

Charlotte-Mecklenburg Continuum of Care Governing Board Meeting

Friday, April 24, 2020; 10am-12pm

Board Members			
Kathryn Firmin-Sellers, Chair	Patrick Hayes, Vice Chair	Timica Melvin	Lily Haken
Stacy Lowry	Anthony Ryback	Sonia Jenkins	Alesha Eaves
Maya Marshall	Deronda Metz	Stephen McQueen	Warren Wooten
Tchernavia Montgomery	Dennis LaCaria	Lashieka Hardin	Rodney Tucker
Hope Marshall			

Agenda

Time	Item	Vote Required	Facilitator
10:00am-10:10am	Welcome, attendance, public comments received		Kathryn Firmin-Sellers (welcome) Attendance & public comment (Erin Nixon)
10:10am-10:20m	Review & approve March meeting minutes	Approve March minutes	Kathryn Firmin-Sellers
10:20am-11:15am	COVID-19 response		Kathryn Firmin-Sellers
11:15am-11:30am	Membership/Nominating Committee <ul style="list-style-type: none"> • Current roster of CoC membership • What agencies are missing? • What other gaps do we have in membership • Propose this committee meets for the first time in May 		Erin Nixon
11:30am-11:55am	Equity & Inclusion Committee <ul style="list-style-type: none"> • Coordinated Entry Evaluation Interim report from UNCC will be available in a couple of weeks • Update on FY19 planning grant • Propose this committee meets for the 1st time in May 		Branden Lewis
11:55am	May meeting		Kathryn Firmin-Sellers
12:00pm	Adjourn		Kathryn Firmin-Sellers

Our Vision: Homelessness is rare, brief and non-recurring in the Charlotte-Mecklenburg Community. Everyone has housing choices and prompt access to a variety of housing resources and supports that meet their needs.

CoC Governing Board Meeting
Meeting Minutes
March 26, 2020

Call to Order:

The CoC Governing Board Meeting was held on March 26, 2020 via Skype Meeting. It began at 2:02pm and was facilitated by Erin Nixon, with Branden Lewis taking minutes.

Attendees

Board Members in attendance: Stacy Lowry, Warren Wooten, Kathryn Firmin-Sellers, Tchernavia Montgomery, Dennis LaCaria, Deronda Metz, Stephen McQueen, Patrick Hayes, Aleasha Eaves, Maya Marshall, Hope Marshall, Rodney Tucker, Anthony Ryback, Sonia Jenkins, Lashieka Hardin

Board Members not in attendance: Lily Haken, Timica Melvin

Guests in attendance: Jane Shutt (Pineville Neighbors Place), Sandy Buck (Catholic Charities Diocese of Charlotte), Megan Coffey (Mecklenburg County CSS), Courtney LaCaria (Mecklenburg County CSS), Stacey Bergeron (Mecklenburg County CSS), Sabrina Love (ABCCM), Mary Ann Priester (Mecklenburg County CSS), Kim Sanders (Mecklenburg County CSS), Anna Warren (Carolinas Care Partnership), Tawanna Denmark (Carolinas Care Partnership), Shamika Agbeviade (Mecklenburg County CSS), Kecia Robinson (VA)

Reports:

- No public comments received (Erin)
- Proposed attendance policy (Erin)---policy read by Erin. Amend the document in response to COVID-19 to include virtual meetings. Must attend in person unless meeting is conducted virtually for all.

Motion: Approve the attendance CoC Board attendance policy as amended (Stephen McQueen; 2nd Patrick Hayes)

- Nominees for Chair: Kathryn Firmin-Sellers (bio shared-no further comments)
- Nominees for Vice-Chair: Patrick Hayes (bio shared-excited to be a part of the board whether it's as a leader or member, has a passion for working with the homeless population) and Maya Marshall (bio shared-added that she has a degree in Sociology and understands the population being served)
 - Dennis shared that he had submitted nominations via email. Erin did not receive the email. Dennis nominated Patrick Hayes for Chair (Patrick declined) and Deronda Metz for Vice Chair (Deronda declined)
 - Voting survey will be sent out via Survey Monkey after the meeting. Board members will have 24 hours to vote.
- COVID-19 Response:
 - Megan Coffey, Coordinated Entry Supervisor:** A Coordinated Entry (CE) hotline will start on Monday. People will call 211 and there will be a prompt for the caller to be transferred to the CE hotline. The hotline will roll over to CE staff through a Google Voice number and the CE will be completed over the phone. Megan stated that staff can send HMIS numbers to her for anyone that needs a CE over the phone until the hotline gets set up.

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-Stacy Lowry, Mecklenburg County Community Support Services Director: Public Health (PH) opened an Isolation & Quarantine (I&Q) hotel last Monday. This is a 123-unit hotel staffed by Community Support Services (CSS) and PH staff. There have been 5 guests total, all have tested negative, 1 guest there now. The I&Q hotel is for individuals who do not have a home for self-quarantine or who just may be passing through Mecklenburg County/Charlotte or for homeless clients who have been tested and are awaiting the results. A healthy hotel has been set up for our 3 main homeless shelters (Salvation Army Center of Hope, Men's Shelter of Charlotte, Safe Alliance) to move out current residents so there can be more appropriate social distancing. This hotel is being staffed by shelter staff. Breakfast, lunch and dinner is being provided by the County. An additional healthy hotel will be opened soon. Calls are being held with updates from PH and about 40 other agencies. Documents have been created by Atrium and Novant. Atrium has a sewing project going on for masks. Shelter needs have been shared with Atrium. Telehealth is in the works for shelter residents. All evictions have been halted until April 15. People whose regular residence was a hotel who have lost jobs and can't pay are being assisted because hotels were evicting. Crisis Assistance Ministries has paid a week's worth of hotels for 600 people at 40 hotels. There is a group working through the next steps for those in hotels. There is a possibility of creating a project in HMIS to collect information for those that are utilizing these hotels, like it was done for the Lake Arbor project, to connect them to case management in order to develop a housing stability plan.

-Deronda Metz, Salvation Army Center of Hope: thankful for the partnership. Greatest challenge right now in emergency shelter world is the overall demand of the homeless for emergency shelter. Numbers went from 425 to about 200 in the shelter. Need more hotel rooms. On a positive note, they are getting a lot of good responses from landlords right now as they work to move clients into housing. As far as donations, don't ask for anything unless you're ready. She gave an example that at the healthy hotel, there weren't any refrigerators or microwaves, a group responded immediately. The hotels did fill the rooms with refrigerators on time. Voluntary Organizations Active in Disasters (VOAD), the group that donated the refrigerators did instruct the shelter to keep the refrigerators for when they do need them. VOAD will also deliver snacks to the shelter. Keeping the hotel location confidential to protect DV survivors.

-Sonia: thank you for helping homeless families in crisis. Charlotte-Mecklenburg Schools (CMS) supplying hotspots and devices for all students that need them. Get in contact with Sonia if there are any needs.

-Kathryn: VOAD is an official FEMA group. Located at the Emergency Operations Center. Being led by Bob Young with United Way. Centralized location for volunteer needs.

-Dennis: How do we push this information out as a CoC? What could be our role?

-Erin: Courtney working on adding a tab to the Dashboard with COVID-19 updates and resources.

-Stacy: Add links to County website, NCCEH website as a landing page to the Dashboard.

-Deronda: What could be our role? One role we could have is looking at this long term and what we could do going forward.

-Stephen: Track everything we're doing now; gather information; take lessons learned and use them going forward; UW and FTFC donated money and is moving rapidly-these funds will help us going forward, huge benefit.

-Kathryn: Look at the lessons learned and gaps; we have uncovered the gap of hotel residents; play the role of looking beyond the crisis; first round of grants will be announced tomorrow-

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directive grants-prioritized food, shelter and emergency financial assistance; UW doing a policy analysis; what the initiatives will mean. Competitive grants will be open tomorrow with a 2-week turn around. UW sent an email to remind agencies that the funding from them is unrestricted and can be repurposed to fit their needs. Is there a way to get restrictions on government grants loosened?

-Erin: Looking at gaps in our system and gaps that come out of this crisis.

-Patrick: People's lives are changing, looking at how these changes will affect people going forward.

-Warren: Advocacy has been going on around federal funding and relaxing federal regulations-will provide detail once he gets it.

