaches to Winter Sheltering During COVID-19. <https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Alternative-Approaches-to-Winter-Sheltering-During-COVID-19.pdf>
13. Intergovernmental and Interagency Task Force on Homelessness, Presentation by Laurel Street's Dionne Nelson

# Appendix A: Board Action & Resolution



## Gaston County

Gaston County  
Board of Commissioners  
www.gastongov.com

### Board of Commissioners Board Action

File #: 21-093

Commissioner Keigher - BOC - To Establish an Intergovernmental and Interagency Task Force on Homelessness in Gaston County

**STAFF CONTACT**

Dr. Kim Eagle, County Manager

**BUDGET IMPACT**

N/A

**BUDGET ORDINANCE IMPACT**

N/A

**BACKGROUND**

Homelessness is a concern in Gaston County just as it is nationwide. In order to better understand the extent and challenges of homelessness in Gaston County, to coordinate with ongoing efforts, and to develop or reinforce action steps to reduce homelessness, the Gaston County Board of Commissioners is creating the Intergovernmental and Interagency Task Force on Homelessness (the Task Force) and Commissioner Tracy Philbeck is hereby appointed to Chair the Task Force. The Task Force will address concerns about homelessness in the county and produce a written report to be presented to the Board of Commissioners and the Board or Council of each city and town within the county by November 30, 2021.

*(Continued on Page 2)*

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	CBrown	AFrale	BHovis	KJohnson	TKeigher	TPhilbeck	RWarley	Vote
2021-068	03/09/2021	CB	AF	A	A	A	AB	A	A	A	U

**DISTRIBUTION:**

Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

# Appendix A: Board Action & Resolution (Continued)

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**File #: 21-093**

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Commissioner Keigher - BOC - To Establish an Intergovernmental and Interagency Task Force on Homelessness in Gaston County  
Page 2

**Task Force members\* will include, at a minimum:**

- (1) representative of the Gaston County Board of Commissioners, who will Chair the Task Force
- (1) representative of the elected Board or Council of each of the cities and towns in the county as they choose to participate. Their representative may be an elected official or senior staff member.
- (3) local Faith Community representatives that geographically represent the County
- (1) County Health Department representative (appointed by County Manager)
- (1) County Department of Social Services representative (appointed by County Manager)
- (1) Gaston County Police Department representative (appointed by County Manager)
- (1) United Way of Gaston County representative (to be invited)
- (1) Gaston County Salvation Army representative (to be invited)
- (1) Gaston-Lincoln-Cleveland Continuum of Care Planning Committee representative (to be invited)
- (1) Catherine's House/Sisters of Mercy representative (to be invited)

***\*The Task Force may decide to add/invite additional members.***

**Task Force Meeting Schedule and Locations:** The Task Force will determine its meeting schedule and meeting locations/approaches. Meetings will be held in-person and a professional facilitator will be provided.

**POLICY IMPACT**

N/A

**ATTACHMENTS**

Task Force Charge and Overview

# Appendix A: Board Action & Resolution (Continued)

## **Intergovernmental and Interagency Task Force on Homelessness in Gaston County**

Homelessness is a concern in Gaston County just as it is nationwide.

There is not a single definition of homelessness. The Social Security Administration identifies an individual as homeless if "he or she does not have a fixed, regular, and adequate nighttime residence", or if "they expect to lose current accommodations within 14 days, and will not have a fixed, regular, and adequate nighttime residence."

Other governmental agencies, such as the US Department of Housing & Urban Development, have more complicated definitions that name and describe categories of homelessness, including "chronic", "episodic", and "transitional".

Homelessness is inextricably linked with, and complicated by challenges of poverty, underlying health issues or disability, domestic violence, mental illness, drug abuse and addiction.

### **Establishment of the Task Force**

In order to better understand the extent and challenges of homelessness in Gaston County, to coordinate with ongoing efforts, and to develop or reinforce action steps to reduce homelessness, the Gaston County Board of Commissioners is creating the Intergovernmental and Interagency Task Force on Homelessness (the Task Force).

### **Task Force Charge**

The Task Force will address concerns about homelessness in the county and produce a written report, which will include:

- An assessment of homelessness in Gaston County, including demographics of the homeless population, and descriptions of associated challenges impacting those individuals;
- A compilation of efforts, initiatives, and services, addressing homelessness in Gaston County at the current time, including quantitative and/or qualitative descriptions of their progress
- A summary of best practices from other communities and organizations, including successful strategies and tactics for addressing homelessness in Gaston County.

## Appendix A: Board Action & Resolution (Continued)

- Recommendations for action steps (or reinforcement of action steps already laid out through current efforts) to reduce homelessness in Gaston County, including actual or potential responsible parties and milestones.

The report will be complete and presented to the Board of Commissioners and the Board or Council of each city and town within the county by November 30, 2021.

### **Task Force Membership**

Task Force members\* will include, at a minimum:

- (1) representative of the Gaston County Board of Commissioners, who will Chair the Task Force
- (1) representative of the elected Board or Council of each of the cities and towns in the county as they choose to participate. Their representative may be an elected official or senior staff member.
- (3) local Faith Community representatives that geographically represent the County 1 County Health Department representative (appointed by County Manager)
- (1) County Department of Social Services representative (appointed by County Manager)
- (1) Gaston County Police Department representative (appointed by County Manager)
- (1) United Way of Gaston County representative (to be invited)
- (1) Gaston County Salvation Army representative (to be invited)
- (1) Gaston-Lincoln-Cleveland Continuum of Care Planning Committee representative (to be invited)
- (1) Catherine's House/Sisters of Mercy representative (to be invited)

\* The Task Force may decide to add/invite additional members.

### **Task Force Meeting Schedule and Locations**

The Task Force will determine its meeting schedule and meeting locations/approaches. Meetings will be held in-person and a professional facilitator will be provided.

**Gaston County Staff Support:** Name & contact information for staff to be provided.

## **Appendix B: Definitions**

### **Homeless & Homelessness Definition for Gaston County**

Homelessness is the condition in which a person or family is homeless.

A homeless person or family is:

An individual or family who lacks a fixed, regular, and adequate nighttime residence, such as those living in emergency shelters, transitional housing, or places not meant for habitation.

An individual or family who will imminently lose their primary nighttime residence (within 14 days), provided that no subsequent housing has been identified and the individual/family lacks support networks or resources needed to obtain housing.

Unaccompanied youth under 25 years of age, or families with children and youth who qualify under other Federal statutes, such as the Runaway and Homeless Youth Act, have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.

An individual or family who is fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing.

An individual or family who resides in a hotel or motel as the only means of habitation, and has no other means to reside in a primary residence.

### **Related Definitions of Homelessness/Homeless**

#### **McKinney-Vento Act Definition of Homeless (NEW!)**

When an individual or household lacks a fixed, regular, and adequate nighttime residence. According to the Act, this includes children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (doubled up); are living in motels/hotels, trailer parks, or camping groups due to the lack of alternative accommodations; are living in emergency or transitional shelters; or are abandoned in a hospital.

#### **General Definition (HUD Traditional Definition of Homelessness)**

Homelessness is formally defined as when a person "lacks a fixed, regular, and adequate nighttime residence, and if they sleep in a shelter designated for temporary living accommodations or in places not designated for human habitation."

#### **Homeless (HUD Definition)**

When an individual or household experiences literal homelessness, including sleeping in an emergency or seasonal shelter, transitional housing, or a place unfit for human habitation. According to HUD, doubled up and staying in a hotel/motel (when the household is paying for the hotel/motel) is not considered homeless. All programs who receive Continuum of Care (CoC) and Emergency Solutions Grant (ESG) dollars must use this definition of homelessness to determine eligibility for services.

## Appendix B: Definitions (Continued)

**U.S. Department of Housing and Urban Development Definitions from Federal Government** (source: *Continuum of Care NC-509 Document- North Carolina*) (Task Force Recommended Keeping these below as part of the definition categories because of national comparison and data validity.)

### **Chronic Homelessness**

The U.S. Department of Housing and Urban Development (HUD) defines a chronically homeless person as an unaccompanied homeless individual with a disabling condition (which is, mental illness, a developmental or physical condition that is disabling, substance abuse or dually diagnosed) who has either been homeless continually for a year or more or has had at least four (4) episodes of homelessness in the past three (3) years.

### **Episodic homelessness**

Refers to individuals who are currently homeless and have recurrent problems with housing (having experienced at least three periods of homelessness in the previous year). These individuals are often younger, have seasonal/minimum wage income or sporadic domestic situations that affect stable housing, use the shelter system, and suffer from some type of disabling condition, such as substance abuse, mental illness, and/or medical problems. Research indicates that 9% of the single adult homeless population fits the pattern of episodic homelessness.

### **Transitional homelessness**

Occurs in times of economic hardship and/or temporary housing loss triggered by a sudden major life change or catastrophic event.

### **Hidden homelessness**

Refers to those individuals who have no place to call their own but are not sleeping on the streets or in shelters. These individuals are housed precariously -- doubling up or "couch-surfing" with friends and family. They have no guarantee that they will be able to stay long-term and they have no immediate prospects for acquiring permanent housing.

### **At risk of homelessness**

Is a category that includes those who are at great risk of losing their housing, and those existing in substandard conditions. Households paying more than 30% of their gross income on housing costs are cost-burdened.

## **42 U.S. Code § 11302 - General definition of homeless individual**

### **(a) In general**

For purposes of this chapter, the terms "homeless," "homeless individual," and "homeless person" mean:

- (1)** an individual or family who lacks a fixed, regular, and adequate nighttime residence;
- (2)** an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

## Appendix B: Definitions (Continued)

**(3)** an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);

**(4)** an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;

**(5)** an individual or family who:

**(A)** will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by--

**(i)** a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;

**(ii)** the individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or

**(iii)** credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause;

**(B)** has no subsequent residence identified; and

**(C)** lacks the resources or support networks needed to obtain other permanent housing; and

**(6)** unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who:

**(A)** have experienced a long term period without living independently in permanent housing,

**(B)** have experienced persistent instability as measured by frequent moves over such period, and

**(C)** can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

**(b) Domestic violence and other dangerous or life-threatening conditions**

Notwithstanding any other provision of this section, the Secretary shall consider to be homeless any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.

