



HCCNWA

**HOMELESS CARE COUNCIL
OF NORTHWEST ALABAMA**

STRATEGIC PLAN



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A rain drop falls on my lips As I try to make some sense

Am I the one who has no home
So far apart from my bed
With no place to rest my head

What a shame such a man
Who is the same as I am
To live in a world that is so far away

You see the world is a wonder
I know it's true
I know it's true



Executive Summary

For the last several years, the prevalence of homelessness in Northwest Alabama has been on the rise. The 2021 Point in Time Survey indicated there are approximately 183 people who meet the criteria of homeless, meaning they live on the streets, in tents, cars, wooded areas, emergency shelters, public parks, or in a transitional housing program within the six-counties that comprise our Continuum of Care (AL-502). Many others stay with family or move from friend to friend, couch surfing to avoid sleeping on the streets. Each individual and family comes with their own unique story and their own challenges. While homelessness is temporary or transient for most, some remain in shelters or on the street for years with no clear path to stable, appropriate housing.

This increase in homelessness affects everyone in our communities. Most obviously, it affects those who are homeless and find their safety in jeopardy, but it also affects the community as a whole. For example, homelessness negatively impacts the downtown businesses by creating an environment in which employees or customers may feel unsafe. Homelessness also affects law enforcement agencies and impedes their ability to protect, serve, and maintain the welfare of our communities and citizens. Resources are diverted away from emergencies in order to respond to issues of homelessness, and members of law enforcement agencies are asked to deal with situations outside of the scope of their training and expertise. Lastly, homelessness affects our direct services providers, requiring more and more resources and services to assist our increasing homeless population.

We want our communities to be safe, clean, prosperous, and compassionate for every single stakeholder in Northwest Alabama. To achieve this goal, we have created a strategic plan that sets forth a bold vision for homeless services in Northwest Alabama by:

- Working creatively and collaboratively with all stakeholders
- Increasing accountability and transparency
- Building a client-centered system that offers assistance to those experiencing homelessness through centralized case management
- Preventing homelessness through ensuring the availability of transportation for all citizens and making it easier to access resources and job opportunities
- Creating more and better housing opportunities and services for people who experience homelessness in our community.

BACKGROUND AND PURPOSE

This plan is the result of a community-driven engagement process led by this committee and the Homeless Care Council of Northwest Alabama (HCCNWA). Stakeholders from across six counties contributed to the development of this call-to-action with the goal of building ownership of the plan and its priorities, articulating a common strategic vision, and ensuring cross-agency alignment. This community plan is a result of thorough research, conducted in the form of focus groups, stakeholder briefings, data review and analysis.

In January of 2021, as the Collaborative Applicant for AL-502, HCCNWA undertook the development of a three-year plan that is focused on addressing homelessness in our community. This Strategic Plan is the product of more than six months of community meetings, interviews, surveys, and informal conversations to identify local strengths and needs in the homeless crisis response system, including housing, education, economic opportunity, health, mental health, and substance abuse treatment. The plan reflects local concerns and knowledge of our community services combined with research on goals and next steps. The report includes a full description of the research and planning process, a profile of local strengths and opportunities, and goals and objectives with strategies to achieve them.

GOALS WITHIN REACH | OUTCOME MEASURES

- Establish a Homeless Task Force in each of the six counties of Northwest Alabama.
- Each task force will set measurable goals for reducing homelessness and for decreasing the percentage of unsheltered homelessness each year for five years, to be evaluated during the annual Point in Time Count.
- Reduce the number of homeless veterans by the end of 2023.
- Increase the number of units on the Housing Inventory Chart (HIC) by 15%, including increases in units appropriate for families and those experiencing chronic homelessness as well as emergency shelter beds and transitional housing units.
- Decrease the number of people on the Housing Choice Voucher Program waitlist from 600-700 to 500.
- Increase the number of individuals connected to behavioral health services.
- Decrease the number of clients entering homelessness from correctional facilities and penal institutions by 15% through improved coordination and reentry efforts.
- Reduce the number of arrests of homeless individuals by 15% each year through focusing on intervention.
- Increase the number of homeless case managers in order to reduce the ratio of clients to case managers.



FOUR PILLARS OF THE STRATEGIC PLAN

Leaders across the region have all articulated a similar sentiment: The time to act is now, and we must act together.

The strategic plan is based on a set of guiding principles created through this process and on the community stakeholders' feedback of the leading causes of homelessness and the greatest gaps between resources and needs. We call these guiding principles the four pillars.

PILLAR ONE | COLLABORATION & ACCOUNTABILITY

The first pillar is collaboration and accountability. This pillar focuses on networking and collaboration among all existing resources and stakeholders to work together to end homelessness. This pillar also establishes a system of accountability for all resources, stakeholders, and efforts in homelessness. It comes first because it is the beginning of the process of moving our homeless citizens towards better, more numerous housing opportunities.

PILLAR TWO | CENTRALIZED CASE MANAGEMENT

The second pillar is centralized case management. This pillar focuses on creating a client-focused case management system that provides a long-term, personalized approach to each homeless individual. From the survey and data, we have found that case management is the best way to address the complexities of homelessness, to connect the individual with all the proper resources, and to provide accountability.

PILLAR THREE | ACCESS TO AFFORDABLE TRANSPORTATION

The third pillar is access to affordable transportation. This pillar focuses on exploring more efficient and cost effective ways to connect homeless individuals to the jobs and resources they need in order to move forward. With little-to-no public or affordable transportation available, homeless individuals tend to congregate around areas where the resources are available, such as downtown areas. Transportation will help all citizens gain access to mental health resources, health services, food resources, housing resources, and job opportunities. It is more cost efficient to provide transportation than housing.

PILLAR FOUR | MORE & BETTER HOUSING OPPORTUNITIES

The fourth pillar is more and better housing opportunities. This pillar focuses on providing more and better housing opportunities for all citizens in northwest Alabama. Firstly, this pillar includes emergency housing designed to keep individuals from having to sleep on the streets or in the elements in our community. Secondly, it includes transitional housing to allow homeless individuals the time and accountability they need to integrate into permanent housing, all while being assisted by a case manager. Thirdly, it includes the current rapid rehousing resources in our community that are able to quickly move people from life changing financial and family situations where they may enter into homelessness and connect them with affordable housing. Finally, this pillar focuses on defining what is actually affordable housing for our community with our current economic climate. It then creates steps to establish better, more available affordable housing for our most economically vulnerable citizens.



RECOMMENDED STRATEGIES AND ACTION STEPS

The strategic plan is based on a set of guiding principles created through this community process including accountability and placing a greater value on the voices of persons with lived experience. Additionally, we are focusing on improving housing and service options through evidence based approaches, effective communication, and collaboration. To accomplish the goals of the action plan, Homeless Care Council of NW Alabama (HNCCWA) recommends the following strategies:

- Implement a systems-level approach to homeless planning.
- Develop a homelessness task force in each of the six counties to establish guidelines, accountability, and collaboration.
- Increase awareness of the Coordinated Entry Process and continuing to create a client-centered homeless assistance system.
- Decrease inflow into homelessness by increasing prevention and diversion.
- Improve the performance of the existing systems and resources.
- Increase the production of/access to transitional and permanent housing solutions.
- Work together to ensure homelessness in Northwest Alabama is rare, brief, and non-recurrent by connecting those who work with homeless persons to information and resources and integrating them into a system of accountability.
- Create greater community awareness of homelessness and resources.
- Work together to implement a centralized case management approach and process to homelessness in Northwest Alabama.
- Implement policies and procedures that allow each person experiencing homelessness and receiving services to transition through case management with a “warm handoff”.
- Work within the Coordinated Entry System (the process through which people experiencing or at risk of homelessness access the crisis response system) to establish a top of the funnel for all homeless people to enter the system, be assigned a case manager, and be directed toward resources.
- Create or identify local Hubs to act as the top of the funnel or beginning of the pipeline for crisis needs to be met and Coordinated Entry to begin.
- Continue to focus on and build Coordinated Entry resources and referral options.



ARE
LONE

YOU
MATTER

- Invest in homelessness prevention and diversion through resourcing case managers to hold direct service providers and clients accountable.
- Make intentional investments to grant greater access to Mental Health Resources, Drug Rehabilitation, Job Training, and Domestic Abuse prevention.
- Investigate methods and resources available to increase access to transportation services in Northwest Alabama through either an improved public transportation system or through rideshare partnerships.
- Increase Emergency Housing opportunities to ensure that no one ever has to sleep on the streets, in the woods, or in the elements..
- Resource existing emergency housing direct service providers, building a network of all emergency housing resources, or offering emergency housing at the Hub (a centralized location in each of the six counties) to give people access to limited housing until they can enter into the transitional housing process.
- Create Transitional housing opportunities that provide an 18 to 24 month timeline, giving people enough time to transition back into the workforce and become economically stable while providing accountability and resources.
- Increase awareness and making greater investments in the rapid rehousing process and providing resources to prevent long-term homelessness for our citizens facing situational or circumstantial homelessness.
- Revise the estimate of what is “affordable housing” to fit the real income distribution in Northwest Alabama. We must ensure that there are affordable housing options available to our under-resourced citizens.
- This plan is a call to action for Northwest Alabama and all of its stakeholders. It details an aggressive yet innovative approach to combating homelessness that will require leadership, collaboration, and discipline on the part of the cities, direct service providers, and stakeholders. Through a combination of systems-level thinking, improvement and expansion within the established systems, and implementation of innovative practices and stronger partnerships, the HCCNWA can make positive change in the lives of people experiencing homelessness, the staff that serve them, and the community as a whole.