-Stephen: MSC has quarantine for people who have symptoms of some sort. Trying to get people tested. Still looking at transportation gap, how to get people to sites to be tested. Not a lot of work has been done with the unsheltered.

-Deronda: Shelter Health Services—testing people at SACOH, look to expanding this to MSC/UMC to assist those residents as well. Haven't been able to respond to those that are unsheltered.

-Stacy: Liz is going to do more research on what other communities are doing for the unsheltered.

-Dennis: How can the CoC board/membership help to support the outreach efforts for unsheltered populations? Those in need take notes on what they need. Utilize Google Doc, One Drive, Dashboard as options to gather needs and ideas that the community and providers may have.

-Erin: Providers send what their needs are, and we all work together to share updates. Email CoC address for gaps and needs. We will compile asks and send out to Board members. Courtney will figure out how to work in an interactive link to add in information of needs that people can use.

-Tchernavia: Cardinal Innovations posted grant opportunities. Located on their agency website.

-Deronda: Do we know if anyone in the homeless population has tested positive? Stacy and Stephen said as of this morning no one in the homeless population has tested positive. Haven't really seen any direction from HUD as far as performances

-Courtney: Working on data from hospital systems and what are the costs related to what has been going on and the level of care provided. Will also had any information that will be of use to the CoC to the dashboard. Goal to put everything in one place.

-Erin: HUD has pushed back some deadlines (PIT data). HUD understands that communities are in crisis mode.

-Warren: Additional guidance on its way down regarding CPD funds.

- CoC Committees Report

-Coordinated Entry Oversight Committee(CEOC) (Courtney LaCaria) Courtney provided an overview of CEOC and that it began in 2014 when our community implemented Coordinated Entry (CE), which is a HUD requirement. CE is responsible for implementing processes to prioritize housing resources. In 2017, our community started work with 211. Courtney highlighted the milestones, which were outlined in the meeting materials. Open sharing has allowed for clients to not have to share their story multiple times and allowed for getting good data. In 2019, the City of Charlotte said they would no longer be the Collaborative Applicant and stepped back from participating in CEOC. The committee elected an interim chair, Courtney LaCaria, and they took opportunity during the transition to reevaluate structure and look at

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composition to ensure that populations served are represented on committee Reviewed document that outlined each seat and why that population was chosen to be represented on committee. Courtney walked through governance and application Looked at table and composition. Deronda, Megan thanked Courtney for work

-Question: Stephen: why are Vets and CMS ex-officio not special populations Vets: Important due to requirements of HUD and making sure they are included in prioritization; CMS: Homelessness is not just people who are on the streets; most are doubled up or in hotel and motels—looking at aligning the system; access to resources for students.

Motion: Approve proposed structure and governance of CoC Coordinated Entry Oversight Committee (Kathryn Firmin-Sellers made motion; Patrick Hayes second)

Motion: Approve proposed slate of Coordinated Entry Oversight Committee (Kathryn Firmin Sellers; Patrick Hayes second)

-Question: Deronda: will current situation effect people getting into housing? No; can still try to get them connected

-Data Advisory Committee (DAC) (Courtney LaCaria on behalf of Mary Ann Priester) Courtney gave a high level overview of the committee and its evolution, which was outlined in the meeting materials. The committee started back in 2016 for community process to review data before submitting it to HUD. The committee wants to ensure diverse participation. In March 2019, the CoC membership voted to expand committee to review community data requests. The committee reviewed structure and best practices. They identified populations that were missing from the committee and created staggered terms. Courtney gave an overview of the proposed structure and governance and the proposed slate.

-Questions: None

Motion: Approve proposed structure and governance of CoC Data Advisory Committee (Stephen McQueen; 2nd Stacy Lowry)

Motion: Approve proposed slate of Data Advisory Committee members (Stephen McQueen; 2nd Patrick Hayes)

-HMIS Sub-Committee (Courtney LaCaria on behalf of Mary Ann Priester) This committee will get into the weeds of HMIS and will be made up of HMIS end users. Courtney walked through the proposed roles & responsibilities of the sub-committee.

-Questions: None

Motion: Approve formation of HMIS Sub-Committee of the CoC Data Advisory Committee (Warren Wooten; 2nd Stacy Lowry)

-NCHMIS Governance Community Representative (Courtney LaCaria on behalf of Mary Ann Priester) The NCHMIS Governance Committee consists of 2 staff and 1 community member of each of the 9 CoCs that participate in the statewide implementation. Charlotte-Mecklenburg has not previously had a community representative. Allison Winston is the Director of Data at Urban Ministry Center/Men's Shelter of Charlotte.

-Questions: None

Motion: Approve Allison Winston as community representative to NCHMIS Governance Committee (Patrick Hayes; 2nd Warren Wooten)

-Board representation committees (Branden Lewis) Branden shared that the CoC Governance Charter states that each committee must have representation from at least one Board member and each Board member must participate in at least one committee or workgroup. Branden shared a chart that outlines where each Board member ranked their first choice. It worked out that each Board member who submitted their 3 options, should be able to be the designated

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Board member on the committee they chose as their first option, with the exception of Timicia Melvin who chose the Data Advisory Committee and Patrick Hayes already holds the CoC Board seat on that committee. There can be more than 1 Board member on each committee, but only the Board member who holds the designated Board seat will get to vote. Four Board members chose the Equity & Inclusion committee as their first choice so they will need to work together to designate voting Board member on the committee. New committees will hold off on forming until at least after the April Board meeting due to COVID-19. Deronda and Dennis still need to provide their choices. Deronda said she had submitted her choices, but said she chose CEOC and the Families workgroup. Dennis will email his choices to Branden.

-Questions? None.

Next meeting: Tuesday, April 23, 2020 2:00pm-4:00pm, location TBD

Voting survey will be sent out after the meeting and will be open for 24 hours. Results will be shared with Board members, CoC membership and be posted to the CoC website

- Meeting adjourned at 3:47pm

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COVID-19 Response Discussion

One Number Data

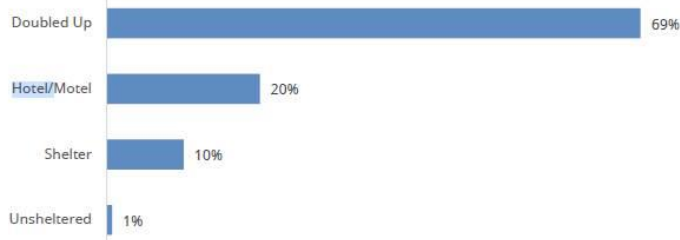
Month	Number	Increase over previous month
November 2019	3,082	-3.4%
December 2019	3,569	15.8%
January 2020	3,647	2.2%
February 2020	3,790	3.9%

- In FY19, there were 78,862 cost-burdened households (paying more than 30% of their income toward rent and utilities).

Homeless students in CMS



Most homeless Charlotte-Mecklenburg students identified as McKinney-Vento sleep **doubled up, living with family or friends**



Source: Charlotte-Mecklenburg Schools, 2018-2019

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CHARLOTTE-MECKLENBURG HOUSING & HOMELESSNESS DATA FACTSHEET | 2019

HOUSING INSTABILITY

The numbers in this table illustrate the problem of housing instability in Charlotte-Mecklenburg. Housing Instability means that a household has not yet experienced homelessness. However, households experiencing housing instability are at an increased risk for losing their housing.