## Appendix C: Task Force Roster

Name	Title	Organization	Type
Tracy Philbeck, Chair	County Commissioner	Gaston County	Local Government
David Williams, Lead Contact	Community Affairs and Development Administrator	Gaston County	Local Government
Dwayne Burks	Executive Director	Gateway, Inc.	Nonprofit
Debbie Clary	NC State Senator	NC General Assembly	State Government
Robin Conner	Town Commissioner	Town of Ranlo	Local Government
Michael Coone	Adult and Aging Services Administrator	Gaston County Department of Social Services	Local Government
Rita Davis	Special Projects Coordinator	United Way of Gaston County	Nonprofit
Rev. Rodney Freeman	Pastor	Greater Mount Zion Restoration Church	Faith
Kathy Gauger	CEO/President	Catherine's House	Nonprofit
Rev. Thomas Gillespie	Mayor-Pro-Tem/Councilman	City of Lowell	Local Government
James Inman	City Manager	City of Bessemer City	Local Government
Heath Jenkins	Town Manager	Town of Stanley	Local Government
Robert Kellogg	City Councilman	City of Gastonia	Local Government
Brittain Kenney	Assistant Health Director	Gaston County Health Department	Local Government
Derrick Mackey	Planning Director	City of Cherryville	Local Government
Suzanne Mauney-Smith	Assistant Chief	Gaston County Police Department	Local Government
Rev. Tim McCarn	Pastor	CORE Church	Faith
John Mills	Director of Social Services	The Salvation Army, Center of Hope	Nonprofit
Tina Peterson	McKinney-Vento Liaison	Gaston County Schools	Local Government
David Pugh	City Manager	City of Cramerton	Local Government
Sheila Purello	Program Director	Catherine's House	Nonprofit
Brian Reagan	Deputy Chief of Police	City of Mt. Holly-Police Department	Local Government
Linda Slade	CEO	United Way of Gaston County	Nonprofit
Maria Stroupe	Town Manager	Town of Dallas	Local Government
Steffi Travis	Continuum of Care Coordinator	Continuum of Care	Nonprofit
Reid Washam	Town Councilman	Town of McAdenville	Local Government
Tasha White	Executive Director	Hope Youth Network	Nonprofit
Teena Willis	Housing Manager	Partners Behavioral Health Management	Area Regional Mental Health

### Staff Subject Matter Resources:

Dr. Kim Eagle, County Manager, Gaston County  
 Dr. John L. Bennett, Lawton Associates (Project Consultant/Lead Facilitator)  
 Juan Garcia, Senior Transportation Planner/GIS Data Analyst, Gaston County  
 Dr. Pearl Burris-Floyd, Diversity, Equity, and Inclusion Officer, Gaston County  
 Courtney Rogers, Associate Deputy Attorney, Gaston County  
 Elizabeth Harry, Budget Analyst, Gaston County  
 Melanie Tarrant Bull, Managing Attorney, Legal Aid of North County, Inc.  
 Captain Laura Biggerstaff, West District Commander, Gastonia Police Department  
 Mark A. Lamphiear, MBA, NRP, CEMSO, Chief, Gaston County EMS  
 Assistant Chief Mike Radford, Gaston County Sheriff's Office  
 Tara Joyner, Director Hope United Survivor Network  
 Karen Whichard, Assistant County Manager, Gaston County



## HUD 2020 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

*Important Notes About This Data: This report is based on point-in-time information provided to HUD by Continuums of Care (CoCs) as part of their CoC Program application process, per the Notice of Funding Availability (NOFA) for the Fiscal Year 2020 Continuum of Care Program Competition. CoCs are required to provide an unduplicated count of homeless persons according to HUD standards (explained in HUD's annual HIC and PIT count notice and HUD's Point-in-Time Count Methodology Guide <https://www.hudexchange.info/hdx/guides/pit-hic/>). HUD has conducted a limited data quality review but has not independently verified all of the information submitted by each CoC. The reader is therefore cautioned that since compliance with these standards may vary, the reliability and consistency of the homeless counts may also vary among CoCs. Additionally, a shift in the methodology a CoC uses to count the homeless may cause a change in homeless counts between reporting periods.*

### NC-509 Gastonia/Cleveland, Gaston, Lincoln Counties CoC Point-in Time Date: 1/29/2020

#### Summary by household type reported:

	Sheltered		Transitional Housing*	Unsheltered	Total
	Emergency Shelter				
Households without children <sup>1</sup>	65		5	161	231
Households with at least one adult and one child <sup>2</sup>	17		6	9	32
Households with only children <sup>3</sup>	3		0	0	3
<b>Total Homeless Households</b>	<b>85</b>		<b>11</b>	<b>170</b>	<b>266</b>

#### Summary of persons in each household type:

Persons in households without children <sup>1</sup>	65	5	161	231
Persons Age 18 to 24	7	0	8	15
Persons Over Age 24	58	5	153	216
Persons in households with at least one adult and one child <sup>2</sup>	53	14	24	91
Children Under Age 18	34	8	15	57
Persons Age 18 to 24	2	0	0	2
Persons Over Age 24	17	6	9	32
Persons in households with only children <sup>3</sup>	3	0	0	3
<b>Total Homeless Persons</b>	<b>121</b>	<b>19</b>	<b>185</b>	<b>325</b>

#### Demographic summary by ethnicity:

	Sheltered		Transitional Housing*	Unsheltered	Total
	Emergency Shelter				
Hispanic / Latino	20		0	4	24
Non-Hispanic / Non-Latino	101		19	181	301
<b>Total</b>	<b>121</b>		<b>19</b>	<b>185</b>	<b>325</b>

#### Demographic summary by gender:

Female	53	14	72	139
Male	68	5	113	186
Transgender	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
<b>Total</b>	<b>121</b>	<b>19</b>	<b>185</b>	<b>325</b>

\* Safe Haven programs are included in the Transitional Housing category.

<sup>1</sup>This category includes single adults, adult couples with no children, and groups of adults.

<sup>2</sup>This category includes households with one adult and at least one child under age 18.

<sup>3</sup>This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

# Appendix D: Local Data on Homelessness (Continued)

## HUD 2020 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations



*Important Notes About This Data: This report is based on point-in-time information provided to HUD by Continuums of Care (CoCs) as part of their CoC Program application process, per the Notice of Funding Availability (NOFA) for the Fiscal Year 2020 Continuum of Care Program Competition. CoCs are required to provide an unduplicated count of homeless persons according to HUD standards (explained in HUD's annual HIC and PIT count notice and HUD's Point-in-Time Count Methodology Guide <https://www.hudexchange.info/hdx/guides/pit-hic/>). HUD has conducted a limited data quality review but has not independently verified all of the information submitted by each CoC. The reader is therefore cautioned that since compliance with these standards may vary, the reliability and consistency of the homeless counts may also vary among CoCs. Additionally, a shift in the methodology a CoC uses to count the homeless may cause a change in homeless counts between reporting periods.*

### Demographic summary by race:

	Sheltered			Total
	Emergency Shelter	Transitional Housing*	Unsheltered	
Black or African-American	46	9	53	108
White	67	7	121	195
Asian	0	0	0	0
American Indian or Alaska Native	1	0	3	4
Native Hawaiian or Other Pacific Islander	0	0	0	0
Multiple Races	7	3	8	18
<b>Total</b>	<b>121</b>	<b>19</b>	<b>185</b>	<b>325</b>

### Summary of chronically homeless households by household type reported:

	Sheltered			Total
	Emergency Shelter	Transitional Housing*	Unsheltered	
Chronically Homeless households with at least one adult and one child <sup>1</sup>	0	0	0	0

### Summary of chronically homeless persons in each household type:

Chronically Homeless persons in households without children <sup>1</sup>	4	0	74	78
Chronically Homeless persons in households with at least one adult and one child <sup>2</sup>	0	0	0	0
Chronically Homeless persons in households with only children <sup>3</sup>	0	0	0	0
<b>Total Chronically Homeless Persons</b>	<b>4</b>	<b>0</b>	<b>74</b>	<b>78</b>

### Summary of all other populations reported:

Severely Mentally Ill	17	2	62	81
Chronic Substance Abuse	4	1	57	62
Veterans	5	0	16	21
HIV/AIDS	3	0	1	4
Victims of Domestic Violence	27	5	43	75
Unaccompanied Youth	10	0	8	18
Unaccompanied Youth Under 18	3	0	0	3
Unaccompanied Youth 18-24	7	0	8	15
Parenting Youth	2	0	0	2
Parenting Youth Under 18	0	0	0	0
Parenting Youth 18-24	2	0	0	2
Children of Parenting Youth	6	0	0	6

\* Safe Haven programs are included in the Transitional Housing category.

<sup>1</sup>This category includes single adults, adult couples with no children, and groups of adults.

<sup>2</sup>This category includes households with one adult and at least one child under age 18.