300% HEFTIER
Campbell's
CONDENSED
Tomato
SOUP

Overview of the HCCNWA and the Strategic Plan

The Homeless Care Council of Northwest Alabama's Strategic Plan is our community's action-oriented endeavor to end homelessness. We would like to thank the Strategic Planning Team who generously gave their time and efforts, and whose feedback guided and supported the development of this plan. The Strategic Planning Team includes:

- **Bethany Green** - University of North Alabama, Florence
- **Brandon Miles** - First Presbyterian Church, Florence
- **Bobby Gourley** - Chapel & President of the Shoals Dream Center, Florence
- **Courtney McKinnon** - formerly with the Sunrise Center, Sheffield
- **Dale Cohen** - First United Methodist Church, Florence and HCCNWA Board President
- **Betsy Green** - Free to Praise Ministries, Russellville
- **Holly Sherrod** - Safeplace, Florence
- **Jennifer McNulty** - United Way of NW Alabama, Florence
- **Jerry Crowell** - Insurance Agent, Florence and HCCNWA Board Member
- **Pat Burney** - Resident of Florence
- **Suzanne Moore** - HMIS Lead Administrator, Community Action of Northwest Alabama
- **Chrissy Jarboe** - formerly the CoC Coordinated Entry Specialist, Community Action of Northwest Alabama
- **Timothy Wakefield** - Bank Independent, Florence, and Downtown Florence Alliance President
- **Ashley Smith** - Former Executive Director, Homeless Care Council of Northwest Alabama, Florence

The goal of the strategic planning process was to engage the stakeholders and the community, ensure feedback and input from a diverse and representative group, and secure support for implementation. In order to do this, we established a strategic planning committee with a diverse representation of stakeholders from various counties, businesses, faith based organizations, and service providers. We then began holding bi-monthly meetings with the Strategic Planning Team. As a result of these meetings, we were able to accomplish the following:

- Created and distributed a targeted online survey to service providers, as well as over 100 community stakeholders, with the goal of gathering input and sparking interest in participating in strategic planning and implementation.
- Used the results of the survey to gather information on services and resources that are being accessed, areas for improved service provision, and barriers to housing and employment that prevent people in the six county area from exiting homelessness.
- Asked respondents their thoughts, vision, and priorities on a variety of topics related to homelessness that directly shaped this plan.

The extensive feedback gathered from these community engagement efforts, in combination with local data and information from our HMIS system, led to the development of a strategic plan for ending homelessness in the six counties of the Northwest Alabama Continuum of Care. This plan will be updated every three years with a progress report generated annually. To effectively reduce the number of people experiencing homelessness, we need to grow the capacity of the Continuum of Care across all six counties, including

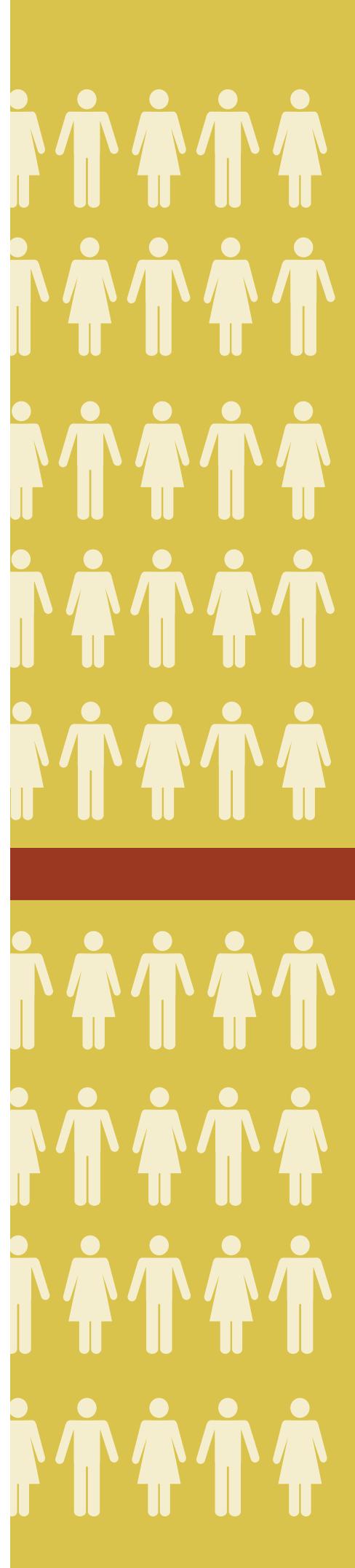
all service and intervention types. This plan proposes significant investments and will require funding above and beyond the current state to succeed.

INTRODUCTION AND SCOPE

The Homeless Care Council of NW Alabama has been working to prevent and end homelessness for many years. During this time, our continuum has seen significant improvements such as an increased capacity for planning, an increased awareness of the need for more resources, and the need for an efficient plan. Creating an effective plan to identify needs and resources has become critical. It's an issue that requires partnerships, ongoing communication between all stakeholders, community involvement, continual assessment, and significant investment and policy change.

Since 2019, noteworthy change has been made to the HCCNWA including:

- Recruitment of a new Board of Directors, including a Board President, Secretary, and Treasurer
- Designating Community Action of NW Alabama as HMIS Lead Agency
- Assignment by Community Action of NW Alabama of an HMIS Lead Manager
- Designating Community Action of NW Alabama as the agency responsible for Coordinated Entry
- Community Action of NW Alabama's hiring of a Coordinated Entry Specialist
- Implementation of a new Coordinated Entry System with updated policies and procedures that meet HUD requirements
- Providing training to local direct service providers in using the Coordinated Entry System
- Entering into a new HMIS Contract with Service Point
- Collecting a total of over 3,000 socks for the homeless through sock drives
- Holding the first annual "Hydrate the Homeless Virtual Event", raising over \$500 for the homeless
- Successfully submitting the HUD Grant with improvement on our HUD Rating being raised 74 points



Over half a million



are homeless in the United States on any given night.[†]

580,466

experienced homelessness
in the United States on a
single night in 2020.

2.2% or

12,751

increase from 2019.[‡]

HUD defines “Literally Homeless” as an individual or household living outside, in a building not meant for human habitation or for which they have no legal right to occupy, in an emergency shelter, or in a temporary housing program with a time limit on habitation. The definition includes people/households who are fleeing or attempting to flee domestic violence, sexual assault, stalking, and lack the resources or support networks to obtain permanent housing. Homelessness does not discriminate in our community. It does not distinguish between races or backgrounds. It does not have one type of look, face, lifestyle or persona. It is universal. It affects men, women, families, children, seniors, veterans and many more.

In order to end homelessness, we must take a multi-tiered approach that requires resources above and beyond the current systems in place. The goals and strategies within this plan will allow our community and partners to more effectively offer direct assistance to people experiencing homelessness, as well as offering solutions for partnerships within the community. It is written with the long-term goal that no person should experience homelessness in Northwest Alabama, but if they do, they will be met with a responsive system of care that offers compassionate solutions to the individual while working to address the systemic causes of homelessness.

Mission of the Homeless Care Council

MISSION

The mission of the Homeless Care Council of Northwest Alabama is to equip and empower the community to end homelessness through advocacy, education, and coordination of services.

VALUES

Core values are the fundamental beliefs that serve as the guiding principles for our work.

We use these values as a foundation for developing and implementing our strategic plan. In both the planning and implementation phases of this strategic endeavor, we will hold ourselves accountable to these values and challenge any idea or behavior that seems to be in contradiction with these values.

The core values of the HCCNWA Strategic Plan will be demonstrated as follows:

- **Respect the Complexity of Homelessness** – It is imperative to name the difficulty and complexity of homelessness as a social problem. Poverty, unemployment, absence of good-paying jobs, gaps in education and job training, inadequate transportation, substance abuse and addiction, physical and emotional abuse, Post-Traumatic Stress Disorder, mental illness, availability of affordable housing or shelter, access to facilities for basic hygiene, ability to retrieve social support services, and a host of other contributing factors must all be addressed if we are to end homelessness. In other words, there are no easy answers and we are committed to understanding the matrix of underlying causes as well as the resources we have available as we work toward solutions.
- **Collaboration** – We believe in the power and benefits of organizations working together for a common cause. We will create opportunities to work together with stakeholders in meaningful ways that prioritize partnerships and interagency cooperation.
- **Compassion** – We believe it is important to respond appropriately to the needs of others. Compassion offers the possibility of responding to the suffering we encounter with understanding, patience, and kindness.
- **Empower, Not Enable** – Simply put, enabling is doing something for an individual that they have the resources to do for themselves; while empowering someone is providing them with the skills necessary to be self-sufficient. We recognize the importance of promoting independence and self-sufficiency, and we will help others by providing access to the tools needed to care for themselves.
- **Cultural Competency & Inclusiveness** – Cultural competency is the ability to effectively interact, work, and develop meaningful relationships with people of various cultural



backgrounds. Differences related to race/ethnicity, national origin, socioeconomic status, spiritual/religious beliefs, languages, mental ability, and physical ability, among others, will be acknowledged and respectfully honored in our work. We plan to create an inclusive and welcoming climate that embraces differences and offers respect in words and actions for all people, allowing everyone to bring their full, authentic selves to the tasks before us.

- **Innovation, Open-Mindedness & Forward-Thinking** – We will relentlessly pursue creative and imaginative solutions to improve the outcomes for our stakeholders and our community. Building on what we already know and acquiring any needed new information will keep us moving forward toward the best possible solutions. Being resourceful and inventive is the key to overcoming complex and stubborn problems. The best ideas have yet to be discovered, and we are actively pursuing new ideas rather than solely relying on old solutions.
- **Proactivity, Not Reactivity** – We recognize the allure of reacting to difficult problems with knee-jerk and often insensitive actions as a means of alleviating our discomfort; however, we are committed to understanding the implications of the actions we take. We are committed to taking the initiative by anticipating, preparing and responding not only to homelessness in our community, but also to those conditions that lead to homelessness. We reject the easy answers that often ignore or dismiss the real needs of the homeless in our community and instead alleviate the anxiety of the powerful or the advantaged.
- **Transparency & Accountability** – We are committed to total visibility in revealing our successes and failures in ending homelessness while providing unfiltered access to information about all our decisions and how we arrived at those decisions. Transparency increases trust. Without transparency, accountability is impossible, and we are committed to being candid with every stakeholder about our efforts.

What is a Continuum of Care (Coc)?