Area Median Income (AMI)	FY 2019	<ul style="list-style-type: none"> • \$79,000 AMI for family of 4 • \$25,750 – 30% AMI • \$39,500 – 50% AMI • \$63,200 – 80% AMI 	AMI is updated annually by HUD; and is applied by specific geographic/statistical areas. AMI is used to set eligibility guidelines for housing assistance as well as formulate limits for financial assistance. AMI can be used as a system tool to prioritize funding assistance across multiple funding sources within the community's housing continuum.
Cost-Burdened Households	FY 2019	<ul style="list-style-type: none"> • 78,862 Renter Households • 39,248 Owner-Occupied Households 	Cost-burdened means that a household is spending more than 30% of their income on housing-related expenses. With fewer resources to dedicate to other expenses, cost burdened households are often one crisis away from losing their housing.
Evictions	FY 2019	<ul style="list-style-type: none"> • 32,724 Formal Evictions Filed (2,727/month) • 18,195 Formal evictions granted 	Eviction filings capture the number of formal evictions filed in Mecklenburg County courts. Not all formal evictions are granted (whether in whole or in part), nor proceed to padlocking (which can mean homelessness). However, an eviction filing, even if resolved, can pose a barrier to finding housing in the future. Formal evictions are therefore also an undercount of all the evictions that occur in Mecklenburg County in a given year.
Fair Market Rent (FMR)	FY 2020	<ul style="list-style-type: none"> • \$934 for 1-bedroom • \$1,063 for 2-bedroom • \$1,423 for 3-bedroom • \$1,828 for 4-bedroom 	FMR, which is established by HUD, indicates the rent required in order to obtain privately-owned, decent, safe, and sanitary rental housing in a given area. FMR includes the cost of utilities (excluding telephone) and is calculated for units of varying sizes. FMR is used to determine standard payments for federal housing assistance programs. For comparison, at 30% AMI a household of four can afford a rent of \$644 per month, whereas FMR for a 2-bed apartment is \$1,063.
Housing Gap	2019	<ul style="list-style-type: none"> • 27,022 unit shortage in units affordable and available to households below 30% of AMI in <u>Mecklenburg County</u> • 46,484 unit shortage in units affordable and available to households under 30% of AMI in the <u>Charlotte-Concord-Gastonia, NC-SC MSA</u> 	This gap refers to the number of units that are unavailable and/or unaffordable to households earning less than 30% AMI in Mecklenburg County. It is also provided for the Charlotte MSA (updated annually by the National Low Income Housing Coalition). The gap is the result of both an overall housing shortfall as well as a rental mismatch, which decreases housing stock available and affordable to households earning the least.
Wages	2019	<ul style="list-style-type: none"> • 109 hours a week to afford a 2-bedroom unit at FMR if earning minimum wage (\$7.25) • \$377 monthly rent affordable if earning minimum wage (\$7.25) 	This information (updated annually by the National Low Income Housing Coalition) highlights the large gap between housing costs and wages; and further illustrates the need for housing affordable to households with incomes less than 30% of AMI.

HOMELESSNESS

The numbers below illustrate the problem of **homelessness** in Charlotte-Mecklenburg. The definition of homelessness varies by funding source. It can include “literal homelessness,” which means living in a shelter or transitional housing facility, fleeing domestic violence; living in an unsheltered location; doubled up with family/friends; and/or living in a hotel/motel.

Coordinated Entry	Jan – Dec 2019	<ul style="list-style-type: none"> • 7,402 Total 2-1-1 calls for housing assistance • 7,220 Referrals to an in-person Coordinated Assessment • 5,156 In-person Coordinated Assessments (430/month) 	These numbers help illustrate the need for housing by providing the number of calls to 2-1-1 and the number of individuals who reach out for housing assistance. The count includes households who are at risk of or currently experiencing homelessness. The number of Coordinated Assessments provides an annual estimate of the number of individuals who need housing assistance and who are also literally homeless.
One Number	October 2019	<ul style="list-style-type: none"> • 3,191 Total People • 277 Families (1,071 people in families) • 2,137 Single Individuals • 149 Unaccompanied Youth (age 18 – 24) 	The One Number provides the most current and accurate snapshot for the number of people experiencing literal homelessness. The One Number, which is generated by HMIS and updated monthly, creates a by-name list that can be used to better understand flow into and out of homelessness. Historical data is provided to help understand trends.
Point-in-Time Count (PIT)	January 2019	<ul style="list-style-type: none"> • 1.55 Homelessness Rate Per Capita (1,000) • 61% reported living in Mecklenburg County for the last 2 years • \$1,051 Average monthly income • 66% of homeless youth were forced to leave their homes, resulting in homelessness 	A required activity for federal funding, the PIT Count provides an annual snapshot of literal homelessness for one night in January. Charlotte-Mecklenburg adds optional questions (including where individuals are from) to inform local decision-making. Like the One Number, the PIT Count describes literal homelessness; however, the PIT Count is only updated annually, captures only one night, and is generally recognized as an undercount of the actual homeless.
Emergency Shelter Length of Stay	Oct 2017 – Sept 2018	<ul style="list-style-type: none"> • 105 Average Days (28 day increase from prior year) • 44 Median Days 	The average and median lengths of stay in emergency shelter helps illustrate the connection between homelessness and housing. When there are few or no housing options available, lengths of stay increase.
Students	2018 –2019 School Year	<ul style="list-style-type: none"> • 4,744 Charlotte-Mecklenburg Students (3% increase from prior year; 69% were doubled up) 	Also known as McKinney-Vento, this number is calculated annually at the end of an academic year. Currently, it is the only community estimate for the number of people experiencing homelessness in doubled-up situations and/or in hotels or motels. However, it is an annualized estimate. The end of the year total may include households who were homeless in October and found housing one month later. In addition, the McKinney-Vento number does not necessarily capture all household members experiencing homelessness. McKinney-Vento was designed by the U.S. Department of Education to address the needs of children and youth experiencing homelessness and ensure educational rights and protections.

CHARLOTTE-MECKLENBURG CONTINUUM OF CARE

COVID-19 RELATED FUNDING THAT HAS BEEN AWARDED:

Funding Source	Recipient	Amount
ESG	NCDHHS	\$55,443 total that was distributed to current recipients based on a formula \$9,000 to Salvation Army for Shelter Operations \$27,243 to UMC/MSC for Shelter Operations and Rapid Rehousing \$10,894 to The Relatives for Rapid Rehousing \$3,538 to Safe Alliance for Shelter Operations \$4,768 to Supportive Housing Communities for Rapid Rehousing
ESG	City of Charlotte	\$1,765,572 \$1,328,000 to Salvation Army & UMC/MSC for 120 extended stay hotel rooms \$437,572 reserved for additional ESG eligible activities as needs related to COVID-19 arise
CDBG	City of Charlotte	\$3,514,923 \$1,178,100 to be used for mortgage assistance for up to 350 households earning up to 80% of AMI \$1,050,000 to be used for up to 3 months of rent relief for up to 700 households earning up to 80% of AMI \$1,050,000 to be used to serve up to 700 households by providing a one-time security deposit of up to \$1,5000 \$175,000 to be used to serve up to 700 households by providing a one-time utility deposit of up to \$250 \$61,823 reserved for additional CDBG eligible activities as needs related to COVID-19 arise
VA	SSVF Providers	Can use current grant funds to place people in hotels in an emergency
HOPWA	City of Charlotte-Carolinas CARE Partnership	\$416,283
Charlotte-Mecklenburg COVID-19 Response Fund (UWCC, FFTC)	51 non-profits thus far; next grant due May 1	
North Carolina Coalition to End Homelessness	Social Serve	\$50,000
FEMA	State & local governments	Reimbursement for non-congregate sheltering (hotels); Emergency Medical Care
Current CoC, CDBG, ESG, HOPWA		Waivers and flexibility in changing the use of currently awarded funds

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HOUSING INSTABILITY AND HOMELESSNESS

CARES Act Suggestions for State, Local, Tribal, and Territorial Elected Officials

Housing instability and homelessness are two of the most significant obstacles to flattening the curve and ending the COVID-19 pandemic. Residents and households on the economic margins and other marginalized populations require extraordinary intervention from state, local, tribal, and territorial governments to maintain housing stability and prevent homelessness. Under the bipartisan [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#), the [U.S. Department of Housing and Urban Development \(HUD\)](#) and Department of the Treasury is allocating billions to state, local, tribal, and territorial governments that may be used for emergency housing assistance.

The [National League of Cities](#), [National Low Income Housing Coalition](#), and [National Alliance to End Homelessness](#), and [Mayors & CEOs for U.S. Housing Investments](#) have prepared this guidance for elected officials to help maximize federal resources made available under the CARES Act to reduce housing instability and homelessness resulting from measures to control the spread of COVID-19.