<sup>3</sup>This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

# Appendix D: Local Data on Homelessness (Continued)

## County Profile

Gaston County (NC)

November 2021

### Demographics

#### Population & Growth

	Population	% Annual Growth
2019 Est Population	219,271	1.2%
2020 Census Total Population	227,943	1.1%
Jul2020 NC Certified Population Estimate	228,618	2.7%

#### Urban/Rural Representation

	Population	Urban/Rural Percent
2010 Census Total Population: Urban	165,595	80.4%
2010 Census Total Population: Rural	40,491	19.7%

#### Estimated Population by Age

	Population	% Pop by Age
2019 Est Median Age	40	
2019 Est Total Pop 0-19	54,813	25.0%
2019 Est Total Pop 20-24	12,902	5.9%
2019 Est Total Pop 25-34	28,416	13.0%
2019 Est Total Pop 35-44	27,746	12.7%
2019 Est Total Pop 45-54	31,851	14.5%
2019 Est Total Pop 55-64	28,826	13.2%
2019 Est Total Pop 65+	34,717	15.8%

### Commuters, Workers Age 16 and Over, 2019 Census ACS Est

#### Percent of Workers, By Travel Time

Avg Travel Time, Minutes	26.5
Workers Not Working at Home	96,323
Travel Time to Work: < 10 minutes	9.7%
Travel Time to Work: 10-14 minutes	12.5%
Travel Time to Work: 15-19 minutes	15.0%
Travel Time to Work: 20-24 minutes	15.1%
Travel Time to Work: 25-29 minutes	7.2%
Travel Time to Work: 30-34 minutes	16.1%
Travel Time to Work: 35-44 minutes	8.3%
Travel Time to Work: 45-59 minutes	9.9%
Travel Time to Work: 60+ minutes	6.3%

#### Workers, By Transportation

Worker Transp, Base	99,536
Work at Home	3.2%
Drove Car/Truck/Van Alone	85.3%
Carpooled Car/Truck/Van	9.1%
Public Transportation	0.4%
Walked	0.9%
Bicycle	0.1%
Taxi, Motorcycle, Other	1.0%

#### Place of Work

	Commuters	Residents
Worked in State/County of Residence	54,546	54.8%
Worked in State/Outside County of Residence	40,113	40.3%
Worked Outside State of Residence	4,877	4.9%

### Education

	Population	Pop Age 25+
2020-21 Kindergarten-12th Enrollment	32,787	
2020 Average SAT score (1600 scale)	1,052	
2020 Percent of Graduates taking SAT	38.1%	
2019-20 (Provisional) Higher Education Completions	1,882	
2019-20 (Provisional) Higher Education Enrollment	10,959	
2019 Est Education Attainment age 25+, At Least High School Graduate	128,559	84.8%
2019 Est Education Attainment age 25+, At Least Bachelor's Degree	32,173	21.2%

# Appendix D: Local Data on Homelessness (Continued)

## Housing

		<b>% Ann Growth or % Total</b>
2020 Census Total Housing Units, % annual growth	98,136	1.1%
2020 Census Occupied Housing, % of total	90,799	92.5%
2020 Census Vacant Housing, % of total	7,337	7.5%
2019 Est Median Value of Owner Occupied Housing	\$144,200	
2019 Est Median Gross Rent	\$832	
2019 Est Owner Occupied Housing, % of total	54,654	65.3%
2019 Est Renter Occupied Housing, % of total	29,081	34.7%
2019 Est % Owner Occupied Vacancy Rate	0.9%	
2019 Est % Renter Occupied Vacancy Rate	6.9%	

## Income

		<b>% Ann Growth or % Pov</b>
2019 Est Median Family Income	\$64,608	
2019 Median Household Income (SAIPE)	\$56,542	7.1%
2019 Est Median Worker Earnings	\$31,804	
2019 Per Capita Income (BEA)	\$41,506	
2019 Est Pop, Income Below Poverty (SAIPE)	25,710	11.6%

## Employment / Unemployment

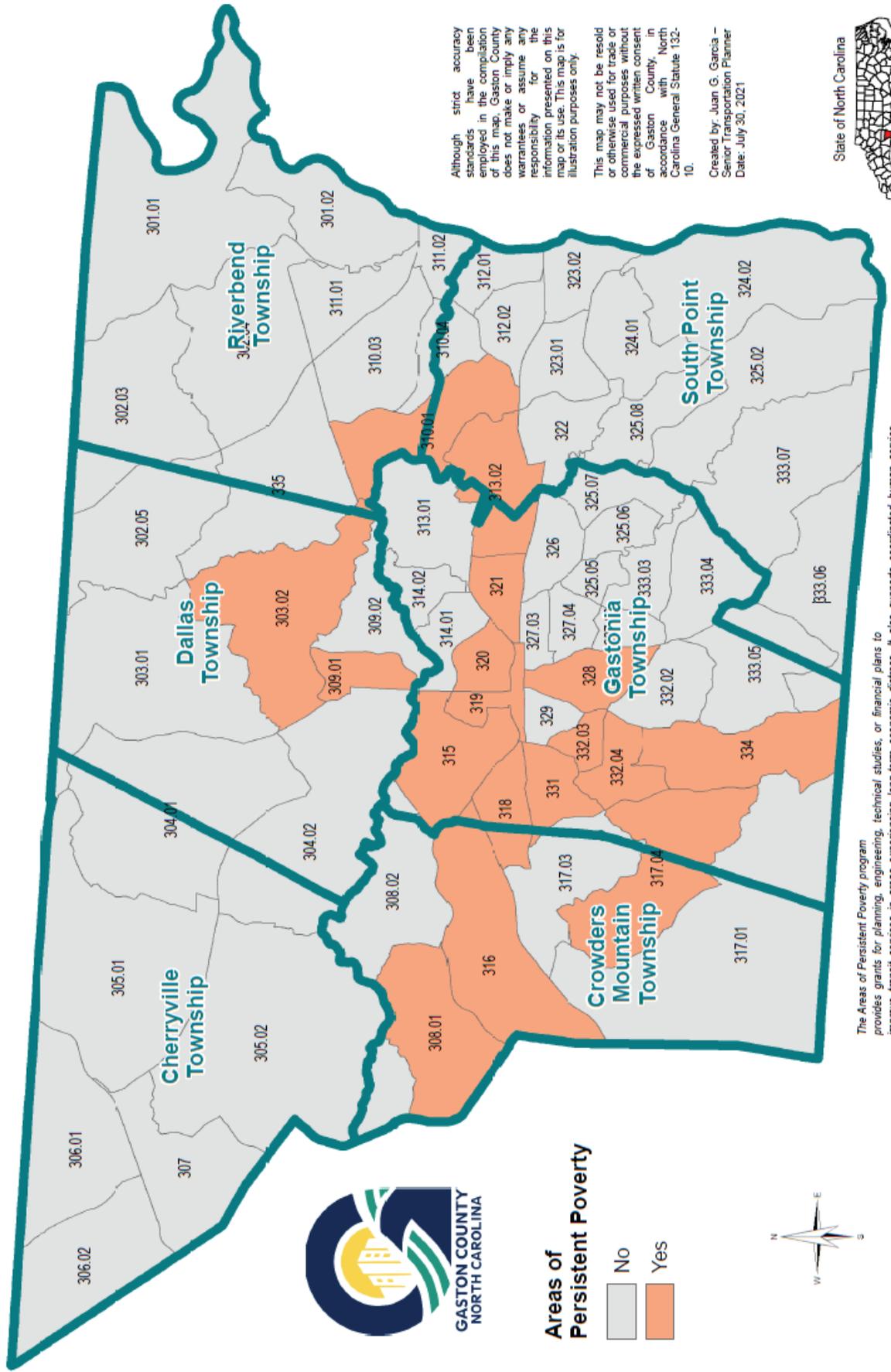
	<b>Currently</b>	<b>2020 Annual</b>
Sep2021 Prelim., 2020 Employment	106,477	100,744
Sep2021 Prelim., 2020 Unemployment	4,500	8,782
Sep2021 Prelim., 2020 Unemployment Rate	4.1%	8.0%
2021Q2YTD, 2020 Announced Job Creation	90	154
2021Q2YTD, 2020 Total Announced Investments (\$mil)	\$22.9	\$60.9

## Employment / Wages by Industry

<b>Industry</b>	<b>2021Q1 Employment</b>	<b>2020 Employment</b>	<b>2021Q1 Avg Weekly Wage</b>	<b>2020 Avg Weekly Wage</b>
Total All Industries	72,710	70,138	\$834	\$847
Total Government	9,562	9,375	\$878	\$917
Total Private Industry	63,148	60,763	\$827	\$836
Agriculture Forestry Fishing & Hunting	.	57	.	\$513
Mining	.	52	.	\$1,511
Utilities	449	454	\$1,999	\$1,819
Construction	4,168	3,692	\$928	\$974
Manufacturing	14,367	13,895	\$996	\$1,001
Wholesale Trade	2,187	2,176	\$1,154	\$1,180
Retail Trade	10,059	9,782	\$576	\$563
Transportation and Warehousing	1,887	1,816	\$893	\$950
Information	483	478	\$1,265	\$1,193
Finance and Insurance	1,013	996	\$1,269	\$1,273
Real Estate and Rental and Leasing	860	903	\$858	\$868
Professional and Technical Services	1,900	1,821	\$945	\$993
Mgt of Companies, Enterprises	313	316	\$4,042	\$1,926
Administrative and Waste Services	4,351	3,707	\$600	\$643
Educational Services	6,025	5,746	\$807	\$812
Health Care and Social Assistance	11,364	11,251	\$972	\$1,033
Arts, Entertainment and Recreation	638	625	\$254	\$282
Accommodation and Food Services	6,897	6,737	\$335	\$328
Other Services Ex. Public Admin	1,576	1,551	\$664	\$691
Public Administration	4,074	4,085	\$913	\$976
Unclassified	0	0	\$0	\$0