A Continuum of Care (CoC) is the group in a specified geographic area organized to carry out the responsibilities prescribed in the CoC Program Interim Rule. A CoC is composed of representatives of organizations including: nonprofit homeless providers, victim's service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

Responsibilities of a CoC include managing the operations the CoC, designating and overseeing a Homeless Management Information System (HMIS) and lead HMIS agency, planning for the CoC (including coordinating the implementation of a housing and service system within its geographic area that meets the needs of the individuals and families who experience homelessness), and designing and implementing the process utilized for applying for CoC Program funds.

The CoC/HCCNWA main job duties:

- Compiling and submitting the COC application/HUD Grant
- Designating an HMIS Lead Agency
- Designating a Board of Directors
- Developing a long term strategic plan and managing a year round planning effort
- Promoting a community wide commitment to the goal of ending homelessness
- Holding semi-annual membership meetings
- Inviting new members annually
- Adopting and following a written Board Selection Process
- Planning and conducting an annual Point in Time Count
- Participating in Consolidated Plans
- Providing funding for housing efforts (HUD CoC grant)
- Promoting access to and effective use of mainstream programs
- Developing a plan for Coordinated Housing
- Consulting (not managing) with ESG recipients
- Managing the CoC application
- Educating the community and providers through membership meetings
- Serving as liaison and coordination between the City and direct providers
- Holding several "drives" per year to provide items to direct service providers, such as water and socks
- Partnering with the cities and local governments in each county to create solutions and answers to best serve the local needs, while striving to adhere and accomplish greater CoC goals and initiatives

In conclusion, a Continuum of Care is established by representatives of relevant organizations within a geographic area to carry out the responsibilities set forth in the COC Program Interim Rule. Every community's COC should be tailored to that specific community, and will look different according to the needs and size of each community. The HCCNWA is simply the Planning Body and driving leadership for action within the CoC. The CoC is the community as a whole and the HCCNWA is the lead agency for the CoC.



CoC Funding

According to HUD, The Continuum of Care (CoC) program promotes community-wide commitment to the goal of ending homelessness. The program provides funding for efforts by nonprofit providers and state and local governments to quickly rehouse homeless individuals and families in order to minimize the trauma and dislocation caused to homeless individuals, families, and communities by homelessness. The program promotes access to and affects utilization of mainstream programs with an emphasis on optimizing self-sufficiency among individuals and families experiencing homelessness. In Northwest Alabama, the Homeless Care Council of Northwest Alabama has been named as the “Lead Agency”, or “Collaborative Applicant” for the CoC.

Therefore, the HCCNWA is responsible for the yearly CoC grant application and submission. In 2019, the CoC was awarded a total of \$438,282, with \$382,035 of that awarded to Community Action of Northwest AL for Permanent Housing (PH) and Rapid-Rehousing (RRH) and supportive services. \$38,375 was awarded to Community Action of Northwest AL for managing the HMIS as lead agency, and \$17,872 was awarded to HCCNWA for the planning grant—a funding source for the planning and administrative work of the CoC. The HCCNWA uses the planning grant to cover the operating expenses of the organization, including paying the part-time Executive Director.





Point in Time Survey

Each year during the last week of January, the U.S. Department of Housing and Urban Development (HUD) conducts a nationwide census of the homeless called a Point-In-Time (PIT) count. On that night, teams of volunteers visit shelters, day centers, and other common areas to interview all of the sheltered and unsheltered homeless in their communities. HUD-funded organizations that use the Homeless Management Information System (HMIS) make sure their records are completely up-to-date in order to accurately count their guests on the night of the PIT. In NW Alabama, the HCCNWA has assigned Service Point as our HMIS System, and Community Action of Northwest Alabama as the HMIS Lead Agency. The PIT survey captures demographic information about the homeless, as well as information on health, mental health, substance abuse, veteran status, and history of domestic violence. Individuals incarcerated, hospitalized, or in drug treatment facilities on the night of the count are not counted as homeless, nor are those staying with family or friends. Individuals cannot be forced to participate and homeless individuals, like anyone else, sometimes opt out of the survey or purposefully avoid contact with survey volunteers to protect their privacy.

The 2021 Point in Time Survey revealed that in Northwest Alabama, there were 37 individuals living in emergency shelters, 112 living in transitional housing, and 34 unsheltered for a total of 183 homeless individuals. The PIT Survey is generally considered an undercount of the actual number of homeless people living in our community given the difficulty of finding and counting everyone in a single day or night. It does, however, create a baseline and allow for trends to be tracked over time.



34
unsheltered

37
living in
emergency
shelters

112
living in
transitional
housing

Community (Demographic Data)

DEMOGRAPHIC ANALYSIS*

* Sources: US Census Bureau, Synergos Technologies Inc., Experian, DecisionInsite/MissionInsite

Study Area: Six Alabama Counties comprising the area of the Homeless Care Council of Northwest Alabama (Colbert, Franklin, Lauderdale, Lawrence, Marion, Winston)

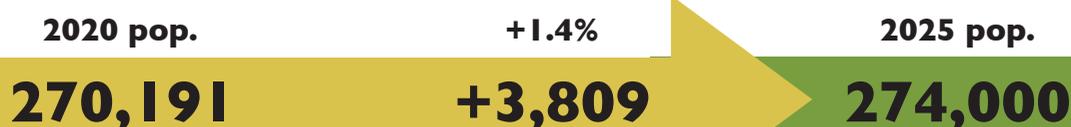
Base State: TN, AL, MS

Current Year Estimate: 2020

5-Year Projection: 2025

POPULATION

The estimated 2020 population within the study area is 270,191. The 2025 projection would see the area grow by 3,809 to a total population of 274,000. The population within the study area is growing somewhat slower than the statewide growth rate. While the study area is projected to grow by 1.4% in the next five years, the state is projected to grow by 5.4%. The study area's estimated average change rate is 0.3%.



SUMMARY OF AVERAGE AGE FINDINGS:

The Average Age Trend chart shows both history and projection of the change in average age in the study area. The average age of the study area has been rising for several years. It is projected to rise over the next five years from 41.59 in 2020 to 41.99 in 2025, an increase of 0.4%. A comparison to the average age of the state helps to contextualize the significance of the average age of the study area and its history and projection. The average age of the state in 2020 was 39.58 and will rise to 40.28 in 2025, an increase of 1.8%. The study area is within the average of the state.

The median age of the study area will remain at 42 from 2020 to 2025.

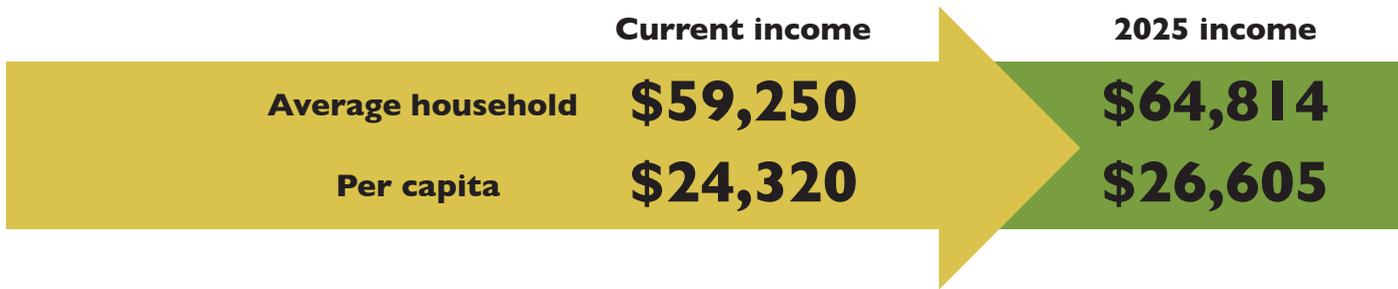
AVERAGE HOUSEHOLD INCOME AND PER CAPITA INCOME

Average Household Income and Per Capita Income indicate the level of financial resources within a community. Average Household income reflects the average income for each household, whether family or non-family.

In this study area, the estimated current year average household income is \$59,250. The average household income is projected to grow by 9.4% to \$64,814 in 2025.

Per Capita Income is a measure of the average income of all persons within a household. For family households, this would include all children. It does not mean that each person actually contributes to the average income from work. It is calculated by dividing the aggregate household income by the population.

The estimated per capita income for the current year is \$24,320. The Per Capita Income is projected to grow by 9.4% to \$26,605 in 2025.



FAMILY INCOME:

Family income is a subset of household income. It excludes non-family households. Family households include two or more persons who are related and living in the same dwelling unit. Children are more likely to live in family households. Non-family households are households in which two or more persons live in the same dwelling unit but are unrelated.

The number of families with annual incomes above \$100,000 is projected to decline over the next five years. For the current year, it is estimated that 19.3% of all family incomes exceed \$100,000 per year. In five years, that number is projected to be 19.1%.

| Income Trends | 2020 | 2025 | 2020% | 2025% | Estimated 5 Yr % Pt Change 2020-2025 |
|---------------------|---------------|---------------|-------|-------|--------------------------------------|
| Less than \$10,000 | 3,930 | 3,883 | 5.2% | 5.0% | -0.14% |
| \$10,000-\$14,999 | 2,741 | 2,684 | 3.6% | 3.5% | -0.13% |
| \$15,000-\$24,999 | 7,662 | 7,657 | 10.1% | 9.9% | -0.16% |
| \$25,000-\$34,999 | 8,304 | 9,231 | 10.9% | 12.0% | 1.04% |
| \$35,000-\$49,999 | 11,857 | 11,923 | 15.6% | 15.5% | -0.15% |
| \$50,000-\$74,999 | 15,959 | 16,077 | 21.0% | 20.8% | -0.16% |
| \$75,000-\$99,999 | 10,863 | 10,952 | 14.3% | 14.2% | -0.10% |
| \$100,000-\$149,999 | 9,843 | 9,921 | 13.0% | 12.9% | -0.09% |
| \$150,000-\$199,999 | 3,416 | 3,425 | 4.5% | 4.4% | -0.06% |
| \$200,000 or more | 1,390 | 1,356 | 1.8% | 1.8% | -0.07% |
| Totals | 75,965 | 77,109 | | | |

MEDIAN INCOME BY RACE AND ETHNICITY:

Median income by race and ethnicity is a subset of household income. Median income is that point where there are as many households with incomes greater than the median as there are households with incomes less than the median.

| Median Income by Race and Ethnicity | 2020 |
|--|-----------------|
| <i>Asian Household Income</i> | \$44,614 |
| <i>Black/African American Household Income</i> | \$29,107 |
| <i>Hispanic/Latino Household Income</i> | \$36,923 |
| <i>White/Anglo Household Income</i> | \$45,832 |
| <i>P Is, Am Indian Other Household Income</i> | \$43,111 |
| Average | \$39,917 |

HOUSEHOLDS AND CHILDREN TRENDS:

Diversity of child rearing environments is increasing. To understand this, we begin with the types of households that exist in a community. There are...