Federal Programs and Funding to Prevent Housing Instability and Homelessness

The CARES Act provides additional flexible funding to state, local, tribal, and territorial governments, and public agencies, through familiar and new programs that can be used to address housing instability and homelessness. Some of these resources include:

- **Community Development Block Grants: \$5 billion.** Of that amount:
 - \$2 billion is allocated directly to state, local, and territorial governments entitled to CDBG through the regular program formula. States may pass these funds through to local governments with less than 50,000 in population. [Funding levels for each city, state, and territory](#) is available on HUD's website.
 - \$1 billion is allocated directly to the states and territories for expenditures.
 - \$2 billion remaining will be allocated to state, local, or territorial governments based on need, according to a formula to be developed by the HUD Secretary.
 - The CARES Act suspends the 15% services cap on CDBG expenditures so that grantees may spend up to 100% of their grant funding on rent payment assistance for distressed, low-income households.
 - **Eligible Activities** include housing assistance payments for rent, mortgage, and utilities, emergency home maintenance and rehabilitation, emergency public housing maintenance, meal and medicine delivery, and acquisition of hotels and motels to expand capacity of hospitals for COVID-19 patient treatment and isolation.
- **Emergency Services Grants (Homeless Assistance): \$4 billion.** Of that amount:
 - Up to \$2 billion allocation by formula to current grantees within 30 days of enactment.

- The remaining amount will be allocated by HUD to state, local, and territorial governments based on need, according to a formula to be developed by the HUD Secretary.
- **Eligible Activities** include street outreach (urgent needs, equipping staff, transportation, and referrals), rapid re-housing, homelessness prevention, shelter operations (supplies, furnishing, equipment and transportation) and administration.
- **Coronavirus Relief Fund (CRF): \$150 billion.** Of that amount:
 - \$139 billion is allocated directly to state and tribal governments and to [local governments with populations of 500,000 residents](#) or more. States have the option, but are not required, to provide CRF dollars to local governments with fewer than 500,000 residents.
 - \$8 billion is set aside for governments in tribal areas.
 - \$3 billion is allotted to governments in territories, including the District of Columbia and Puerto Rico.
 - **Eligible Activities.** The CARES Act requires that payments from the Coronavirus Relief Fund only be used to cover expenses that:
 - (1) are necessary expenditures incurred due to the public health emergency with respect to Coronavirus Disease 2019 (COVID-19);
 - (2) were not accounted for in the budget most recently approved as of the date of enactment (March 27, 2020) for the state or government; and
 - (3) were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.
 - Unless the CARES Act is amended, CRF payments MAY NOT DIRECTLY REPLACE lost revenue resulting from the COVID-19 outbreak, such as declines in sales or income taxes or losses on waived fees. CRF payments MAY INDIRECTLY ASSIST with government revenue shortfalls in cases where budgeted expenditures for housing and homeless assistance would otherwise be reallocated for COVID-19 related expenses.
 - If possible, local governments should delay cutbacks and reallocations of budgeted funds for housing and homelessness until after states determine how their share of CRF will be used.

Recommended Action Steps for Elected Officials

State, local, tribal, and territorial governments are leading the way forward through this unprecedented public health and economic crisis. Elected officials are coordinating across jurisdictional lines, enacting difficult and fiscally challenging emergency measures to slow the coronavirus epidemic, passing ordinances to limit the worst economic outcomes for residents and small businesses and spending such sums as necessary to protect public health and the economy.

Urgent and bold action is necessary to preserve avenues for economic opportunity in the long run, after the current crisis ends. This is especially true for households on the economic margins and our most vulnerable residents. State, local, tribal, and territorial governments should take the following action steps to preserve housing stability [because housing stability is a prerequisite for economic mobility, job security, and health and well-being.](#)

- 1. Appoint a Housing Stability Lead.** Designate a member of your leadership team to coordinate state and local agency action and to serve as the main point of communication for housing stakeholders, including financial institutions, property owners, renters, housing counselors, and legal aid organizations.
- 2. Identify Multiple Funding Opportunities for Housing Assistance.** Federal funds under the CARES Act can complement funding from foundations, charitable networks, and private

enterprise. Set up a fund like the [#ATLStrong](#) Fund to accept individual and corporate contributions to support residents experiencing housing instability and homelessness.

- 3. Address racial equity and disproportionate impact on marginalized communities.** People of color are disproportionately represented among people experiencing homelessness and low-income, cost-burdened households. Data is emerging that coronavirus is infecting and killing black Americans at a disproportionately high rate. State, local, tribal, and territorial governments and their housing leads should work across jurisdictional lines to pair targeted housing and health outreach to higher-risk communities to stabilize households and suppress the spread of COVID-19.

Marginalized populations, including people of color, Native people, immigrants, people with criminal records, people with limited English proficiency, and other individuals, should have full and equitable access to these resources. Many federal resources provided under the CARES Act, including unemployment insurance and direct stimulus checks, are unavailable to undocumented immigrants. Moreover, many people exiting the criminal justice system are unable to access regular HUD housing assistance and must overcome significant barriers to obtaining affordable, accessible housing. The flexibility of ESG, CDBG, and CRF can also be used to address the urgent housing needs of these and other marginalized populations.

While staying at home is important for slowing the virus, it has created a difficult and often dangerous situation for people who are experiencing domestic violence. Many organizations have modified service delivery to provide virtual support, but it remains difficult for a survivor to confidentially access those resources if they reside in the same home as the abusive partner. As we continue to face this health pandemic, elected officials should help provide safe emergency housing options available for survivors, their children, and their pets during this crisis.

- 4. Enact a Temporary, Uniform Moratorium on Evictions within Your Jurisdiction.** Most families living in poverty spend at least half of their incomes on housing, leaving [virtually no margin](#) for an unexpected expense. Temporary declines of income and unreimbursed medical bills will quickly send the lowest-income households down the spiral of housing instability, eviction, and even homelessness. With the Coronavirus, many low-income, hourly wage workers will see reduced wages, whether because they have become sick or need to care for a family member or because their employer cut back on their hours.

The CARES Act enacted a 120-day moratorium on evictions for residents in federally assisted housing, including housing supported by HUD, USDA, and Low Income Housing Tax Credits, as well as renters living in properties covered by the FHA, Fannie Mae, or Freddie Mac. State, local, tribal, and territorial governments should take whatever steps necessary to make the moratorium apply uniformly for every resident within their jurisdiction. The moratorium should extend to long-term residents in hotels and motels. Moratoriums should provide renters with a minimum of 12 months to make up for any missed rental payments and should prohibit any back rent accrued during the crisis from serving as the basis for an eviction once the moratorium is lifted.

- 5. Use CARES Act Funds for Emergency Rent and Mortgage Payments.** Temporary eviction and foreclosure moratoriums are an appropriate immediate response to the COVID-19 pandemic. However, eviction moratoriums are not enough. State, local, tribal, and territorial governments should take steps to ensure that renters – especially those with the lowest incomes – do not face an eviction cliff when moratoria are lifted. This financial cliff could cancel out the positive impact of any economic stimulus if not done in tandem with emergency rental assistance or good-faith payments to impacted landlords and property owners. CDBG and ESG funding can be used immediately to make temporary rent payments to landlords and mortgage companies on behalf of residents in distress. Payments must meet HUD requirements within each program.

The U.S. Department of the Treasury, which administers CRF, is expected to provide additional clarity and direction to state and local governments regarding CRF payments to support emergency housing expenditures due to COVID-19.

6. Designate Agency Response Leads to Accelerate Rapid-Rehousing to Prevent Homelessness. Local governments, housing agencies, and service providers should coordinate on a plan to use and expedite rapid rehousing to help prevent an increase in homelessness. Rapid rehousing includes housing relocation and stabilization services and short- or medium-term rental assistance to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. The goals of rapid rehousing are to help people obtain housing quickly, increase self-sufficiency, and stay housed. Eligibility requirements or other local preconditions should be waived (such as employment, income, absence of criminal record, or sobriety) and services should be tailored to the needs of the resident. Rapid Rehousing is a proven effective approach to moving people experiencing homelessness into permanent housing and keeping them there. The intervention has also been effective for people traditionally perceived to be more difficult to serve, including people with limited or no income and survivors of domestic violence. Alternatives like permanent supportive housing should be expanded to meet the needs of individuals, such as those with mental health issues and/or with substance use disorders.

7. Support Homeless Shelter Operations and Plan for Alternatives. People living without basic shelter are at a [particularly high risk of a Coronavirus outbreak](#). Homeless populations have limited access to the preventive measures recommended by public health professionals, including handwashing, home isolation, avoiding high touch surfaces, and rapid access to health care. People who are homeless and unsheltered are far more likely to have chronic underlying health conditions that can make the disease more deadly. In fact, people who are homeless and contract coronavirus are twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times as likely to die than others in the general public. Moreover, a growing number of shelters have been forced to close their doors because they lack the resources to hire staff, as more volunteers and employees become ill or are unable to work.