# Appendix D: Local Data on Homelessness (Continued)

## Areas of Persistent Poverty by 2010 Census Tracts



## Appendix D: Local Data on Homelessness (Continued)

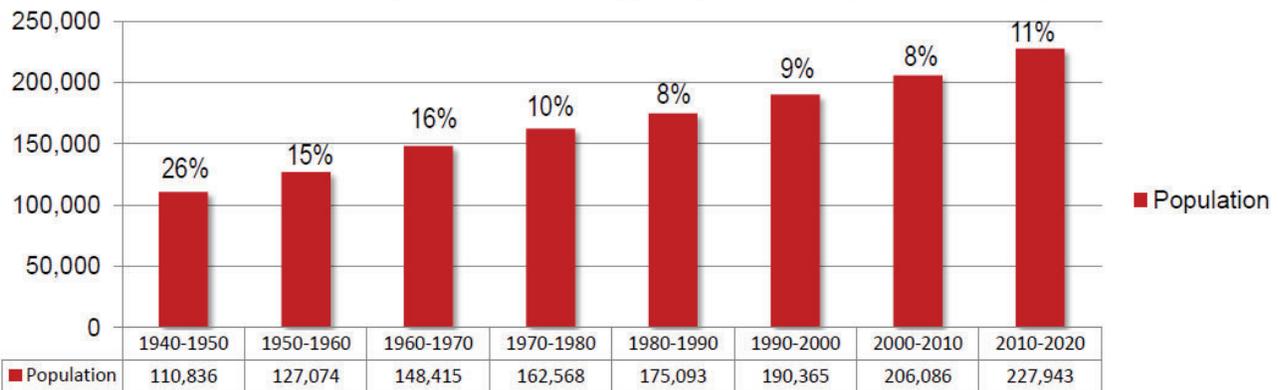
# Population Trends

### Gaston County Historic Population

	1950	1960	1970	1980	1990	2000	2010	2020
Population	110,836	127,074	148,415	162,568	175,093	190,365	206,086	227,943

Source: US Census Bureau, NC State Data Center, NC DCA

### Historic Population Change By Decade (% Increase)



## Appendix D: Local Data on Homelessness (Continued)



### GASTON COUNTY DECENNIAL 2020 CENSUS RESULTS

#### General Information

<b>Create by</b>	Juan G. Garcia	<b>Created for</b>	Task Force on Homelessness
<b>Organization</b>	Gaston County Government	<b>Report Date</b>	September 20, 2021

#### Public Law (P.L. 94-171) Redistricting Data

Public Law (P.L.) 94-171, enacted by Congress in December 1975, requires the Census Bureau to provide states the opportunity to identify the small area geography for which they need data in order to conduct legislative redistricting. The law also requires the U.S. Census Bureau to furnish tabulations of population to each state, including for those small areas the states have identified, within one year of Census day.

The U.S. Census Bureau provided redistricting data as legacy format summary files for all states on August 12, 2021 at the Census Tract, Census Block Group, and Census Block levels.

**By September 30, 2021**, data users will be able to access and download 2020 Census redistricting data directly from [data.census.gov](https://data.census.gov). This tool provides data tables without the additional work required with the August release.

#### Gaston County, N.C. Profile – U.S. Census Bureau Decennial Census Data as of April 1, 2020

All Ages	Census 2020	Census 2010
<b>Total Population</b>	<b>227,943</b>	<b>206,086</b>
White	156,794	161,166
Black	40,323	31,431
Asian	3,543	2,478
Hispanic/Latino	20,068	12,201
American Indian and Alaska Native	1,082	850
Native Hawaiian and Other Pacific Islander	74	63
Two or More Races	15,109	3,783
Some other Race	11,018	6,315
Population of One Race	212,834	193,885

## Appendix D: Local Data on Homelessness (Continued)

Population 18 years and over		
Population by Race 18 +	Census 2020	Census 2010
Total Population 18 and over	177,846	157,244
White 18 +	127,725	126,733
Black 18 +	29,660	22,376
Asian 18 +	2,748	1,739
Hispanic/Latino 18 +	13,041	7,122
American Indian and Alaska Native 18 +	882	702
Native Hawaiian and Other Pacific Islander 18 +	56	68
Two or More Races 18 +	9,446	1,117
Some other Race 18 +	7,329	4,318
Population of One Race 18 +	168,400	155,194

Population in Group Quarters		
Group Quarters	Census 2020	Census 2010
Total Group Quarters Population	3,460	3,318
<b>Total Institutionalized Population</b>	2,367	-
Adult Correctional Facilities Population	686	-
Juvenile Facilities Population	26	-
Nursing & Skilled Nursing Facilities Population	1,641	-
Other Institutionalized Facilities Population	14	-
<b>Total Non-institutionalized Population</b>	1,093	-
College/University GQ Population	748	-
Military Quarters Population	0	-
Other Non-institutionalized Facilities Population	345	-

## Appendix D: Local Data on Homelessness (Continued)

2020 Point in Time County by County

Gaston-Lincoln-Cleveland Continuum of Care

PIT Unsheltered 189

Gaston County 126

Lincoln County 32

Cleveland County 31

Unaccompanied Youth 18-24 12

Unaccompanied Youth Under 18 0

PIT Sheltered 77

Hesed House 8

Salvation Army 20

Cleveland County Resue Mission 5

Family promise 9

Cahterine House 11

Lincon County Coalition Aqainst DV 20

Cathy Mabry Cloninger 0

Cleveland County Abuse Prevention Center 4

Sheltered Homeless Over 24 42

Sheltered Homeless Under 18 18

## **Appendix E: Homelessness Survey Questions and Results from Task Force**

The survey was administered online and sent to all Task Force members and subject matter resources.

Q1. Name

Q2. Type organization represented

Q3. What role do you play on the Task Force?

Q4. Briefly describe the work your organization does related to homeless citizens, including: services provided, populations served, geographic area served, numbers of people served (define the time period), etc.

Q5. What specific homeless-related needs does your organization strive to meet?

Q6. What are the greatest strengths of your organization related to services to and for homeless citizens?

Q7. What are the unmet needs of homeless citizens in Gaston County? (be specific)

Q8. What do you believe are the root causes for homeless youth in Gaston County?

Q9. What are the needs and/or issues for youth who are homeless in Gaston County?

Q10. What are the top priority needs to address homelessness in Gaston County?

Q11. What actions (for example, programs, initiatives, etc.) do you believe needs to be action to address the needs of homeless citizens and homelessness in Gaston County?

Q12. What resources are needed to address homelessness and serve homeless citizens in Gaston County?

Q13. How Would you rate inter-agency collaboration related to homelessness citizens and homes in Gaston County?

Q14. How would you rate inter-governmental collaboration related to homelessness citizens and homes in Gaston County?

Q15. Feel Free to add comments



# Appendix E: Homelessness Survey Questions and Results from Task Force (Continued)

## Gaston County Interagency and Intergovernmental Task Force on Homelessness

### Existing Programs/Activities in Place (general themes)

- Our agency provides emergency shelter to those experiencing homelessness in Gaston and Lincoln County.
- Our services also include a clothing closet and food pantry.
- Work as a case manager which assist low-income individuals and families in Gaston County.
- Assist clients with housing and employment.
- Our agency provides access to behavioral health services to individuals who are Medicaid or unfunded. We have over \$800,00 in homeless grants through HUD that serve Burke, Catawba, Cleveland, Gaston, Lincoln, Iredell, Surry and Yadkin counties. We also have COVID 19 funding until June 2022 to provide rapid rehousing and prevention funds and services for Gaston, Lincoln and Cleveland counties.
- Legislative Policy.
- Schools identify students who meet the federal definition of homelessness under the McKinney-Vento Act (lacking a fixed, regular, and adequate nighttime residence). Students who are identified as McKinney-Vento have the right to immediate enrollment in school even if they do not have the documents normally required for enrollment, are automatically eligible for free meals in school, and have the right to remain in their school of origin (school before they became homeless) and receive transportation to their school of origin.
- Partners with other organizations to assist in utility payments during COVID (specifically the United Way). We have also been a sponsor for numerous crisis ministries and food drives for faith based and nonprofit organizations. The city also works closely with HUD and the housing authority to assist in providing homes for city residents as well as information on first-time buyer finance assistance programs with the City. City police have been a great resource in providing information and resources to those individuals who are looking for assistance.
- Provides rental/utility assistance to maintain their home and utilities; locate a new home or identify appropriate emergency shelters. Relocated 38 survivors out of state or county due to imminent danger. Offer assistance with employment, rent, utilities, food, gas, mental health and medical care along with transportation, child-care, court accompaniment, legal representation for child custody, divorce and seeking a domestic violence protective orders.
- Provides transitional housing for women and children experiencing homelessness.
- A regional tri-county collaboration of local government, nonprofit and community organizations designed to promote community-wide commitment to identify and address issues related to homelessness.
- Our primary population served are the residents of the unincorporated areas of Gaston County. The Department responds to calls for service.
- Make referrals for temporary shelter.
- Connects homeless population with resources and provides mentoring/cognitive support as unhoused citizens navigate the pathway from homeless to housed.
- Provides services to protect children and disabled adults, which at times means providing services to homeless citizens. We also handle Medicaid applications, Food stamps, and Child Support.

# Appendix E: Homelessness Survey Questions and Results from Task Force (Continued)

## Gaston County Interagency and Intergovernmental Task Force on Homelessness

### Existing Strengths

- Provides immediate availability to shelter for those in need.
- Provides funds to provide assistance with housing, utilities, and employment.
- Having extensive knowledge of homeless services and resources as well as knowledge and experience with grants specific to serving homeless individuals and families.
- Experience in legislature --Service and Lobbying.
- Serving homeless students in providing specialized transport to a large number of students each year to keep them at their school of origin giving them consistency in their education.
- The great wealth of knowledge, experience and resources/connections our city staff and elected officials in this area.
- Our work with HUD and local agencies to create affordable housing.
- Available funding to provide financial assistance along with employment opportunities.
- Caring for people with the right tools.
- Serving people experiencing homelessness in Gaston County for over 28 years. Utilize a strengths-based, person-centered, and trauma-informed approach to services.
- Partnerships/partnering with other communities.
- Intergovernmental and Interagency Task Force.
- That we accept everyone without any discrimination.
- We have a diverse group of volunteers.
- We are available for emergency needs.
- The ability to engage with those who we find during calls for service and patrols.
- We are a local Government.
- Service provided with dignity.
- Ability to apply for resources (food stamps, Medicaid, etc.) for families at risk of homelessness or recently securing housing and in need of ongoing supports.
- Transportation from rural to urban areas within the county.
- Job fairs.