- family households with children under 18
- family households without children under 18

The concern of this analysis is family households with children under 18. Of the types of family households with children there are...

- Married couple families
- Single parent families (father or mother)

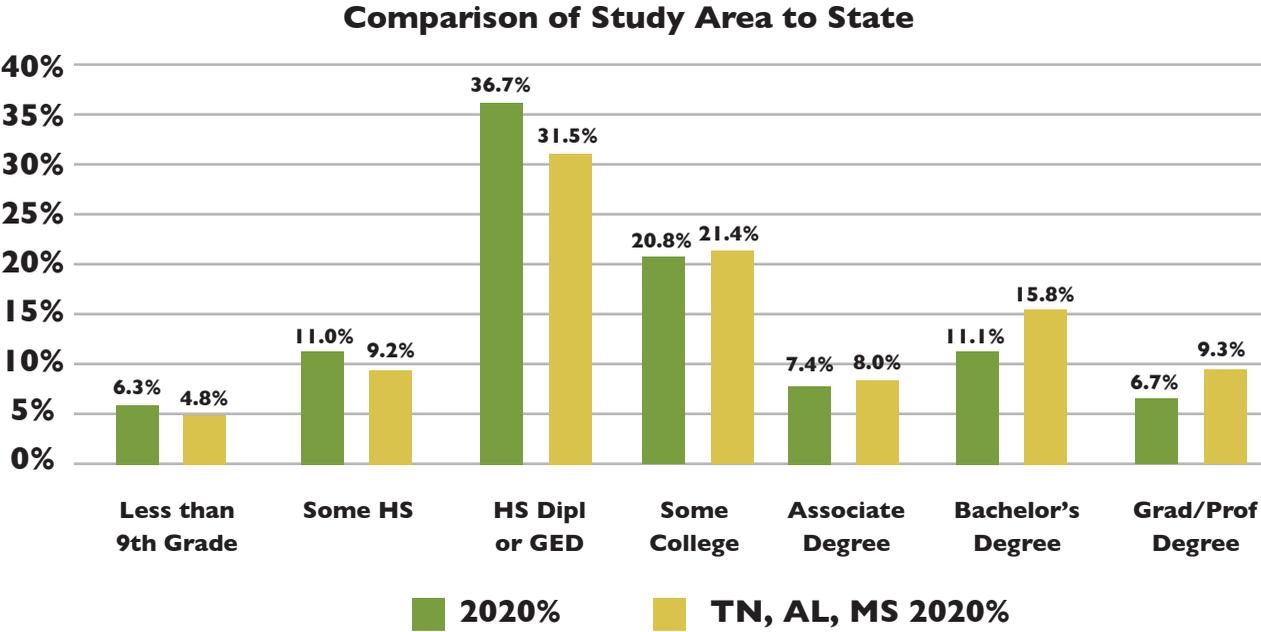
These two are reported for the study area in the table below.

| Households | 2010 | 2020 | 2025 | 2010% | 2020% | 2025% | Estimated 5 Yr % pt Change 2020-2025 |
|--|--------|--------|--------|-------|-------|-------|--------------------------------------|
| Households with Children under 18 | | | | | | | |
| <i>Married Couple</i> | 22,479 | 19,204 | 18,767 | 66.6% | 68.7% | 67.6% | -1.1% |
| <i>Single Parent</i> | 11,292 | 8,741 | 8,981 | 33.4% | 31.3% | 32.4% | 1.1% |

Of the households with children under 18, married couple households are decreasing as a percentage while single parent households are increasing.

ADULT EDUCATIONAL ATTAINMENT:

The level of educational attainment of a community’s adult population is an important indicator of its opportunities and challenges. The educational attainment level of adults has declined over the past few years. It is projected to rise over the next five years by 0.5%.



| | 2010 | 2020 | 2025 | TN, AL, MS 2020 | 2020 Study Area-State Comp Index |
|--|-------|-------|-------|-----------------|----------------------------------|
| Population by Educational Attainment: 25+ | | | | | |
| Less than 9th Grade | 8.0% | 6.3% | 6.3% | 4.8% | 130 |
| Some HS | 14.7% | 11.0% | 10.8% | 9.2% | 120 |
| HS Dipl or GED | 34.6% | 36.7% | 36.6% | 31.5% | 117 |
| Some College | 20.4% | 20.8% | 20.6% | 21.4% | 97 |
| Associate Degree | 6.9% | 7.4% | 7.4% | 8.0% | 92 |
| Bachelor's Degree | 9.8% | 11.1% | 11.4% | 15.8% | 70 |
| Grad/Prof Degree | 5.8% | 6.7% | 6.9% | 9.3% | 72 |

The overall educational attainment of the adults in this community is lower than the state.

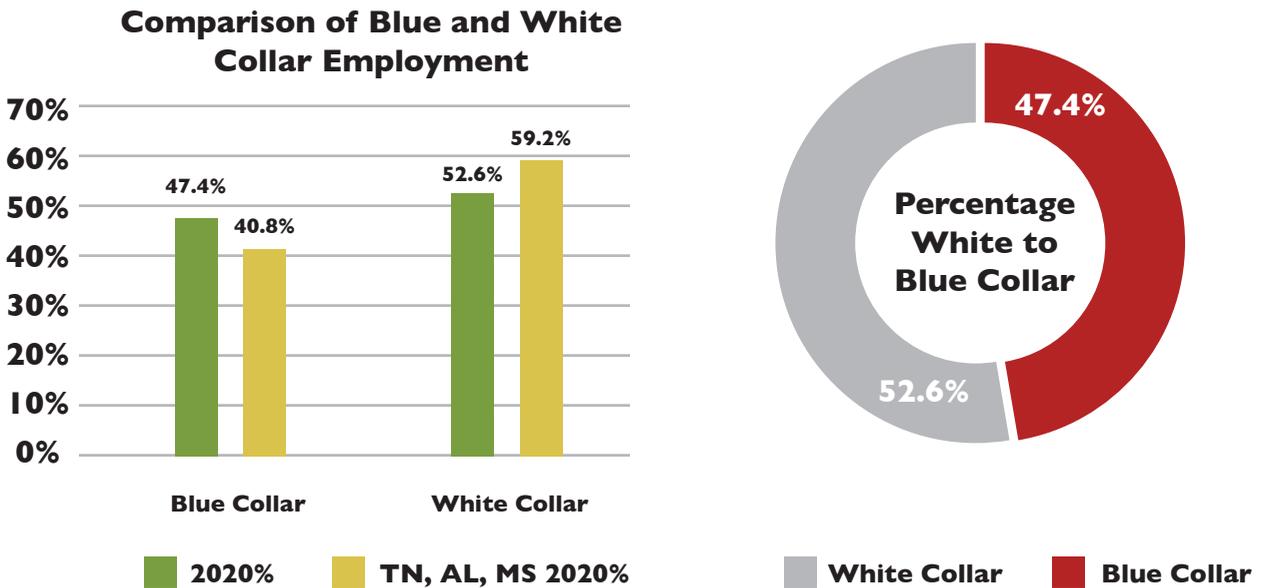
POPULATION BY EMPLOYMENT:

Like educational attainment, an analysis of a community by its employment types and categories provides an important insight into its socioeconomics. This analysis looks at two factors.

The first factor looks at the employed population (ages 16 and over) and compares the traditional “blue collar” and “white collar” occupations locally and then in regards to the state. Secondly, the analysis looks at the community by twelve standard census bureau occupations and compares them to the state.

EMPLOYED POPULATION: BLUE COLLAR OR WHITE COLLAR

On the chart to the left below, the study area is compared to the state of TN, AL, MS. This study area is well below the state average for White Collar workers. It is well above the state average for Blue Collar workers.



| | 2020 | TN, AL, MS 2020 | Comp. Index | Interpretation |
|--|-------|-----------------|-------------|------------------------------|
| Employed Civilian Pop 16+ by Occupation | | | | |
| Maintenance and Cleaning | 3.7% | 3.8% | 96 | At about the state average |
| Construction | 11.2% | 8.9% | 125 | Well above the state average |
| Farming, Fishing, & Forestry | 0.5% | 0.5% | 100 | At about the state average |
| Food Preparation Serving | 5.0% | 5.6% | 89 | Well below the state average |
| Healthcare Support | 2.7% | 2.8% | 96 | At about the state average |
| Managerial Executive | 10.1% | 13.0% | 78 | Well below the state average |
| Office Admin | 11.9% | 11.7% | 102 | At about the state average |
| Personal Care | 2.1% | 2.5% | 85 | Well below the state average |
| Production Transportation | 23.1% | 17.3% | 134 | Well above the state average |
| Prof Specialty | 18.1% | 21.2% | 85 | Well below the state average |
| Protective | 1.8% | 2.2% | 84 | Well below the state average |
| Sales | 9.8% | 10.5% | 93 | At about the state average |

RENTAL HOUSING COSTS*

**Sourced from, "Out of Reach 2020" by National Low Income Housing Coalition*

Affordable housing is a key component in eliminating homelessness and preventing people from falling into homelessness. According to the National Low Income Housing Coalition, “across Alabama, there is a shortage of rental homes affordable and available to extremely low income households, whose incomes are at or below the poverty guideline or 30% of their area median income. Many of these households are severely cost burdened, spending more than half of their income on housing. Severely cost burdened poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions.” (see, <https://nlihc.org/housing-needs-by-state/alabama>)

We also know the scarcity of low-income and/or affordable housing increases the chances of people living at or below the poverty level of falling into homelessness.