Because people experiencing homelessness may be living in congregated communities – whether in encampments or shelters – and cannot self-quarantine, elected officials should prepare to contain an outbreak among people experiencing homelessness, should an outbreak occur in their community. Local governments should adopt a plan to use flexible funds to address the urgent needs facing homeless shelter providers as they work to decongest congregate shelters and identify alternative space, including hotels, for isolation and self-quarantine of people experiencing homelessness. Local governments should quickly identify and set up safe and humane alternatives available for homeless residents impacted by the loss of shelter availability. Local leaders can also work with public health, community health centers and social workers to ensure access to healthcare and services.

8. Minimize Unsheltered Homelessness. Local governments should adopt a plan to use flexible funds to address the urgent needs facing unsheltered homeless populations. Resources are needed to minimize the number of people living in homeless encampments and to identify space, including hotels and vacant commercial spaces, for isolation and self-quarantine.

Examples of Recommended Action Steps for Elected Officials

TYPE	EXAMPLE	DESCRIPTION
Appoint a Housing Stability Lead	Charlotte	The Mayor and Council will assemble a Community Recovery Task Force to support and assist families and businesses as they plan for the future. The Community Recovery Task Force will focus on three specific areas: Small Business, Housing, and the Airport.
Identify Multiple Funding Opportunities for Housing Assistance	Atlanta	Mayor Keisha Lance Bottoms issued an Executive Order authorizing the use of \$1.5 million in funds to match private philanthropic donations to provide individual shelter options for people experiencing homelessness
Enact a Temporary, Uniform Moratorium on Evictions within Your Jurisdiction	Oregon	Governor Brown issued a ban on residential evictions, prohibiting landlords from charging tenants late fees for nonpayment of rent during the moratorium.
	Seattle and Washington State	Mayor Jenny A Durkan acted quickly to enact a moratorium on residential evictions and prohibiting tenants from being charged late fees for nonpayment of rent and Governor Inslee issued a statewide moratorium shortly thereafter (statewide ban does not cover fees).
	San Francisco	On March 23, 2020, Mayor Breed ordered that no landlord may attempt to recover possession of a residential unit unless due to violence, threats of violence, or health and safety issues.

Use CARES Act Funds for Emergency Rent and Mortgage Payments	Boston	Mayor Martin J. Walsh announced that his administration is dedicating \$3 million in city funds to assist Bostonians who are at risk of losing their rental housing due to the worldwide COVID-19 pandemic. The funds will help income-eligible tenants in the City of Boston achieve housing stability by providing direct financial relief to assist with rental payments.
	Texas	Governor Greg Abbott and the Texas Department of Housing and Community Affairs (TDHCA) have taken initial action to provide tenant-based rental assistance for Texans experiencing financial hardship due to COVID-19. The Governor has waived statutes relating to HUD’s HOME Investments Partnership program which would allow Texas greater flexibility to use program funds to help certain Texans pay their rent. In addition, TDHCA has sent a letter to HUD requesting federal waivers to allow greater flexibility to Texas to reprogram these funds for that purpose. If these waivers are granted, Texas will reprogram these funds to provide financial housing assistance to certain Texans enduring economic hardships related to COVID-19.
	Seattle, King County	United Way of King County, in partnership with King County, the City of Seattle and the Seattle Foundation, today announced the launch of a \$5 million investment in United Way’s expanded Home Base program to provide rental assistance to King County households that have lost all or part of their income due to the coronavirus pandemic. It is estimated these funds will help up to 2,000 families stay in their homes.
Designate Agency Response Leads to Accelerate Rapid-Rehousing to Prevent Homelessness	San Diego	Continuing to take swift action to shelter and house San Diegans amid the COVID-19 pandemic, today Mayor Kevin L. Faulconer and the City Council secured \$3.7 million in state emergency funding to help prevent the spread of the virus among the homeless population. The move followed work between the mayor’s office and state legislators – including Senate President Pro Tempore Toni Atkins, Assemblymember Todd Gloria and Assemblymember Lorena Gonzalez – to make state funds available to San Diego. This grows the total additional resources directed to “Operation Shelter to Home” at the San Diego Convention Center to \$7.1 million when combined with state-backed emergency funds from the County of San Diego and the Regional Task Force on the Homeless (RTFH), which have partnered with the City on the extraordinary effort to temporarily repurpose the convention center as a regional homeless shelter.

Support Homeless Shelter Operations and Plan for Alternatives	Sacramento	The Sacramento City Council and Sacramento County Board of Supervisors on Tuesday both approved a \$15-million joint plan to provide nearly 1,000 beds for homeless people either diagnosed with or at high-risk for contracting COVID-19.
	San Francisco	San Francisco is leasing thousands of hotel rooms for people experiencing homelessness, both sheltered and unsheltered. By moving vulnerable people over the age of 60 and people with specific health conditions out of the shelters and into hotels, we are minimizing their risk for COVID-19, increasing the ability to implement strict physical distancing at shelters, and minimizing the potential for outbreaks in congregate facilities.
	Seattle, King County	Seattle and King County have taken steps to keep existing shelters able to keep people healthy and remain operating. Steps have included issuing public health guidance for providers, centralizing bulk cleaning supplies with online ordering, de-intensification through a motel voucher program and activating additional shelter sites and creating new homeless shelter beds.
Minimize Unsheltered Homelessness	Detroit	Detroit has added about 325 shelter beds for the homeless, rooms for isolation and launched a formal testing program for symptomatic members of the homeless community in an attempt to quell the spread, said Donald Rencher, director of the Detroit Housing and Revitalization Department. The city previously announced plans to open a Salvation Army building to create more room to isolate the city's sick homeless, but switched to a 124-room Detroit Rescue Mission Ministries building for greater capacity. Now, both facilities are being used along with a recreation center, said Rencher. In addition, the city hopes to add two other facilities by April 19, bring the total number of beds to about 500.
	Seattle	Mayor Jenny A. Durkan unveiled measures in the City of Seattle to prepare for the potential spread of COVID-19 amongst individuals experiencing homelessness by increasing shelter resources during this public health emergency. The goal of this expansion is to increase shelter capacity for Seattle's vulnerable unsheltered populations living in unsafe encampments, which are at elevated risks from public health concerns, including infectious diseases. At this time, the City is not expecting any of these sites to be quarantine or isolation sites. All locations will be accompanied with ongoing services, staffing, and support.

Address racial equity and disproportionate impact on marginalized communities	Chicago	Mayor Lori E. Lightfoot signed an executive order explicitly ensuring that all benefits, opportunities, and services provided or administered by the City of Chicago are accessible to all residents, regardless of birth country or current citizenship status.
	San Francisco	San Francisco has been expanding temporary housing for domestic violence survivors and their children through public-private partnership with a real estate management company that is donating use of vacant units in secure locations. Survivors are among the vulnerable populations who cannot shelter-in-place due to the risk of violence.

Additional Federal Resources Are Needed

The CARES Act included [\\$12 billion in housing and homelessness resources](#) to help prevent an outbreak of the virus among people experiencing homelessness, as well as needed resources and protections for America’s lowest-income renters. [This spending bill was an important first step to meet the immediate needs of state, local, tribal, and territorial governments and their residents, but Congress must provide far more resources](#) to help meet the dire and urgent needs of people who are experiencing homelessness or those individuals who are right on the brink. Congress should include housing and homelessness resources in any coronavirus response package, including:

- **Emergency Solutions Grants (ESG): At least \$11.5 billion.** Congress provided \$4 billion in ESG funds in the CARES Act; [additional funds are needed to respond to coronavirus](#) among people experiencing homelessness.
- **Emergency rental assistance and eviction/homelessness prevention: \$100 billion.** This assistance can be provided through a combination of Emergency Solutions Grants, Housing Choice Vouchers, Section 521 Rural Rental Assistance, or the Disaster Housing Assistance Program (DHAP), which was used by past Republican and Democratic administrations to address short-term rental assistance needs after previous disasters. Emergency rental assistance is supported by a broad array of [industry groups](#), [housing advocates](#), [cross-sector leaders](#), and [elected officials](#).
- **A national, uniform moratorium on evictions and foreclosures.** Congress should implement a uniform policy that assures each of us that renters will not lose their homes during a pandemic where our collective health depends on each of us staying home.