# Appendix F: Housing First Fact Sheet



## FACT SHEET: HOUSING FIRST

APRIL 2016



National Alliance to  
END HOMELESSNESS

### WHAT IS HOUSING FIRST?

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.<sup>1</sup>

### HOW IS HOUSING FIRST DIFFERENT FROM OTHER APPROACHES?

Housing First does not require people experiencing homelessness to address all of their problems including behavioral health problems, or to graduate through a series of services programs before they can access housing. Housing First does not mandate participation in services either before obtaining housing or in order to retain housing. The Housing First approach views housing as the foundation for life improvement and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter. Supportive services are offered to support people with housing stability and individual well-being, but participation is not required as services have been found to be more effective when a person chooses to engage.<sup>2</sup> Other approaches do make such requirements in order for a person to obtain and retain housing.

### WHO CAN BE HELPED BY HOUSING FIRST?

A Housing First approach can benefit both homeless families and individuals with any degree of service needs. The flexible and responsive nature of a Housing First approach allows it to be tailored to help anyone. As such, a Housing First approach can be applied to help end homelessness for a household who became homeless due to a temporary personal or financial crisis and has limited service needs, only needing help accessing and securing permanent housing. At the same time, Housing First has been found to be particularly effective approach to end homelessness for high need populations, such as chronically homeless individuals.<sup>3</sup>

### WHAT ARE THE ELEMENTS OF A HOUSING FIRST PROGRAM?

Housing First programs often provide rental assistance that varies in duration depending on the household's needs. Consumers sign a standard lease and are able to access supports as necessary to help them do so. A variety of voluntary services may be used to promote housing stability and well-being during and following housing placement.

Two common program models follow the Housing First approach but differ in implementation. Permanent supportive housing (PSH) is targeted to individuals and families with chronic illnesses, disabilities, mental health issues, or substance use disorders who have experienced long-term or repeated homelessness. It provides long-term rental assistance and supportive services.

A second program model, rapid re-housing, is employed for a wide variety of individuals and

## Appendix F: Housing First Fact Sheet (Continued)

families. It provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and remain housed. The Core Components of rapid re-housing—housing identification, rent and move-in assistance, and case management and services—operationalize Housing First principals.

### **I DOES HOUSING FIRST WORK?**

There is a large and growing evidence base demonstrating that Housing First is an effective solution to homelessness. Consumers in a Housing First model access housing faster<sup>v</sup> and are more likely to remain stably housed.<sup>v</sup> This is true for both PSH and rapid re-housing programs. PSH has a long-term housing retention rate of up to 98 percent.<sup>vi</sup> Studies have shown that rapid re-housing helps people exit homelessness quickly—in one study, an average of two months<sup>vii</sup>—and remain housed. A variety of studies have shown that between 75 percent and 91 percent of households remain housed a year after being rapidly re-housed.<sup>viii</sup>

More extensive studies have been completed on PSH finding that clients report an increase in perceived levels of autonomy, choice, and control in Housing First programs. A majority of clients are found to participate in the optional supportive services provided,<sup>x</sup> often resulting in greater housing stability. Clients using supportive services are more likely to

participate in job training programs, attend school, discontinue substance use, have fewer instances of domestic violence,<sup>x</sup> and spend fewer days hospitalized than those not participating.<sup>xi</sup>

Finally, permanent supportive housing has been found to be cost efficient. Providing access to housing generally results in cost savings for communities because housed people are less likely to use emergency services, including hospitals, jails, and emergency shelter, than those who are homeless. One study found an average cost savings on emergency services of \$31,545 per person housed in a Housing First program over the course of two years.<sup>xii</sup> Another study showed that a Housing First program could cost up to \$23,000 less per consumer per year than a shelter program.<sup>xiii</sup>

<sup>v</sup>Tsemberis, S. & Eisenberg, R. Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities. 2000.

<sup>vi</sup>Einbinder, S. & Tull, T. The Housing First Program for Homeless Families: Empirical Evidence of Long-term Efficacy to End and Prevent Family Homelessness. 2007.

<sup>vii</sup>Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S., & Fishcer, S. Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes. 2003.

<sup>viii</sup>Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S., & Fishcer, S. Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First programs. 2003.

<sup>v</sup>Tsemberis, S. & Eisenberg, R. Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities. 2000.

<sup>vi</sup>Montgomery, A.E., Hill, L., Kane, V., & Culhane, D. Housing Chronically Homeless Veterans: Evaluating the Efficacy of a Housing First Approach to HUD-VASH. 2013.

<sup>vii</sup>U.S. Department of Housing and Urban Development. Family Options Study: Short-Term Impacts. 2015.

<sup>viii</sup>Byrne, T., Treglia, D., Culhane, D., Kuhn, J., & Kane, V. Predictors of Homelessness Among Families and Single Adults After Exit from Homelessness Prevention and Rapid Re-Housing Programs: Evidence from the Department of Veterans Affairs Supportive Services for Veterans Program. 2015.

<sup>ix</sup>Tsemberis, S., Gulcur, L., & Nakae, M. Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis. 2004.

<sup>x</sup>Einbinder, S. & Tull, T. The Housing First Program for Homeless Families: Empirical Evidence of Long-term Efficacy to End and Prevent Family Homelessness. 2007.

<sup>xi</sup>Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S., & Fishcer, S. Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First programs. 2003.

<sup>xii</sup>Perlman, J. & Parvensky, J. Denver Housing First Collaborative: Cost Benefit Analysis and Program Outcomes Report. 2006.

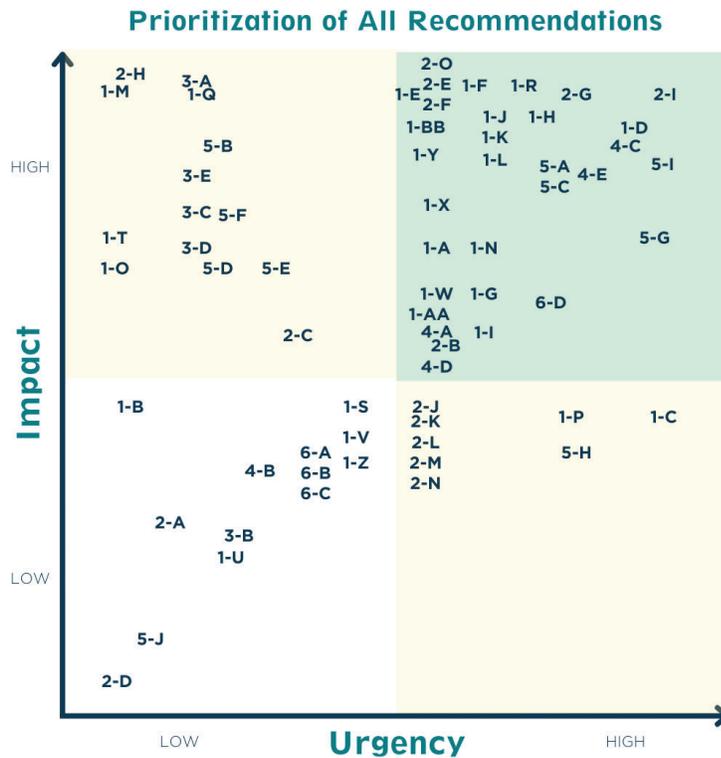
<sup>xiii</sup>Tsemberis, S. & Stefancic, A. Housing First for Long-Term Shelter Dwellers with Psychiatric Disabilities in a Suburban County: A Four-Year Study of Housing Access and Retention. 2007.

# Appendix G: Comprehensive Recommendations

## Comprehensive Findings and Recommendations

Intergovernmental and Interagency Task Force on Homelessness

December 6, 2021



## 1. HOUSING

### FINDINGS

#### Existing Initiatives and Services

- Laurel Street development in Belmont
- Section 8 public housing
- Special zoning for mobile homes
- Habitat for Humanity

#### Infrastructure Funding Needs

- Affordable housing development depends on subsidies and the cooperation of both city and county government as well as private investment.<sup>1</sup>
- There is concern about the effectiveness of the current funding strategy.
- There is a need for additional local, state, and/or federal funding to assist with affordable housing development.

#### Infrastructure Needs

- The County's existing stock of affordable housing infrastructure is dwindling due to private development.<sup>2</sup>

#### Access to Permanent Housing Needs

<sup>1</sup> Intergovernmental and Interagency Task Force on Homelessness, Presentation by Laurel Street's Dionne Nelson

<sup>2</sup> Intergovernmental and Interagency Task Force on Homelessness, Presentation by Laurel Street's Dionne Nelson

## Appendix G: Comprehensive Recommendations (Cont.)

- Task Force members attest there is not enough affordable and workforce housing (30-80% AMI) in Gaston County. Clients are often unable to secure permanent housing after receiving support services, which increases the risk of cycles of homelessness.
  - There is a lack of awareness about how to access programs and services for permanent housing.
  - There are little to no dedicated Housing Navigators to assist clients in securing permanent housing.
- Prior evictions or felonies severely limit housing options.<sup>1</sup>
  - Organizations assisting people at-risk for homelessness (as well as their clients) turn to hotels and motels for housing in cases where the client does not qualify for other more affordable housing options. This is not a cost-effective solution for the long-term; more permanent solutions should be sought out.
- History of substance abuse, alcohol abuse, and/or mental illness is often a barrier to securing permanent housing.
  - There is not enough permanent supportive housing for people who need lifetime support to maintain independent living. Supportive housing for clients with mental illness and substance abuse disorders is more cost-effective than other alternatives.<sup>2</sup>
  - Landlords could benefit from access to trainings on how to work with tenants who have a mental illness or substance abuse disorder.
- Financial instability poses challenges for people who would like to transition into permanent housing.
  - About \$3000 is needed to move into rental units (to cover setting up utilities and services, paying the security deposit, and paying the first month's rent). Clients have little to no disposable income to support these up-front costs.
  - Even after clients are successfully housed, the lack of emergency savings puts tenants at-risk. Challenges such as sickness or car troubles can be devastating for those living paycheck to paycheck.