Although we have not been able to inventory low-income housing in the six-county area served by the Homeless Care Council of Northwest Alabama, the problem of availability in this region has been anecdotally observed with over 600-700 people on waiting lists with various housing authorities within the Continuum of Care.

The chart below shows the gap for five of the six counties in our Continuum of Care for the affordability of even the most basic housing needs for persons living in our area.

| Area | FY 2020 Housing Wage | | Housing Costs | | | Renters | | | Minimum Wage Housing Affordability | |
|-------------------|--|-----------------------------------|------------------------------|---|---|--|---|--|--|--|
| | Hourly Wage Necessary for 2-Bedroom Fair Market Rental | Estimated Mean Renter Hourly Wage | 2-Bedroom Fair Market Rental | Annual Income Needed to Afford 2-Bedroom Fair Market Rental | # of Jobs at Minimum Wage Needed to Afford 2-Bedroom Fair Market Rental | Estimated Median Renter Household Income | Rent Affordable at Median Renter Household Income (30% of Income) | Hours Needed Per Week at Median Renter Wage Job to Afford a 2-Bedroom Fair Market Rental | Rent Affordable with Full-Time Job Paying Minimum Wage (30% of Income) | Min Wage Work Hours Per Week Needed to Afford 2-Bedroom Fair Market Rental |
| Alabama | \$15.44 | \$13.30 | \$803 | \$32,110 | 2.1 | \$29,605 | \$740 | 46 | \$377 | 85 |
| Non-Metro Areas | \$12.09 | \$11.24 | \$629 | \$25,141 | 1.7 | \$23,700 | \$592 | 43 | \$377 | 67 |
| Colbert County | \$13.73 | \$11.43 | \$714 | \$28,560 | 1.9 | \$26,226 | \$656 | 48 | \$377 | 76 |
| Franklin County | \$11.77 | \$12.68 | \$612 | \$24,480 | 1.6 | \$29,560 | \$739 | 37 | \$377 | 65 |
| Lauderdale County | \$13.73 | \$9.58 | \$714 | \$28,560 | 1.9 | \$27,613 | \$690 | 57 | \$377 | 76 |
| Lawrence County | \$13.21 | \$10.29 | \$687 | \$27,480 | 1.8 | \$27,840 | \$696 | 51 | \$377 | 73 |
| Marion County | \$11.77 | \$9.70 | \$612 | \$24,480 | 1.6 | \$20,109 | \$503 | 49 | \$377 | 65 |
| Winston County | \$11.77 | \$10.48 | \$612 | \$24,480 | 1.6 | \$22,490 | \$562 | 45 | \$377 | 65 |

HIGH-RISK MORTGAGES*

**Sourced from Mission InSite Demographic Study 2021*

There are seven risk levels assigned to mortgages. Here is a breakdown of the rankings for mortgage filings by risk ratio for 2020 within the six counties served by the HCCNWA:

Ratio 4.3 or Greater – Extremely low debt to income/Extremely low risk: 564 (5.3%)

Ratio 3.7 to 4.2 – Very low debt to income/ Very low risk: 605 (5.7%)

Ratio 3.1 to 3.6 – Low debt to income/ Low risk: 1,114 (10.5%)

Ratio 2.5 to 3.0 – Acceptable debt to income/ Reasonable risk: 1730 (16.5 %)

Ratio 1.9 to 2.4 – Somewhat high debt to income/ Somewhat high risk: 2,388 (22.6%)

Ratio 1.3 to 1.8 – High debt to income/ High risk: 2,297 (21.8%)

Ratio 1.2 or less – Very high debt to income/ Very high risk: 1,862 (17.6%)

In the three highest risk categories, we find 62% of the mortgages. These mortgages are vulnerable to market conditions, economic downturns, and job losses that could lead to evictions and homelessness.

HOUSEHOLDS AND FAMILIES IN POVERTY 2020*

**Sourced from Mission InSite Demographic Study 2021*

- 87.8% of families living in the six-county area served by the Homeless Care Council of Northwest Alabama live above the poverty level as defined by the Department of Health and Human Services for 2020. This figure represents 66,719 families in our area.
- For a family of four, the household must earn less than \$26,200 to qualify as living below the poverty level. A family of three must earn less than 21,720. A two-person family must make less than \$17,240 while a single person must make less than \$12,760.
- 9,246 families or 12.2% of the total families in our Continuum of Care fall below the poverty level. These families are represented in the following ways:
 - Female householders account for 4,715 or 6.2% of all families
 - Married householders account for 3,784 or 5.0% of the total
 - Male householders account for 747 or 1.0% of all families
- 83% of households representing 92,073 households live above the poverty level.
- 17% of the households in our region--28,078 total--live below the poverty level.
 - Non-family households (meaning unrelated people living in the same house) represent 8,931 or 8.1% of these households
 - Non-family, student households represent 655 or 0.6% with the remainder being divided between female, married, and male householders.

With so many people living below the poverty line, it is imperative that we work at preventing homelessness as well as addressing those already experiencing homelessness. Further study on the availability of low-income and affordable housing is needed, however, service providers tell us there are few options available compared to the need. As a result, individuals and families forgo other necessary services such as food, clothing, transportation, and medical care in order to pay for housing.



Community Service Partners

Current Community Service Partners contributing to HMIS data collection are:

- Community Action Agency Northwest Alabama
- The Salvation Army
- Northwest Alabama Housing Services - Mainstream Project
- The Sunrise Center
- Room in the Inn/Room at The Table
- Crossroads Community Outreach

There are other active faith-based organizations, civic clubs, foundations and groups such as Russellville Homelessness Coalition and United Way that routinely serve as resource referrals for homelessness help.



Terms to Know

To share ideas around this community effort, a common language will be used to allow for coordination and easier collaboration. The following are definitions for terms that will be used throughout this document. Terms within the body of the plan will be bolded upon first reference to indicate their presence in the Terms to Know section.

Case Management - a collaborative and client-centered approach to service provision for persons experiencing homelessness. In this approach, a case worker assesses the needs of the client—and family when relevant—and may arrange, coordinate, or advocate for delivery and access to a range of programs and services to address the individual’s needs.

Continuum of Care (COC) – A regional or local planning body that coordinates housing and services funding for individuals, families, and unaccompanied youth experiencing homelessness. A CoC creates a collaborative community effort that provides a strategic systems approach that focuses on connecting people to housing and services to end homelessness.

Coordinated Entry (CE) - the standardized CoC triage process intended to quickly connect individuals experiencing or at-risk of homelessness to necessary resources. The CE process is two-steps in the AL-502 CoC (the designation for the Continuum of Care that encompasses Lauderdale, Colbert, Franklin, Winston, Lawrence and Marion counties). Once crisis needs are met, there is an interview application process with universal assessment and then appropriate referrals.

Continuum of Care General Membership – organizations and individuals involved in the CoC with the goal to collaborate on solutions to homelessness. Members are required to fill out a membership form for the Continuum of Care.

Homeless Management Information System (HMIS) - a local information technology system used to collect client-level data on the provision of housing and services to individuals and families experiencing or at risk of homelessness. It is used as a tool to evaluate people’s needs and assist them more effectively, avoiding duplication of services.

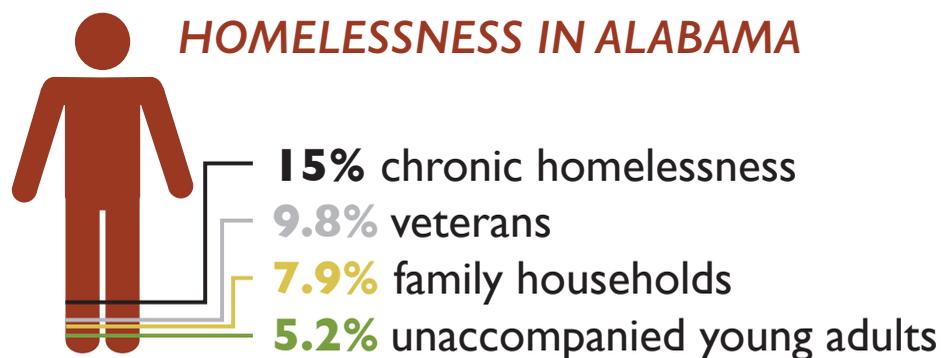
Direct Service Providers - agencies serving people experiencing homelessness or at risk of homelessness. These agencies can include day centers, emergency shelters, overnight shelters, as well as agencies that provide access to money and housing opportunities to homeless or at risk of homelessness individuals.

Point in Time Count (PIT) - A one night count conducted within the last 10 days of January of people meeting the homelessness definition, required by HUD.