For More Information

Steve Berg, National Alliance to End Homelessness, sberg@naeh.org.

Eve O’Toole, Mayors & CEOs for U.S. Housing Investments, eve.otoole@hklaw.com.

Sarah Saadian, National Low Income Housing Coalition, ssaadian@nlihc.org.

Lauren Lowery, National League of Cities, lowery@nlc.org.

Charlotte-Mecklenburg Continuum of Care (CoC)
 Updated 04.17.2020
 Organization Membership Roster

ABCCM
Bradley-Reid Corporation
Carolinas Care Partnership
Catholic Charities Diocese of Charlotte
Charlotte Center for Legal Advocacy
Charlotte Family Housing
Charlotte Rescue Mission
Community Link
Crisis Assistance Ministry
Davidson Housing Coalition
Families Forward Charlotte
GruppoETICO, LLC
Home Care for the Carolinas
INLIVIAN
Mecklenburg County Community Support Services
Mecklenburg County Criminal Justice Services
No Bounds
Pineville Neighbors Place
Promise Resource Network
Quality Comprehensive Health Center
Safe Alliance
Salisbury Veterans Affairs Healthcare System
Supportive Housing Communities
The Relatives
The Salvation Army
Time Out Youth
Urban Ministry Center/Men's Shelter of Charlotte
Veterans Bridge Home

Individual Membership Roster

Quanisha Savage
Lisa Moseley
Hunter Rogers
Jeanelle Perry
Kevin Edwards-Knight
Gregory Denlea
Brian Battle
Amy Anderson
James Lee
Kimberly Caldwell

2A. Project Detail

1a. CoC Number and Name: NC-505 - Charlotte/Mecklenburg County CoC
1b. Collaborative Applicant Name: City of Charlotte

2. Project Name: CoC Planning Project FY2019

3. Component Type: CoC Planning Project Application

2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

The proposed CoC planning grant addresses multiple, community-identified needs that support the ongoing development of a comprehensive and cohesive housing and supportive services system to meet the housing needs of all individuals experiencing homelessness while facilitating equal access to resources and promoting equitable outcomes across races. To meet this community-driven goal, planning dollars will be utilized for: 1) strategic planning, consultation, and training to promote racial equity within the homeless services system; 2) exploration of best practices and initiatives that coordinate, strengthen, align, and expand the coordinated entry system; and 3) Utilization of a racial equity lens to view supportive services and housing strategies within the Continuum of Care.

Specifically, the CoC planning grant will be used for: consultation on system enhancement and training in racial equity in homelessness and housing; housing match and navigation; supportive services standardization and alignment; housing for people with chronic alcohol use disorder; integration of persons with lived experience into CoC decision-making and activities; implementation of a sustainable training model to build capacity in housing-related supportive services best practices; evaluation and alignment of CoC supportive services resources and strategies; and effective and efficient collection of comprehensive information on the state and nature of homelessness in the CoC by utilizing a mobile application for the Point-in-Time Count.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

By relying on existing staff capacity and expertise, planning for the proposed activities will be able to commence immediately in order to lay the groundwork so that project activities can be implemented upon receipt of funding award.

Planning activities will include CoC staff working collaboratively with CoC membership to identify the goals for each project objective, developing qualification criteria for and identifying potential consultant(s)/trainers to meet the proposed project objectives.

CoC lead staff will be responsible for project management of all grant activities. The CoC's progress toward meeting and exceeding anticipated goals will be documented and communicated by providing updates during CoC membership meetings, Homeless Services Network meetings, and through informational updates provided on a regular basis via the Charlotte-Mecklenburg Housing and Homelessness Dashboard and local CoC email distribution lists. At the end of the grant period, CoC staff will share the project results with CoC membership and community stakeholders.

In order to meet the grant timeline, NC-505 will upon notice of award allocate CoC staff resources to ensure benchmarks and expected outcomes are met.

Post-award, CoC staff will serve in the role of project manager and will work with the CoC and identified consultants to begin project implementation and planning processes using existing CoC data and membership input.

3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?

A high performing system is data driven and critical to preventing and reducing homelessness, ensuring equitable access and outcomes, promoting a “housing first” approach, and ending homelessness across all races and subpopulations. The CoC will incorporate gathered and synthesized evaluative data from this project to improve system-wide performance measures and develop and implement homeless system strategies to ensure CoC goals and objectives are met. The supportive services evaluation will help the CoC to evaluate HUD funded and other federally funded programs that participate as part of the CoC to identify resources that are leveraged or can be leveraged, track utilization and service, monitor progress, and assist in identifying potential issues, problems and solutions.

The CoC will incorporate what it has learned from project and other local, regional and national data to evaluate the characteristics and outcomes of the local homeless population by race and sub-population and within project, program, and funding type.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

While HUD financial assistance is critical to supporting development an enhanced CoC system and implementation of HEARTH Act requirements, planning activities will sustain beyond expiration of HUD financial assistance through successful resource diversification, leveraging intellectual and strategic tools and resources, community engagement, and the identification of additional financial and collaborative partners. The value and effectiveness of service delivery and long-term program capacity will be increased by the development of sustainable skills, shared vision, and tools to enhance grantee and CoC performance.

The requested funds will allow our CoC to ensure fidelity of requirements of 24CFR 576 and 24CFR 578 are maintained. Also, the funds will allow the CoC to build capacity among CoC membership and the CoC board by providing opportunities to build capacity for deeper understanding of best practices and emerging trends in homelessness and affordable housing.

4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. Does this project propose to allocate funds according to an indirect cost rate? No

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	CoC lead agency staff travel and training per diem costs for site visits to best practice CoC sites and to attend local, regional, and national conferences and training (i.e. CSH, HUD, NAEH, NHSDC, NCHV, VA, etc) that inform system coordination and improvement. Funding to support participation in CoC Board and CoC activities by persons with lived experience. CoC meeting expenses, material, and supplies.	\$22,000
2. Project Evaluation		
3. Project Monitoring Activities		
4. Participation in the Consolidated Plan		
5. CoC Application Activities		
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System	1. CoC System Enhancement Consultation Services in the areas of eliminating racial disparities in homelessness and housing, housing match and navigation, supportive services standardization and alignment, housing for people with chronic alcohol use disorder, better integrating persons with lived experience into CoC governance and planning activities (includes analysis, meeting expenses, materials/supplies, and travel) 2. National, regional, state, and local travel and registrations for CoC members to participate in peer-to-peer and expert-trainer opportunities to build training capacity within the CoC.	\$105,938
8. HUD Compliance Activities	Point-in-Time Count activities including a mobile application to be used for data collection for the sheltered and unsheltered point-in-time count, meeting expenses, materials/supplies	\$10,000
Total Costs Requested		\$137,938
Cash Match		\$0
In-Kind Match		\$34,485
Total Match		\$34,485
Total Budget		\$172,423

Click the 'Save' button to automatically calculate the Total Assistance

C4 Innovations Proposal
Presented to Charlotte-Mecklenburg CoC
for Equity Training and Consultation



Introduction and Background

Building on more than a decade of experience leading research, training, and consultation efforts to advance best practices and social change in homeless services and behavioral health settings, C4 supports agencies, systems, and communities across the U.S. to understand and document disparities and identify and implement equitable strategies. In 2016, C4 launched the SPARC Initiative (Supporting Partnerships for Anti-Racist Communities), an effort in eight jurisdictions to conduct research and build community capacity specific to race and homelessness. In early 2018, SPARC released its [Phase One Findings](#),¹ which documented the overrepresentation of Black and Native Americans among people experiencing homelessness and offered a set of recommendations to address racial inequity through research, policy, and practice. Like many other communities across the U.S., Charlotte-Mecklenburg County Continuum of Care (CoC) reflects the inequity in housing stability for people of color.

A focus on equity is critical to serving communities of color and the broader community most effectively. C4 is a leader in identifying and transforming the practices, programs, and policies that systematically discriminate against people with diverse racial, ethnic, and gender identities. When people experience homelessness, trauma, substance use, and health challenges, their stability is further undermined by racism, discrimination, and stigma. At C4, we lead with racial equity because racism permeates every institution and system, denying millions the right to a fair and just society where they can thrive and prosper.