### Access to Emergency Housing Needs

- There are more families in need of emergency shelter than there are beds to for them to sleep in. On a representative night in 2020, 24 family members slept outside, and there were zero spare beds in emergency shelters (97% capacity). This is only marginally better than the six-year average of 118% capacity for families in emergency shelters.<sup>3</sup>
- Fewer than 4 in 10 families with a shelter stay have dedicated permanent housing support to exit homelessness.<sup>4</sup>
- HUD promotes Rapid Rehousing as an effective and cost-efficient way to end homelessness. "Rapid rehousing programs help families and individuals living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing while reducing the amount of time they experience homelessness, avoiding a near-term return to homelessness, and linking to community resources that enable them to achieve housing stability in the long-term."<sup>5</sup>
- There are only a few options for emergency housing in crisis situations, and current providers are unable to meet the demand for emergency housing.
- People with substance abuse disorders may be refused entry to emergency shelters; "low-barrier" shelters offer resources to people who would otherwise be unable to access emergency shelter. This could possibly explain why, in 2020, 161 individuals slept outside even though there were 63 spare beds for individuals in emergency shelters.<sup>6</sup>

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<sup>1</sup> [HUD, Impact of evictions on homelessness](#)

<sup>2</sup> [Cost-effectiveness of supported housing for homeless persons with mental illness](#)

<sup>3</sup> [Shelter Capacity Data from the Gaston-Lincoln-Cleveland Continuum of Care Point in Time County 2020](#)

<sup>4</sup> [Fewer Than 4 in 10 Families with a Shelter Stay Have Dedicated Permanent Housing Support to Exit Homelessness](#)

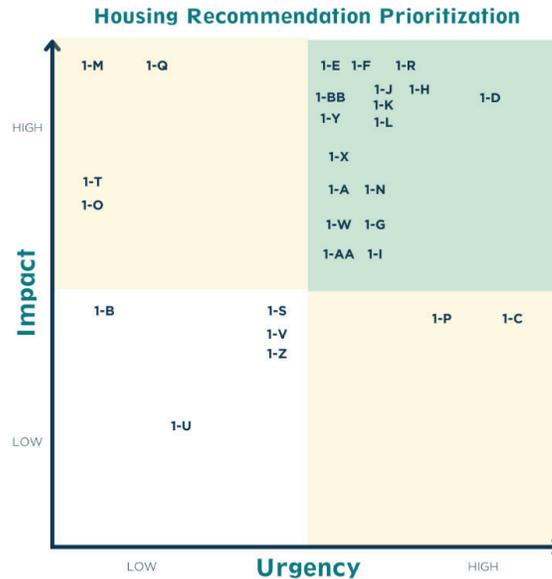
<sup>5</sup> [Rapid Re-Housing Brief](#)

<sup>6</sup> [SOH: State and CoC Dashboards](#)

## Appendix G: Comprehensive Recommendations (Cont.)

- Organizations assisting people at-risk for homelessness (as well as their clients) turn to hotels and motels for housing when emergency shelters are full. This is not a cost-effective solution for the long-run, and a permanent solution needs to be found.

### RECOMMENDATIONS



#### Infrastructure Funding Solutions

- 1-A. Seek local government and private sector funding to help nonprofit organizations to fund affordable housing development. Include housing authorities in the conversation.
- 1-B. Educate investors and local governments on the benefits of funding affordable housing.
- 1-C. Allocate County and municipal funding to fund a Homelessness Prevention Coordinator or Housing Navigator.
- 1-D. Pursue long-term public-private partnerships to fund affordable housing development, including local housing authorities. Educate investors and local governments on the benefits of funding affordable housing. Establish a housing trust fund or other funding mechanism to collect and receive dollars from both governments and the general public for the explicit purpose of constructing affordable housing. Potential intergovernmental and interagency partnership with the Gaston Community Foundation.

#### Infrastructure Solutions

- 1-E. Conduct a study to determine the number of housing units needed in the next 3-5 years.
- 1-F. Create public-private partnerships to develop affordable housing, including housing authorities.

#### Intergovernmental Planning and Zoning Solutions to Encourage Affordable Housing Development

- 1-G. Gaston County and municipalities provide in zoning and development ordinances and incentive through implementing density bonuses to incentivize, not mandate, the production of affordable housing in exchange for increases in allowable number of units/building heights/vertical expansion. For example, in exchange for making 10/20 percent of their units affordable for households making less than 80 percent of the Area Median Income (AMI), a developer may be able to build 45 housing units on a plot of land zoned for only 35 units.
- 1-H. County and municipalities establish a policy to streamline and expedite plan and development review approvals for affordable housing developments.
- 1-I. County and cities amend ordinances to allow for accessory dwelling units (ADU) additional, separate living quarter built on a single-family lot/parcel that is independent of the primary housing unit.
- 1-J. County and municipalities include in their comprehensive plans a housing element that takes an inventory of existing housing and project the future affordable housing needs of the county and

## Appendix G: Comprehensive Recommendations (Cont.)

cities that will examine the location, form and cost of future homes, and include incentives for developers to build more affordable homes, where possible.

- 1-K. County and cities conduct a needs assessment of the land they own and consider leveraging certain properties for affordable housing development.
- 1-L. County and city create a plan to work with the private sector to repurposing existing vacant or underutilized commercial buildings for adaptive re-use for affordable housing.
- 1-M. Gaston County and the municipalities when disposing of publicly owned surplus public land and buildings give priority to affordable housing opportunities.

### Access to Permanent Housing Solutions

- 1-N. Provide or promote housing and rental assistance to help County residents maintain housing stability.
- 1-O. Implement a housing benefit program to assist the low-income who face a severe affordability problem in their current accommodation to prevent homelessness.
- 1-P. Create a housing program that targets investments towards chronically and episodically homeless people.
- 1-Q. Promote rapid rehousing programs.
- 1-R. Develop an overall homelessness prevention strategy that considers the matter of evictions, loss of employment, felonies, etc.
- 1-S. Educate landlords on affordable housing and how to work with tenants who face mental health crises.
- 1-T. Create local housing funding program that target investments towards chronically and episodically homeless people.
- 1-U. Offer financial literacy training.
- 1-V. Increase LGBT permanent housing.

### Access to Emergency Housing Solutions

- 1-W. Fund short-term emergency housing for homeless families this winter. Allocate \$250,000 of the County's American Rescue Plan Act funding towards short-term emergency shelter so no family is unhoused this winter. Identify temporary housing infrastructure that meets HUD's best practice approach to physical attributes such as cleanliness, heating/cooling, bathrooms, etc. HUD recommends non-congregate shelters such as such as hotels, motels, and dorm rooms as an alternative approach to winter sheltering during COVID-19.<sup>1</sup> Coordinate the program with Gaston County Department of Health and Human Services' current Emergency Rental Assistance Program (ERAP).
- 1-X. Invest in rapid rehousing programs to keep people out of homelessness.
- 1-Y. Fund a low-barrier shelter.
- 1-Z. Increase LGBT emergency housing.
- 1-AA. Create a local and coordinated program to provide supportive funding or rental assistance for a 6-12 months based on need and proof once a person or family is re-housed to prevent repeated homelessness.
- 1-BB. Increase the availability and capacity of emergency housing in Gaston County.

## 2. Personal Needs (Transportation, Hygiene, Internet, Food, and Other Personal Needs)

### FINDINGS

#### Existing Initiatives and Services

- Nonprofits and the faith community do an incredible amount of work to offer emergency services such as food pantries, utility assistance, medicine, clothing, shelter, and more.
- Gastonia Transit offers free or low-cost bus fares.

Existing emergency and transitional housing programs operate at full capacity, and already serve hundreds of residents every month.

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<sup>1</sup> HUD's Recommended Alternative Approaches to Winter Sheltering during COVID-19

## Appendix G: Comprehensive Recommendations (Cont.)

- Gaston County Department of Health and Human Services offers health and social services to elderly, disabled, and low-income residents, and helps to connect people to public benefit programs.
- Hope United Survivors Network offers help to victims and survivors of domestic violence and abuse.

### Issues with Accessibility: Need to Clarify Path Forward in a Crisis

- There is not a clear path forward for people facing a housing crisis. Communicating with homeless populations is difficult, and the current system does not meet the needs of Gaston County residents.
  - NC211 is the primary information and referral hotline for residents to learn about health and human services in Gaston County. Service providers attest that NC211 is inadequate and is unable to meet the demand for referrals.
  - Communication about programs and services needs to be tailored to the client. There are no blanket solutions to end homelessness. For example, individuals experiencing acute homelessness have different needs from those who are chronically homeless.
- Wraparound service delivery strategies are proven to improve client outcomes.
- Service providers report high demand for crisis assistance services such as mailboxes, access to internet and phone, showers, laundry, food, clothing, and medicine. Proximity of these services to existing emergency and/or transitional housing is critical.
- Sanitation and hygiene are daily challenges.
- Anecdotally, service providers know there is a digital divide between housed and unhoused populations. More information is needed to understand the extent and nature of broadband and technology needs of both homeless populations, and service agencies.
  - Nationally, there is a disparity between rural and urban access to the internet and technology.<sup>1</sup>

### Widespread Need for Transportation

- Transportation is often cited as a barrier to access to crisis assistance (food, shelters, medicine, hospital, etc.) as well as routine medical appointments, jobs, education, or other essential appointments. HUD data on transportation affordability indicates that transportation is less affordable in rural parts of the County.<sup>2</sup>
- Transportation to service providers may be a barrier for rural homeless individuals, but more data is required to assess need
- Transportation is a daily necessity—for medical appointments, finding housing, groceries, transporting children, and more.