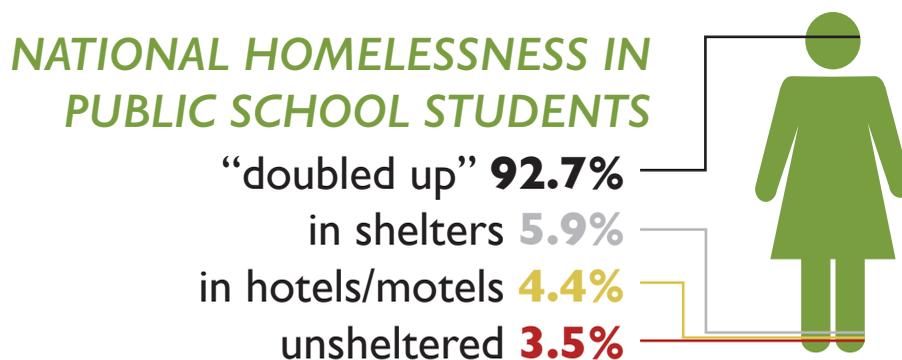
Homelessness in Northwest Alabama/What's Been Done

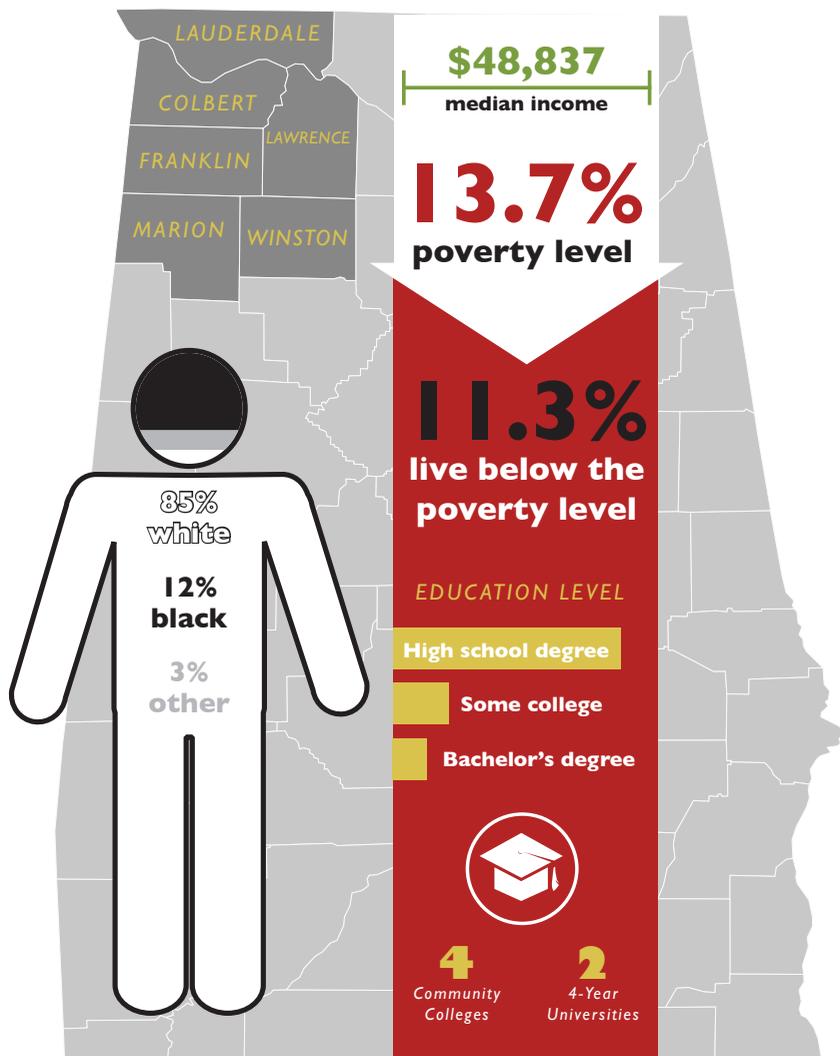
BACKGROUND AND HISTORY

While Alabama has one of the lowest homelessness rates in the country, the state as a whole has an estimated 3,351 experiencing homelessness on any given day, as reported by all Continuums of Care to the U.S. Department of Housing and Urban Development (HUD). Of that Total, 267 were family households, 329 were Veterans, 175 were unaccompanied young adults (aged 18-24), and 503 were individuals experiencing chronic homelessness. Public school data reported to the U.S. Department of Education during the 2017-2018 school year shows that an estimated 15,023 public school students experienced homelessness over the course of the year. Of that total, 527 students were unsheltered, 899 were in shelters, 670 were in hotels/motels, and 13,924 were “doubled up” (meaning more people living in a place than are meant to).



Statistic representations are not mutually exclusive; some people may be categorized in multiple categories.





Locally, the Homeless Care Council of Northwest Alabama’s Continuum of Care covers the 6-county area of Lauderdale, Colbert, Franklin, Marion, Winston and Lawrence counties. This area has a poverty level of 13.7% and median household income of \$48,837 in 2021. There are approximately 11.3% of households with a total income below the poverty level. Demographically, race statistics are 85% white, 12% black and 3% other races. Educationally, 86% of the population has a high school degree or higher and 21% having some college but no degree. Thirteen percent of citizens have a bachelor’s degree. This is in line with statistics for Alabama as a state as well. There are 4 community colleges and two 4-year universities within a 100-mile radius.

CURRENT LANDSCAPE/LOCAL HOMELESSNESS DATA

For the past 3 years, the Point in Time count has illustrated that the AL-502 CoC has averaged 175 homeless on any given night. The Point in Time Count is a national effort conducted each January to garner a snapshot of the homelessness in communities. Through the CHANCE program, over the past 3 years, an average of 60 individuals have been helped a year with an average stay on the CHANCE program of 5 months. The average amount spent to help each individual has been approximately \$4,500 dollars. This amount includes living expenses from auto, dental, medical, and rental assistance including security deposits, utilities and deposits, food and furniture. Of the grant awarded to the CoC, 91% of funds are given in direct aid through these services and assistance.

According to HMIS data collected through June of 2021, there are 162 homeless individuals in the AL 502 being currently traced or receiving services. The CoC has worked with 30 Veterans to date in 2021. Of , 45 are receiving housing vouchers from the Mainstream project of Northwest Alabama Housing Services, as a part of Permanent Supportive Housing. There are currently 37 clients (25 individuals and 11 families) who are receiving housing/case management through the CHANCE project of Community

Action Northwest Alabama which works with Rapid-Rehousing and Homeless Prevention candidates. The Salvation Army has an average of 26 stayers in its Emergency Shelter. The average length of time from contact to housing within the CoC is 21 days for those that qualify for services offered. The average length of time a homeless person is living in an CoC emergency shelter is 66 days at present.

Within the AL-502 CoC, there is a continued gap in service due to the need for additional year-round emergency shelter. With the current grant award being for Rapid Re-housing only, this increases the need for year-round emergency shelter options for Permanent Supportive Housing (PSH). The Salvation Army in Florence is the only year-round emergency shelter in the AL-502 six county area and does not have the physical space to provide year-round emergency shelter for all of the region. Therefore, additional emergency shelters throughout ALL of the CoC area are obviously necessary..

The number of “chronically homeless” in our area currently is 13 – meaning these 13 homeless individuals have been without shelter for at least one year or on four separate occasions in the past three years that add up to a total of 365 days. These individuals are not typically eligible for housing offered through the current CoC grant due unmanaged mental health challenges, addictions or both. This subgroup of the homeless population needs Permanent Supportive Housing with strong and consistent case management. These individuals are often seen wandering, loitering and sleeping on park benches or in storefronts in the downtown areas of our CoC. We do not currently have sufficient housing or support services for these individuals provided within our CoC.

While the Mainstream project of Northwest Alabama Housing Services within the Sheffield Housing Authority is an option now to help with this situation, there is still a need for more Permanent Supportive Housing. However, it is important to understand the Permanent Supportive Housing qualifications under the HUD specification.

HUD encourages CoCs and recipients of non-dedicated and non-prioritized CoC Program-funded PSH to offer housing to persons experiencing chronic homelessness first, to the maximum extent possible. Permanent Supportive Housing is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability. In HUD’s goal of ending chronic homelessness, CoC grant recipients must significantly increase the number of PSH units targeted to persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own. HUD expects recipients of PSH to serve people with the longest histories of homelessness and the most severe service needs. Although this typically would be persons experiencing chronic homelessness, HUD recognizes that there are homeless individuals and families that have severe service needs that are in need of PSH but that do not yet meet the criteria required to be considered chronically homeless. At the time of this writing in June 2021, the AL-502 CoC did not currently receive grant funding for any PSH, further adding to the plight of our homelessness issue.

“NO WRONG DOOR” POLICY

- ! *No matter where first contact with a homeless individual or family is made, the crisis need is handled first.*
- 🕒 *An assessment and intake/referral takes place within 24 hours.*
- 📄 *Training is provided for all direct providers to understand the process.*

The addition of HMIS data management through the HMIS Lead agency and the addition of Coordinated Entry has helped tremendously in the AL-502 CoC management of services, referrals, and tracking to guide those experiencing homelessness along the path back to self-sufficiency. All homeless individuals must now go through a Coordinated Entry process that is managed by the Coordinated Entry Specialist out of the HMIS Lead Office at CAANWAL. This allows for a consistent and managed support system for all homeless in the CoC. The AL-502 CoC has adopted a “No Wrong Door” Policy for homelessness help. This simply means no matter where first contact with a homeless individual or family is made, throughout the entire CoC, the crisis need is handled first. Then, an assessment and intake/referral takes place within 24 hours and follows the set process put in place by the Coordinated Entry Specialist and HMIS Lead. Training is provided for all direct providers to understand the process through the HMIS Lead office and support is given to the homeless individual through the Coordinated Entry Specialist and process.

CONTRIBUTING FACTORS TO HOMELESSNESS IN THE AL-502 COC

While the U.S. Housing and Urban Development office has a strict definition of what constitutes homelessness, it doesn't take into account those who are sleeping on the sofas of friends and relatives because they can't pay rent or have lost their home. The federal definitions are complex, and it's difficult to determine the extent of homelessness when those moving from friend to family

member are not part of a federally recognized program. If you do not meet the federal definition of homeless, you are left to the benevolence of a church or a friend. For this reason, the need for unrestricted funding for those that do not meet the qualifications under the current grant award could be greatly utilized.

Substance Abuse is always a top factor for habitual homelessness, and there is a need for collaboration with area doctors and treatment centers to work with agency providers to allow for case management and treatment for the homeless. This type of partnership would also help the CoC with the In-Kind Match % required at the local level during grant execution.