This multi-phase scope of work offers strategic options for the Charlotte-Mecklenburg CoC to consider as you aim to increase knowledge and capacity around racial equity and homelessness and transform systems to promote equitable outcomes. We welcome discussion about the proposed scope to ensure that we are able to meet the needs of Mecklenburg CoC, its staff and stakeholders, and ultimately, the people and communities served.

The **Racial Equity Design and Implementation (REDI) Initiative** represents the third phase of C4 Innovations' work in addressing racial inequities and promoting equitable practices and outcomes in the housing and homelessness systems in communities and CoCs across the country. The REDI Initiative's goal is to support communities in moving from awareness of racial inequities in their Homeless Crisis Response Systems to designing and implementing more equitable systems.

Our Team

C4 Innovations promotes recovery, wellness, and housing stability for people who are marginalized. We are committed to **reducing inequities and achieving equitable outcomes by promoting best practices** for individuals, communities, and systems affected by substance use, mental health challenges, trauma, and housing instability. Using state-of-the-art research, training, and implementation strategies, C4 strengthens health and human service organizations at multiple levels. C4 is known by our partners as a trusted teacher and as an organization that is mission-focused and grounded in both research and real-world experience.

Central to C4's core values is **incorporating people with lived experience in all of our work**. Over one-third of C4 staff identify as having lived experience related to mental health challenges, substance use, trauma, and/or homelessness. A mix of professional expertise and personal lived experience is essential for **creating solutions that acknowledge and incorporate the varied contexts and challenges of working in community-based settings**.



Our team is located across the country and our organization has developed strong remote collaboration and learning capabilities including online interactive meeting platforms, video-conferencing, and self-paced learning tools – all of which allow seamless communication with our partners and clients. In addition, as a small business **our clients enjoy being able to easily reach and communicate with our team, including senior team members, on every project.**

C4's Equity Initiatives team is led by Regina Cannon, C4's Chief Equity and Impact Officer. On the following pages are a brief bio for key team members available to support the Partnership.

Regina Cannon, M.S. Chief Equity and Impact Officer at C4 Innovations, has dedicated her career to being a vocal, active leader fighting for equitable policies, systems, and institutions and addressing marginalization of people of color. She has more than 18 years of experience leading anti-poverty initiatives addressing homelessness, supportive housing, criminal justice reform, community capacity building, and youth leadership development. Previously, Regina was Southeast Director for Corporation for Supportive Housing where she worked with communities to transform systems of care into data and performance driven systems that provide sustainable, permanent housing to those experiencing homelessness. She managed a large portfolio of initiatives across multiple sectors addressing Frequent User Service Enhancement (FUSE) with health care and criminal justice partners, Moving On with public housing authorities, and Supportive Housing Development with non-profit organizations and local developers. Regina has managed mental health and drug court programs as well as restorative board programs for young adults engaged with the criminal justice system. She was also an Assistant Professor at Bennett College.



Caty Wilkey, MSW, MPH, conducts research for C4 Innovations' Racial Equity Initiative. As part of this effort she partners with communities and CoCs across the country to explore racial inequities in homeless and housing systems and to leverage findings for strategic and sustainable change. She recently published a study examining the role of Coordinated Entry System assessment processes in perpetuating racial inequities in the homeless system. Ms. Wilkey brings nine years of experience in research and evaluation in the public sectors on the topics of child welfare, health equity, substance use prevention and treatment, and public health. She employs principles of equitable evaluation, community based participatory research, and youth-led research in her work and is passionate about empowering communities to use data for positive social change. She is currently co-Principal Investigator on a Conrad N. Hilton Foundation establishing effectiveness of an innovative, peer-based substance use prevention model for adolescents and is Principal Investigator of C4's racial equity research initiatives.



Nastacia' Moore is a Training and Technical Assistance Coordinator supporting eight Continuums of Care and other communities across the country in developing systems-level responses to historical racial inequity. Prior to joining C4, Nastacia' was the lead HMIS trainer for the Indiana Balance of State where she trained providers on HUD's new data standards, policies and procedures, lead the Point in Time (PIT) count, and monitored system performance measures across 92 counties. She also monitored federal awards for HOPWA grantees and HOME TBRA re- entry grantees and acted as Indiana's SOAR state lead for SAMHSA. Nastacia' was also the former Program Manager of a Permanent Supportive Housing program site based and scattered site for families in Dayton, OH



where she oversaw five case managers, facilitated leases and landlord contracts, and conducted HQS inspections.

Genesis Garcia is a Project Coordinator supporting communities and projects working on racial inequity. Ms. Garcia provides administrative and logistical assistance including event planning (virtual and on-site), technical assistance, and technology support at C4 Innovations. Additionally, she assists with the collection and analysis of data for projects that focus on alleviating the effects of homelessness, behavioral health, and social determinants of health on members of underrepresented demographic groups. Ms. Garcia is also a native bilingual Spanish speaker who has assisted in the development and facilitation of products and points of contacts internationally at C4 Innovations.



Approach

C4's REDI approach is anchored by two key frameworks. The first is the Annie E. Casey **Equitable Results Framework**¹, which grounds systems change in targeted equity outcomes. The Equitable Results Framework promotes accountability and aims to achieve better outcomes for all while addressing factors that contribute to racial inequities and block access to opportunity. The framework intentionally:

- Examines and attends to systemic factors that perpetuate uneven results, factoring in historic and structural inequity and bias that situate populations differently;
- Uses targeted universalism (i.e., being inclusive of the needs of both dominant and marginal groups, but paying particular attention to the situation of the marginal group) to develop strategies designed to achieve equitable results; and
- Distinguishes between equality (treating everyone the same) and equity (giving everyone what they need to be successful).

The second framework is the **Adaptive Leadership Framework** and tends to the **cultural and change management challenges** inherent in systems change work. Adaptive leadership is defined as “the activity of mobilizing people to tackle tough challenges and thrive².” The concept of adaptive leadership is distinct from the skills required to diagnose and implement solutions to technical challenges. In the context of adaptive leadership, even the initial task of defining a problem in order to move towards solutions is often unclear, requires learning, and relies heavily on input and cooperation from diverse stakeholders. Adaptive leadership recognizes that before the real work of implementing and sustaining technical change can begin, that we must first prepare hearts and minds, and allow space for exploration and processing in order to move past various potential forms of resistance. Adaptive leaders value the time that it takes to assess resistance and other problems, and the time needed to create a pathway for sustainable change. This framework also demands that leadership is not a job reserved for those in leadership roles, but an ethic that can be cultivated among many individuals who are involved in driving and sustaining change. Adaptive leadership is relational and relevant when working with staff within a specific organization, as well as when working with stakeholders within and across systems and communities to pursue shared commitments.

¹ The Annie E. Casey Foundation 2019, *Introduction to the Results Count Path to Equity*, <https://www.aecf.org/resources/introduction-to-the-results-count-path-to-equity/>

² Heifetz and Linsky, 1999.



Both the **Equitable Results Framework** and the **Adaptive Leadership Framework** are crucial to effectively manage a systems change initiative, and the concepts and practices from both will be infused throughout the engagement period. The C4 REDI team are skilled in principles and practices of both frameworks and will embed and model knowledge, skills, strategies, and tools throughout each step of engagement.

Proposed Scope of Work

In partnership with Charlotte-Mecklenburg CoC, C4 proposes to conduct an in-depth equity assessment of the CoC, to support the CoC to identify and deepen its understanding of barriers to equity, and to design and implement strategies that will drive sustained, upstream, and cross-system changes to ensure racial equity in housing stability. The proposed phases and activities described below will build on the CoC's work to date, leveraging current existing momentum to address racial inequities and engage in systems transformation.

Phase 1: Assessment and Planning

REDIness Assessment: C4 will assess both progress to-date toward building an equity infrastructure and implementing change objectives *as well as* the current needs of the CoC to build sustainable equity strategies going forward. The assessment will determine the extent to which the CoC and its membership understands, prioritizes, and centers racial equity in its provision of services. Questions to guide this brief assessment will include:

- *How has racial equity been incorporated and prioritized throughout the CoC?*
- *What is the level of racial equity knowledge and buy-in among leadership? Among staff and other stakeholders?*
- *What adaptive leadership challenges are present/known?*
- *What types of introductory and/or follow-on training and/or facilitation might be needed?*
- *What do staff and leadership identify as critical next steps to further the equity work?*

The REDIness Assessment will rely on data sources such as a CoC Collaborative Applicant staff survey, a CoC provider network survey, review of recent HMIS data, a policy and procedure review, on-site interviews and/or focus groups with selected stakeholders, and current tools, criteria, and processes being used for assessment and prioritization.