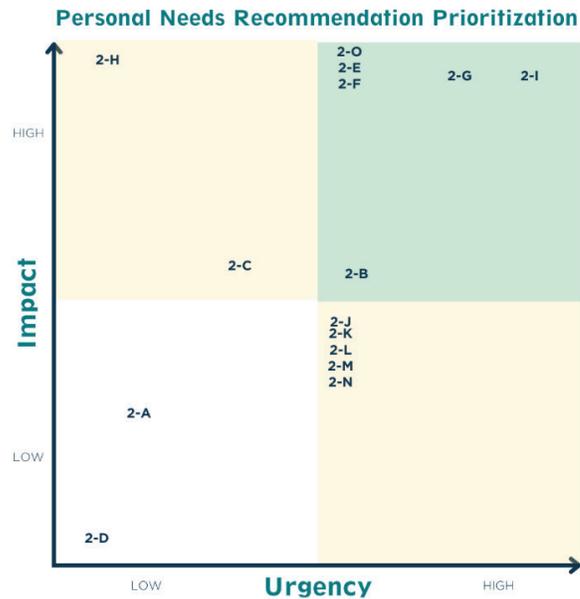
## RECOMMENDATIONS

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<sup>1</sup> [Some digital divides persist between rural, urban and suburban America](#)

<sup>2</sup> [HUD Low Transportation Cost Index](#)

## Appendix G: Comprehensive Recommendations (Cont.)



### Accessibility Solutions: Clarify Path Forward in a Crisis

- 2-A. Create an online dashboard to raise awareness of available programs and services.
- 2-B. Conduct a program evaluation of NC211. The evaluation should assess NC211's capacity as the County's primary 24/7/365 hotline for people in need of health and human services; or, if the service could be better provided by a local agency such as Gateway Gaston or the Continuum of Care. The study should also map the current coordinated entry process as it relates to NC211 and suggest areas for improvement.
- 2-C. Seek local government and private sector funding to help nonprofit organizations to provide homelessness prevention services, including funding to support a County-wide Homelessness Prevention Coordinator.
- 2-D. Develop a communication system mechanism to help non-profits work with homeless clients obtain routine transportation for their various needs.
- 2-E. Conduct a report or determine central problem that provides the specific barriers to transportation for homeless to understand what solutions should be developed.
- 2-F. Develop a county-wide collaborative approach with the county and city governments on transportation for homeless' needs, e.g. jobs, job training, education, medical, etc
- 2-G. Increase access to showers, laundry, mail, food, clothing, and internet/phone service; ideally, located nearby emergency/transitional housing
- 2-H. Finance a one-stop Day Center to provide a wide array of services for those experiencing homelessness and needing one-stop services. Also, provide transportation to the Day Center. The five Continuum of Care staff (funded and employed by HealthNet Gaston) would like to be housed at the Day Center to provide expertise, manpower, and collaboration with services providers.
- 2-I. Develop a GIS (Geographical Information Systems) map that provide homeless services locations and underserved communities susceptible to homelessness, such as: Locate and track concentrations of homeless population in the community; Identify needs for and proximity to healthcare and other essential services; Analyze best locations for temporary housing; Allocate resources optimally to homeless community; and Evaluate areas in the community that are at risk for generating homelessness and prioritize and site intervention programs.

### Transportation Solutions

- 2-J. Increase reliable transportation services within Gastonia and elsewhere in the County.
- 2-K. Hire low-income residents to operate a small fleet of vans; potentially while they receive training for CDL licenses.

## Appendix G: Comprehensive Recommendations (Cont.)

- 2-M. Marshal the faith communities that have vans and buses that are not being used (potential collaboration with Gateway Gaston).
- 2-N. Add a new bus route that extends beyond Gastonia, looping through Gaston College and the Gastonia Transit Center (see GEMS Director Mark Lamphiear's "Clover Leaf" transportation idea)
- 2-O. Collect more data to determine what the most transportation needs are

### 3. Education, Training, and Employment Assistance

#### FINDINGS

##### Existing Initiatives and Services

- Several service providers offer job retraining, mentoring, and financial counseling.
- Gaston College offers an accessible pathway to adult learning.
- Students of Gaston County Schools have rights and access to services under the McKinney-Vento Homeless Assistance Act.

##### Need to Increase Capacity

- The nature of emergency response prioritizes short-term planning. Long-term financial stability is not enough of a priority among service providers.
  - Lack of funding and resources for organizations offering job and education assistance limits service provision.
  - Service providers would like to increase financial competencies of their clients (such as managing a budget, how to pay off debt, how to build savings, etc.).
- There is opportunity for more collaboration with the business community and private sector to create job pipelines.
- HUD data on job proximity confirms that rural areas of the County are much further away from jobs.<sup>1</sup>

##### Lack of Access to Education and Job Opportunities

- The pursuit of education and job opportunities is interdependent with many other basic needs such as possession of a bank account and permanent address, as well as access to childcare, laundry, showers, shelter, and nutrition.
- The availability of transportation to schools and jobs is a potential barrier. HUD data on job proximity confirms that rural areas of the County are much further away from jobs.<sup>2</sup>

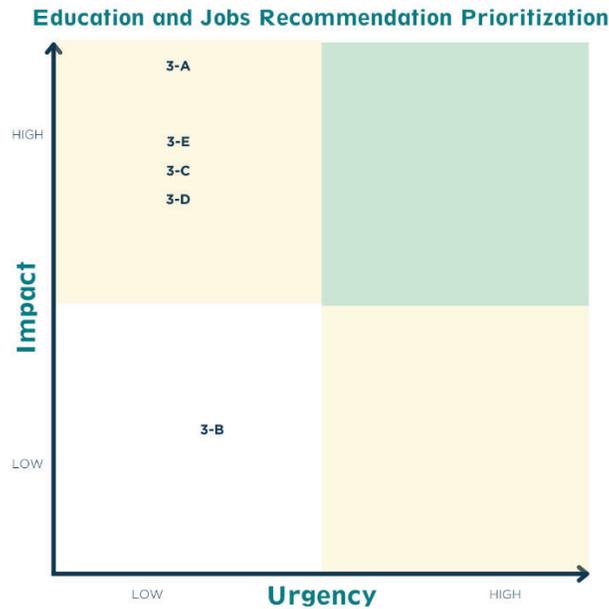
#### RECOMMENDATIONS

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<sup>1</sup> [HUD Jobs Proximity Index](#)

<sup>2</sup> Ibid.

## Appendix G: Comprehensive Recommendations (Cont.)



### Solutions to Increase Capacity

3-A. Develop a homelessness needs assessment based on homeless service capacity and develop actionable items to expand capacity where needed.

3-B. Develop public-private partnerships to create a pipeline to training and jobs that pay a living wage, including employment opportunities for people facing barriers such as prior felonies.

### Solutions to Increase Access to Education and Job Opportunities

3-C. Increase access to technology and the internet.

3-D. Invest in public Wi-Fi

3-E. Conduct an internet needs assessment to determine if there are inequities in access across regions of the County.

## 4. Healthcare (Physical, Mental, Behavioral, and Addiction)

### FINDINGS

#### Existing Services and Initiatives

- Essential wellness resources are infused throughout the community.
- Currently, Gaston County has school-based therapy, clinical services, substance abuse treatment, behavioral health care, emergency response, and more.

#### Need for Better Communication

- There is a perception among task force members that health service providers operate in silos based on primary population served (i.e. siloed by age, ability, sex, location, etc.). There is a desire to overcome silos to share information and resources.
  - Organizational silos impact the quality of service to clients. Case management, for example, could be more effective if it followed clients between organizations. Currently, case management does not usually extend beyond the clients' interaction with specific health providers.
- Discharge policies vary across health care providers, and after-care is not always coordinated. This can cause a problem for homeless clients (such as being discharged from a health provider and dropped off at an emergency shelter after intake is already closed for the day).

Clients may not have the knowledge necessary to make informed and empowered decisions about

## Appendix G: Comprehensive Recommendations (Cont.)

- It may be difficult to understand the differences between various health services offered.
- Eligibility criteria for various programs can be complicated. For example, some services could require COVID-19 testing or a background check before the client is eligible. Both clients and service providers.

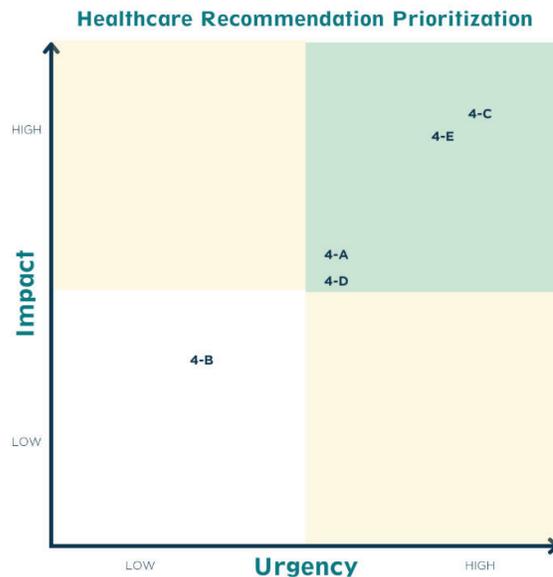
### Scope of Services

- It is well documented that homeless populations experience higher than average rates of mental illness and substance abuse disorder.<sup>1</sup>
- Immediate needs often supersede long-term needs, creating an unsustainable cycle of crisis.
- Task force members perceive mental and behavioral health services to be lacking in general.

### Need for Funding and Data

- North Carolina is not a Medicaid expanded state, which creates some funding concerns.
- The impact of transportation availability for urban versus rural residents is unknown.
- The impact of COVID-19 on homelessness is unknown.

## RECOMMENDATIONS



### Communication Solutions

- 4-A. Establish a communication plan to improve case management across healthcare and social service organizations.
- 4-B. Develop one unified discharge policy for all healthcare providers serving homeless populations in Gaston County. Include in the policy a plan for after-hours discharge protocol to ensure people leaving the hospital are not left unhoused.