Mental Disabilities and Challenges are often a factor as well. Having access and collaborative partnerships with local services such as Bradford Services or Riverbend are crucial. The new regional crisis care center at Wellstone Behavioral Health in Huntsville will be helpful as they are designated by the Governor for communities, law enforcement, first responders, and hospitals as a place to take an individual who is in a mental health crisis. The crisis care center will include both walk-in access for individuals and the ability for hospital emergency departments and law enforcement agencies to transfer individuals to the center for crisis care, including short-term admission, medication management, and case management. Services will also include discharge planning and connections to ongoing behavioral health care services for longer-term care, if needed. Coordinated Entry will be valuable in the active referral work of this process.







Needs Assessment

This strategic plan is rooted in the real life experiences and data from the six counties that the Homeless Council of Northwest Alabama represents. The Homeless Council empowered a subcommittee to collect data from all six counties to discover what resources are available to fight homelessness, what the actual needs are, and to identify gaps between the resources and the needs. The strategic plan has been developed out of this data to resolve the causes of homelessness in our area, fill the gaps between needs and resources, ensure a stronger and more healthy community for all stakeholders, and ensure accountability of all resources available in our region.

The Needs and Resources Analysis began by brainstorming and identifying the key stakeholders in all six counties to include local government officials, law enforcement, business owners, direct service providers, non-profits, and healthcare providers. The committee then created an electronic survey that could be sent to all of the key stakeholders that would gather information about the primary needs in regards to homelessness in our region, the primary resources that are available to fight homelessness in our region, about gaps that are evident between resources and needs, the effects of homelessness on businesses and the community, and the causes of homelessness from their stakeholder perspective.

There was great participation from community stakeholders. The committee distributed approximately 100 surveys and received 54 responses. Some of the key takeaways from the survey were:

- The community, as a whole, is aggravated with the entire homeless situation. There is an erroneous perception that the more resources that are available, the more homeless people migrate to our area.
- There is very little awareness of the number of unsheltered people as well as the complexity of homelessness, especially in the more rural areas.
- There is currently a lack of collaboration between stakeholders and resources..
- There is a dissonance between the major contributors to homelessness being identified as mental health and addiction, but the number one solution recommended is simply shelter without supportive services.



Foundational Pillars

PILLAR ONE | COLLABORATION & ACCOUNTABILITY



The lack of communication and collaboration between stakeholders creates gaps in services and resources.

Accountability is necessary to increase community support and trust.

PILLAR SOLUTION

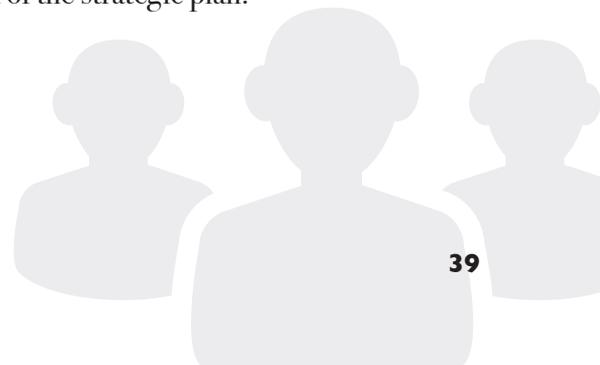
Develop a Homelessness Task Force for each county.



Currently, there are many amazing and effective shareholders working tirelessly to serve our homeless population and to eradicate homelessness in our community. These stakeholders range from direct service providers, government agencies, mental health providers, addiction recovery services, and even law enforcement. The main issue amongst the many stakeholders is the lack of communication and collaboration between them. This lack of collaboration creates gaps in services and resources, as well as duplication of resources. With limited resources available, it is vital that there is greater collaboration, communication, and accountability amongst all stakeholders and agencies in our community.

This lack of collaboration has also produced a lack of accountability for direct service providers and for our homeless population. One of the key takeaways from this survey is that the community believes that with more resources the homelessness situation gets worse due to the lack of accountability. In order to gain community support and trust, there needs to be a greater level of accountability for all stakeholders and homeless individuals.

This strategic plan is built on the pillar of collaboration and accountability. Without this pillar, the strategic plan cannot be successful. We believe the best way to establish this pillar is to develop a Homelessness Task Force for each county in our region. These Tasks Forces will work to create goals and objectives to eradicate homelessness, work to establish communication and relationships amongst direct service providers and stakeholders, and provide much needed accountability to the implementation of the strategic plan.



PILLAR TWO | CENTRALIZED CASE MANAGEMENT



There is a need to strategically identify the root cause of homelessness and move individuals through a centralized system.

PILLAR SOLUTION

Enact Coordinated Entry to ensure a “warm handoff,” streamlining the process.

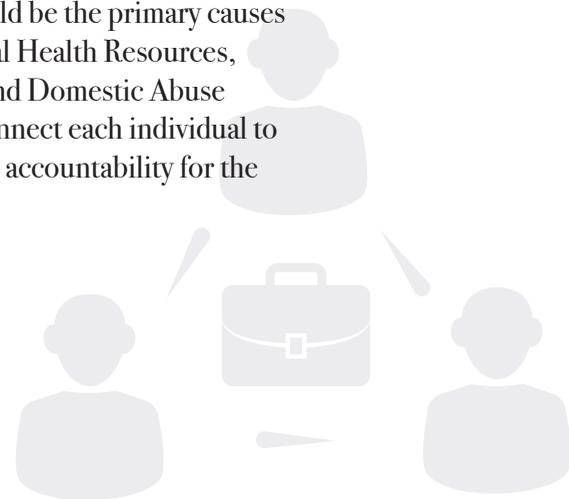
A case manager will be able to direct the individual to appropriate resources.

One of the key concepts from all stakeholders and data collected was the need to implement a long-term, individualized strategy to identify the root cause with each homeless individual, and then move them through the system to access resources with accountability through a centralized and connected case management system.

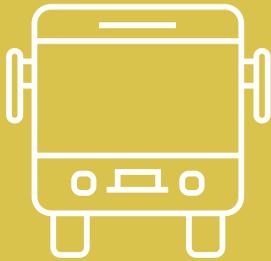
This strategy would start with Coordinated Entry and then utilize current and future case managers and social workers to implement policies and procedures to transition each person experiencing homelessness and receiving services with a “warm handoff” through case management. This would assist our community in closing the gaps between direct service providers, government agencies, and the community.

Coordinated entry is an important process through which people experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to appropriate, tailored housing and mainstream services within the community. Standardized assessment tools and practices used within the local coordinated assessment process takes into account the unique needs of children, families, and young adults. When possible, the assessment provides the ability for households to gain access to the best options to address their needs, incorporating participants’ choice, rather than being evaluated for a single program within the system. The most intensive interventions are prioritized for those with the highest needs.

Coordinated Entry would be the top of the workflow to begin serving and moving our homeless citizens towards the path of independent living and permanent housing. The four other areas inside of the funnel that would need to be focused on by the case managers would be the primary causes of homelessness in our region: Mental Health Resources, Drug Rehabilitation, Job Training, and Domestic Abuse prevention. Case managers would connect each individual to the appropriate resource and provide accountability for the resources and individual.



PILLAR THREE | ACCESS TO AFFORDABLE TRANSPORTATION



The most detrimental gap is the lack of affordable transportation, which disconnects homeless citizens from all resources.

PILLAR SOLUTION

Investigate and implement ways to increase transportation services, possibly through partnerships.



One of the surprising facets of the Needs and Resources Survey was the lack of affordable public transportation. This gap seems to be one of the largest and most detrimental gaps in our current approach to homelessness in our region. This pillar is foundational to the entire strategic plan.

The lack of access to affordable transportation disconnects our homeless citizens from precious resources, healthcare, and even job opportunities. There are many instances where homeless individuals have job opportunities but no transportation to get to the job interview or to work their shifts. There are many instances of homeless individuals not having transportation to healthcare appointments or other resources. Currently, there are no viable options for affordable public transportation in our region.

If this strategic plan is going to eradicate homelessness in our region, we have to investigate methods and implement ways to increase access to transportation services in Northwest Alabama. Some of the options could be public transportation services or ride sharing partnerships.



PILLAR FOUR | MORE & BETTER HOUSING OPPORTUNITIES



Eradicating homelessness relies on better, more accessible housing opportunities.

PILLAR SOLUTION

Create and strategically plan for emergency housing, transitional housing, rapid rehousing, and affordable permanent housing.



The final pillar in this strategic plan is to seek to provide better, more accessible housing opportunities for our communities. This is the end of the funnel where we want to eradicate homelessness as much as possible in Northwest Alabama. In order to accomplish this goal, we must have affordable housing options. Currently, there are four levels of housing in the strategic plan. There is a need for Emergency Housing, Transitional Housing, Rapid Rehousing, and Permanent Housing.

Emergency Housing is needed to get homeless people off of our streets, out of the elements, and out of danger on any given night of the year. It is detrimental to our homeless citizens, local businesses, and community when people are forced to sleep on the public streets. One option could be to connect existing emergency housing direct service providers and establish a network of all emergency housing resources. Another option could be to have emergency housing available at the Hub to give people limited access to housing until they can enter into the transitional housing process.

Transitional housing should be considered an 18 to 24 month cycle to give people enough time to transition back into the workforce and become economically stable. The location needs to have private living quarters with centralized restrooms and a community center where meals can be provided and meetings held. Local governments could provide the land and build the community center. Local businesses, churches, and partners could sponsor tiny houses or other feasible options to provide housing. The key is to provide semi-permanent housing with accountability to move people towards personal independence.

Rapid Rehousing is directed to homeless individuals due to circumstances and situations that cause them to lose their income or their residence. Currently, Community Action Northwest AL oversees the CoC grant that provides Rapid Rehousing funds and is very efficient in moving people quickly from homelessness to housing. The average estimate for an RRH client is around \$2,500 per family, with each client averaging 5 months within the program.

Affordable Permanent Housing is the ultimate goal of the strategic plan and the Northwest Alabama Homeless Council. In order to reach this goal we need to revise the estimate of what is “affordable housing” to fit the real income distribution in Northwest Alabama. We must then ensure that there are affordable housing options available to all of our under-resourced citizens. Currently, the median individual income in our region is \$22,000 and median household income is around \$40,000. We need housing options that are 20-25% of the median incomes to ensure long-term housing is realistic and achievable for our under-resourced population.