Planning Engagement Strategy: Using data and findings from the REDIness Assessment, C4 will outline a comprehensive Engagement Strategy for the engagement period, including key activities, inputs, deliverables, and results to be completed. C4 will summarize the results from the REDIness Assessment and Engagement Strategy details in a *Where Have We Been and Where Are We Going?* brief report, to be shared with Charlotte-Mecklenburg CoC.

Phase 2: Stakeholder Engagement and Systems Mapping

Establish and Support a REDI Steering Committee. The REDI Steering Committee will be comprised of 8-10 housing stability stakeholders representing housing, homeless services, and adjacent systems (e.g., criminal justice, health care, foster care, labor and employment, behavioral health/health care centers, schools), as well as individuals with lived expertise. C4 will work with Charlotte-Mecklenburg CoC to advise on and identify Committee members as well as other key stakeholders that will inform and/or implement the REDI efforts, including those who are in decision-making positions. This committee may



share members with the CoC Governance Equity Committee to ensure alignment of all racial equity efforts. C4 will share results of the equity assessment with the REDI Steering Committee.

REDI Steering Committee Kick-Off: In a 1 ½ -day, in-person convening, C4 will provide training and facilitation support to the REDI team to strengthen foundational knowledge, address cultural and adaptive challenges within the group, and begin the technical work of identifying and addressing barriers to racial equity in housing stability among those experiencing homelessness. C4 is also capable of providing full virtual training if necessary. The convening agenda might include:

- Overview of racism and homelessness, historical and present-day drivers of bias and discrimination at individual and systemic levels
- Level-setting on key terms and concepts related to race equity
- Introduction to the Equitable Results Framework and key principles and concepts
- Building consensus on baseline data trends in racial and ethnic inequities, and shared commitments toward equitable results across members and systems
- Establishing group process and communications to guide continued work together

Community Kickoff: C4 will also conduct an additional ½-day REDI training for service providers and contributing systems representatives. This will allow C4 to provide the wider group with an overview of both racial equity 101 concepts and of the REDI model.

Equity Systems Mapping: Following the initial convening, C4 will facilitate up to four remote (videoconference) sessions with the REDI Steering Committee to guide and support team members to map four domains (Prevention & Diversion, Outreach & Inreach, Assessment & Response, and Sustaining Housing) through a racial equity lens. Information gathered through the equity systems mapping inquiry process will shed light on the opportunities for racial equity transformation that exist within the CoC CES as well as which strategies might have the deepest impact.

Racial Equity Data Gap Analysis: Part of the Equity Systems Mapping effort will be a rapid racial equity data gap analysis. This effort serves to identify and highlight strengths and weaknesses within the CoC's data infrastructures that may or may not serve racially equitable processes and outcomes, and to make recommendations for continued and future data-related initiatives that can support the CoC's equitable results planning and tracking and overall racial equity strategies. Findings from this analysis should be considered in the Equitable Results Strategic Planning process as a way to better understand which strategies may be better suited to short- or long-term evaluation.

REDI Equitable Results Strategic Planning: With data from the Equity Systems Mapping inquiry, C4 will bring the REDI Steering Committee together to identify the priority areas and develop strategies to further racial equity across the CoC. This process will be heavily guided by the **Equitable Results Framework** and will focus on:

- A **factor analysis** of structures, behaviors, and mental models that shape the underlying reasons behind inequities in access, opportunity, and outcomes for people of color.

Results Count Framework: Guiding Questions

Are all racial and ethnic groups who are affected by the policy, practice, strategy or decision at the table, and what are their roles?

How will the proposed strategy affect each group positively and negatively? What are potential unintended consequences for each group?

How will the proposed strategy be perceived by each group?

Does the strategy worsen or ignore existing disparities, and how do you know?

Based on the above responses, what revisions are needed to the strategy?

If the strategy is wildly successful, what access and opportunity gaps will it address?



- Identification and prioritization of the contributing factors that, if shifted, would **constructively disrupt** the current system and contribute to a more equitable system.
- Development of both **universal and targeted (specifically designed to address inequities) strategies**. Strategy development will be guided by questions drawn from the Results Count³ framework (see box).
- Identification of **performance measures** that will be used to monitor progress during implementation activities. In the equitable results framework, a performance system answers four questions: *Who is better off? What difference did we make? How much did we do? How well did we do it?*
- Defining the CoC's **equitable results target** and specific outcomes of interest.

As part of this process, C4 will provide consultative support on the development of evaluation and sustainability plans. Employing principles of equitable evaluation, we will support the development of objectives, inputs, and activities to short- and long-term outcomes that are SMARTIE – that is, Specific, Measurable, Achievable, Relevant, Time-oriented, Inclusive and Equitable. C4 will also provide consultation on identifying data sources and building tracking infrastructure within the organizations. At the end of this phase, C4 will collaborate with the REDI Steering Committee on the creation of a formal Design and Implementation Plan, to be presented at a committee meeting.

Phase 3: Implementation Support and Coaching

As implementation begins, Charlotte-Mecklenburg CoC will need support to maintain focus and accountability, and to overcome barriers at various points in the process. Through **monthly coaching calls, and two additional onsite visits (if possible)** C4 will deliver support related to these and other implementation challenges. Using the PDSA (Plan-Do-Study-Adjust) cycle framework, C4 will support the REDI Team to move rapidly toward early implementation, and continuously apply learning and data to improve implementation strategies towards the desired results.

C4 will also provide **bi-monthly leadership coaching calls** to CoC leadership, to address barriers and resistance that are related to adaptive leadership challenges. Building leadership skills and awareness to overcome these cultural barriers is essential to achieving the technical change that is needed to integrate and move systems toward equity.

Future Phases

As the Charlotte-Mecklenburg CoC engages in this work, there will be a need for follow-up training, implementation, and evaluation support. C4 will work with the CoC to identify and clarify these needs, and if requested, develop additional proposals to carry out the future activities. Examples of follow-on activities might include:

- Charlotte-Mecklenburg CoC may identify the Coordinated Entry System as a priority area and may want to **improve assessment and prioritization tools** to ensure equity. In the absence of a single, comprehensive, racially equitable, validated tool, the CoC may require support to design, test, and implement questions that enhance current assessment procedures, and ensure racial equity. C4 can provide targeted research and implementation support as needed, as we also seek to engage the CoC and other communities in a related effort to begin developing and testing an inclusive, equitable housing stability screening and assessment tool.

³ *The Annie E. Casey Foundation. (2019). A Guide to the Accountability for Equitable Results Framework. Baltimore, MD: Annie E. Casey Foundation. Retrieved from www.aecf.org.



- Together with Charlotte-Mecklenburg CoC, C4 is available to support the **delivery of priority training** for staff that are working within and across systems that contribute to driving race equity across the CoC. Training priorities will be those most critical to the successful implementation of the CoC equity strategies. Training might target outreach workers, assessors, housing providers, CoC decision makers/stakeholders, and others and could range from overview of the new model, structures, processes, eligibility criteria, tools, data targets and monitoring strategies, to skills-based training for individuals implementing different components, including adaptive leadership training and coaching to overcome obstacles.

Timeline

Months 1-3

- Conduct REDIness assessment activities
- Refine objectives and desired results for the engagement period
- Develop summary report

Months 4-6

- Establish REDI Steering Committee
- Conduct REDI one-day kick-off convening
- Support up to four sessions with REDI team to conduct Equity Systems Mapping
- Conduct racial equity data gap analysis

Months 7-12

- Conduct REDI Equitable Results Strategic Planning Session
- Provide monthly REDI team coaching calls to support implementation
- Provide additional onsite coaching
- Provide bi-monthly leadership coaching calls to address adaptive leadership challenges

Cost Estimate

Optimal Budget Option

Staffing	\$ 59,950
Travel	\$ 12,000
Other Costs	\$ 1,025
Total	\$ 72,975