### Scope of Services Solutions

- 4-C. Improve access to mental and behavioral health as well as treatment for substance abuse disorders.
- 4-D. Examine the need for mental, behavioral, and physical health for homeless populations in both urban and rural areas to determine how best to provide service delivery for the specific needs of those areas.

### Funding and Data Solutions

- 4-E. Conduct an analysis of the impact of COVID-19 on the homeless population to determine the overall impact on Gaston County.

<sup>1</sup> [Homelessness, Health, and Human Needs](#)

# Appendix G: Comprehensive Recommendations (Cont.)

## 5. Coordination

### FINDINGS

#### Existing Initiatives and Services

- The Gaston-Lincoln-Cleveland Continuum of Care is the primary organization promoting regional collaboration to end homelessness. Continuum of Care members are governments, nonprofits, and community organizations. Their mission is to provide the homeless with access to resources and services that lead to permanent housing and self-sufficiency.
- Service agencies within Gaston County cooperate and offer clients inter-agency referrals.

#### Need for Improved Communication and Collaboration Mechanisms around Homelessness in Gaston County

- Task force members agree there is a need for follow-up, data collection, and monitoring after this report of recommendations is presented to the Board of Commissioners.
- Service providers want to see more intergovernmental collaboration. Both the County and the cities have shared responsibility, and governments need to coordinate their efforts to end homelessness.
  - County and municipal governments could have better communication, especially around coordinating a holistic county-wide strategy to end homelessness.
- Service providers believe interagency communication and collaboration could be improved.
  - Nonprofit and community organizations may not be aware of the extent of services offered by other organizations, especially if they are not a member of the GLC Continuum of Care.
  - Overburdened service providers do not have the capacity to network with others in the industry. Currently, there is not an effective communication mechanism that all governments and organizations have access to.
  - Inadequate communication contributes to confusion and gaps in service for clients.
  - Existing collaboration needs to be more inclusive. Some organizations and service providers are routinely left out of the loop.

#### Need for Innovation and Awareness

- There is an opportunity to find new partners to help serve specialty populations (LGBTQ+, Spanish-speaking, elderly, people living with a disability, etc.)
- There is a stereotyped perception that homelessness only involves minorities or people of color. The demographics of homeless populations in Gaston County disproves this stereotype.<sup>1</sup>
- Negative stereotypes about homelessness encourage NIMBY-ism, preventing an effective community response.
- Stereotypes create a harmful stigma that may discourage individuals from accessing the care they need.
- Need to raise general awareness about the extent of the issue of homelessness and how to find help, including transportation options.
- Task force members believe that coordinated entry could be improved.
  - Some agencies are currently doing coordinated entry for their clients but are not being compensated for the work they do. They attest that doing coordinated entry for clients tends to improve outcomes.
  - A system for coordinated entry exists, but the system is not meeting its potential. There are still people who are unable to get through the “front door” of the system.

Ideally, coordinated entry into the system of service providers serving Gaston County should begin at the client’s first point of contact (such as a phone call to NC211). More information is needed to assess the efficacy of the current system.

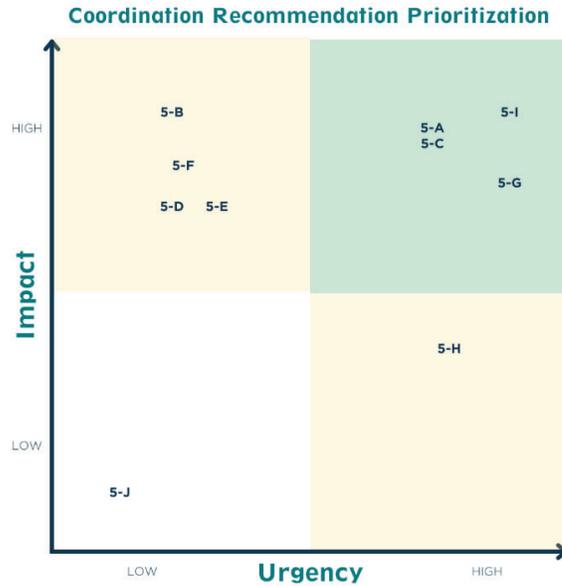
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<sup>1</sup> [Shelter capacity and homeless population demographics](#)

## Appendix G: Comprehensive Recommendations (Cont.)

- Case management is typically short-term and housed within only one organization, even though a client may interact with several organizations over the course of their recovery from homelessness.

### RECOMMENDATIONS



#### Improved Communication and Collaboration Mechanisms around Homelessness in Gaston County

- 5-A. Establish a county-wide committee comprised of agency and community organizations serving homeless populations for the purpose of fostering collaboration, communication, and coordination of services aimed at serving and preventing homelessness in Gaston County.
- 5-B. Develop a robust centralized and inclusive communication and reporting structure that includes all the municipalities, county, non-profits, and school in disseminating pertinent information regarding homeless population and their needs.
- 5-C. Establish a homelessness council of Gaston County appointed by the Board of County Commissioners to act as the centralized clearinghouse of homelessness service delivery, information sharing, funding opportunities, and homelessness policy development.
- 5-D. Assess the unmet needs of Gaston County homeless population to work to assess monetary costs to those unmet needs so that funding is targeted, specific, and efficient towards the services warranted.
- 5-E. Conduct a program analysis of coordinated entry to identify weaknesses and develop targeted solutions.
- 5-F. Create a comprehensive, public inventory of service providers, including populations served and services offered.

#### Ideas for Innovation and Awareness

- 5-G. Invest in case management and set community-wide standards for coordinated entry and case management. Utilize leading practice case management curriculum that can be designed and implemented to create greater consistency and improved performance.
- 5-H. Refine and reimagine coordinated entry as a concept of one "door" into the system and that with the coordinated entry process clients served will be directed to the right intervention and more quickly.
- 5-I. Develop a Gaston County Homelessness Dashboard to act as a clearinghouse of information regarding homelessness statistics and available services, and as repository for non-homeless individuals to learn about homelessness with the goal to increase engagement and understanding.
- 5-J. Develop a county-wide local marketing scheme to dispel myths and stereotypes about individuals who are homeless; educate the public about the leading causes of homelessness and best practices for prevention; communicate about local transportation options; and, highlight nonprofits and government agencies providing services to the homeless.

# Appendix G: Comprehensive Recommendations (Cont.)

## 6. Data and Evaluation

### FINDINGS

#### Existing Initiatives and Services

- The Gaston-Lincoln-Cleveland Continuum of Care is the main aggregator for regional data on homelessness, as it reports standards such as the annual Point in Time (PIT) Count to HUD.
- Client-level information on services and housing exists in the Homeless Management Information System (HMIS). HUD requires technical standards for data elements.

#### Demographics of Homelessness in Gaston County

- Some groups with specialty needs may be underserved. Task force members claim that LGBTQ+, disabled, Spanish-speakers, and elderly homeless populations have few dedicated services that are responsive to their unique needs.
- There is a stereotyped perception that homelessness only involves minorities or people of color. The demographics of homeless populations in Gaston County disproves this stereotype.<sup>1</sup>
- Task force members describe issues with equity in service delivery-- hard to reach groups (people of color) may not be as well informed about services. Most minority groups in the United States experience homelessness at higher rates than Whites, and therefore make up a disproportionate share of the homeless population.<sup>2</sup>

#### Better Data Collection and Analysis is Required to Understand Gaps in Service

- There is not enough data to assess equity in service delivery. Anecdotal information suggests rural parts of the County could be underserved, especially in areas such as:
  - Transportation. HUD data on transportation affordability indicates that transportation is less affordable in rural parts of the County.<sup>3</sup>
  - Access to jobs. HUD data on job proximity confirms that rural areas of the County are much further away from jobs.<sup>4</sup>
  - Broadband and technology.<sup>5</sup>
  - Nutrition.

### RECOMMENDATIONS

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<sup>1</sup> [Demographics of Homelessness](#)

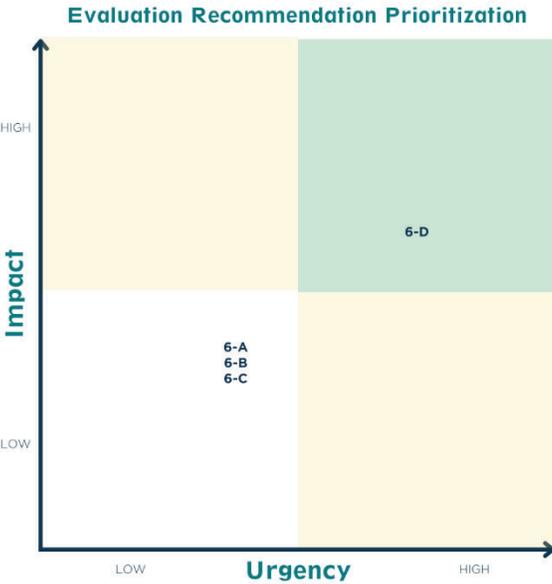
<sup>2</sup> [Homelessness and Racial Disparities](#)

<sup>3</sup> [HUD Low Transportation Cost Index](#)

<sup>4</sup> [HUD Jobs Proximity Index](#)

<sup>5</sup> [Some digital divides persist between rural, urban and suburban America](#)

# Appendix G: Comprehensive Recommendations (Cont.)



- 6-A. Gather data on LGBTQ+, disabled, Spanish-speaking, and elderly homeless populations in Gaston County to determine which services they need the most. Create a plan to include new groups and partners in the service delivery of these populations.
- 6-B. Create a plan to include new groups and partners in the service delivery of diverse populations, e.g. LBBTQ+, LatinX, the elderly, and person with disability, etc. populations.
- 6-C. Develop an equity service delivery plan or strategy that clearly outlines actions that provides efforts to minority groups, and recognize critical homelessness issues concerning woman, youth, and older persons.
- 6-D. Overall, more data and analysis is needed to inform specific strategies to end homelessness in Gaston County.