Strategic Plan

Action Points

PILLAR ONE | COLLABORATION & ACCOUNTABILITY

This pillar focuses on networking and collaboration between all existing resources and stakeholders to work together to end homelessness. This pillar also includes providing accountability for all resources, stakeholders, and efforts in homelessness. This pillar is the first pillar because it is the beginning of the process of moving our homeless citizens towards better, more available housing opportunities.

ACTION STEPS

Task Force Development – County task forces, consisting of community members that live within each county and have an interest in serving the homeless population, will be responsible for coordinating efforts that directly impact each Continuum area. Task forces will be responsible only for their individual county.. Each task force will consist of a leader(s) or champion(s) who will assist with identifying and facilitating task force members and efforts including establishing guidelines, accountability, and collaboration. The Homeless Care Council will serve in a mentorship and support capacity for the individual county task forces. Task forces will be focussed on the needs of each county and with an overall goal of meeting the mission of the Homeless Care Council and the Continuum of Care.

Awareness, Resources, and Training – Through networking, resource sharing, training and maintaining accountability each agency will work towards making homelessness in Northwest Alabama rare, brief, and non-recurrent. Creating an openness and transparency through information-sharing will generate greater community awareness of homelessness, the resources available, and participation in the Homeless Care Council.

HMIS Governance and Accountability - The HMIS Data Collection Committee within the Homeless Care Council will be restructured in order to enable the most accurate accounting of unsheltered citizens. . The committee is responsible for managing the homeless enumeration data collection processes, including gaps analysis and assisting members of local government in the completion of homeless counts.

PILLAR TWO | CENTRALIZED CASE MANAGEMENT

This pillar focuses on creating a client-centred case management system that provides a long-term and personalized approach to each homeless individual. From the survey and data, case management is the best way to address the complexities of homelessness and connect individuals with the proper resources while also allowing for a system of accountability.



ACTION STEPS

Coordinated Entry Process - We will continue to focus on and resource coordinated entry into the program. Coordinated Entry is an important process through which people experiencing or at-risk of experiencing homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to appropriate, tailored housing and mainstream services within the community.

Hub - We will create or identify local Hubs in each county to act as the top of the funnel or beginning of the pipeline that supports coordinated entry and follows a consistent method throughout all six counties. We will work together to implement a centralized case management approach and process to end homelessness in Northwest Alabama.

Increased Case Management - Invest in homelessness prevention and diversion through resourcing case managers to hold direct service providers and clients accountable. Make intentional investments to grant greater access to Mental Health Resources, Drug Rehabilitation, Job Training, and Domestic Abuse prevention. Implement policies and procedures to transition each person experiencing homelessness and receiving services with a “warm handoff” through case management.

Direct Service Provider Support - The Homeless Care Council will provide support to the organizations and agencies that offer services to those that are homeless.

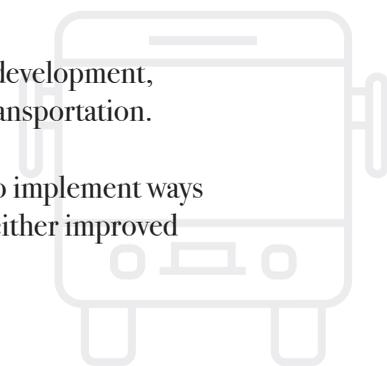
PILLAR THREE | PUBLIC TRANSPORTATION

Without reliable transportation, the homeless cannot access the kinds of employment, services, and social connections necessary to improve their lives and enhance self-reliance. This pillar is focusing on researching more efficient and cost effective ways to connect homeless individuals to the jobs and resources they need to move forward. With no public or affordable transportation available homeless individuals consolidation should occur around areas where the resources are available. Transportation will help all citizens gain access to mental health resources, health services, food resources, housing resources, and job opportunities. It is more cost efficient to provide transportation than housing.

ACTION STEPS

County Awareness - Research homelessness impact on county economic development, sales tax, and other available services due to the lack of adequate or available transportation.

Research Opportunities - Investigate methods and resources available to implement ways that increase access to transportation services in Northwest Alabama through either improved Public Transportation or Rideshare partnerships.





PILLAR FOUR | BETTER, MORE AVAILABLE HOUSING OPPORTUNITIES

This pillar focuses on providing better, more available housing opportunities for all citizens in northwest Alabama. This pillar includes emergency housing so that no one has to sleep on the streets or in unsafe elements in our community. It also includes transitional housing to afford homeless individuals the time and accountability they need to integrate into permanent housing while being assisted by a case manager. It also includes the current rapid rehousing resources in our community that quickly move people from life changing financial situations and family situations where they may enter into homelessness with access to affordable housing. Finally, this pillar focuses on defining what is actual affordable housing for our community with our current economic climate and then create steps to create better, more available affordable housing for our most economically vulnerable citizens.

ACTION STEPS

Emergency Housing - Increase units of Emergency Housing to ensure that no one in the community has to sleep outdoors during harsh weather. By resourcing existing emergency housing direct service providers, building a network of all emergency housing resources, or by having emergency housing available at the Hub to give people limited access to housing until they can enter into the transitional housing process.

Rapid Re-Housing - Increase awareness and make greater investments in the rapid re-housing process and resources that prevent long-term homelessness for our citizens facing situational or circumstantial homelessness.

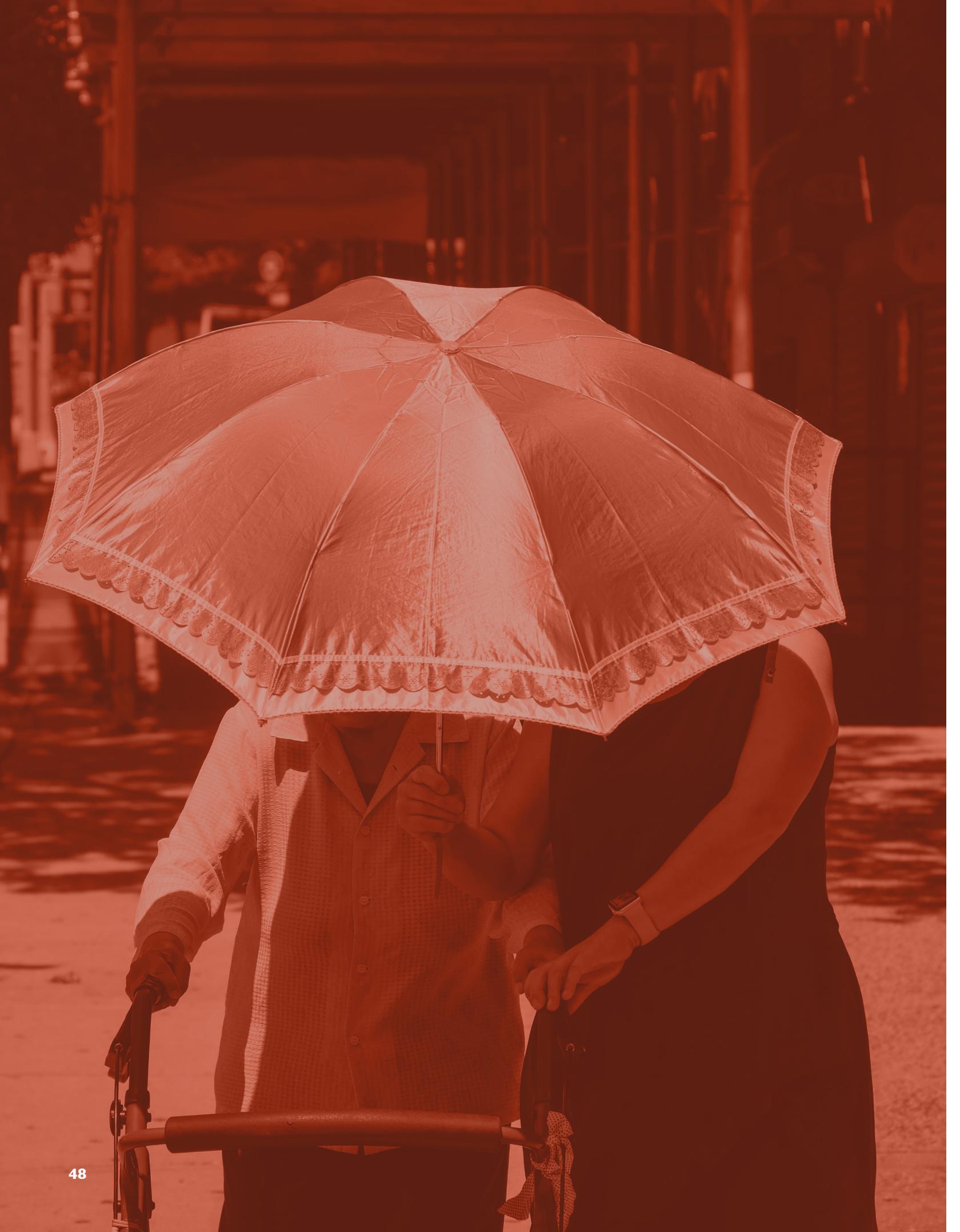
Transitional Housing - Create Transitional housing opportunities that provide an 18 to 24 month timeline to give people enough time to transition back into the workforce and become economically stable while providing accountability and resources. Increase the production of/access to transitional and permanent housing solutions.

Affordable/Permanent Housing - Revise the estimate of what is “affordable housing” to fit the real income distribution in Northwest Alabama. We must ensure that there are affordable housing options available to our under-resourced citizens. Currently there are between 600 and 700 families in the Florence Housing Authority pipeline eligible for vouchers to help with securing housing; however, the availability of houses for families is extremely limited leaving these families in precarious housing situations. This appears to be true throughout the entire Continuum of Care. The following steps should be taken:

- Continue to find ways to add to the ongoing funding of current efforts by the Housing Authorities in our Continuum of Care. Their local knowledge and commitment to

providing housing in a limited market needs to be commended because they are minimizing the negative economic impact on our region from inadequate housing. Money invested in public housing reduces the need for funding for other social services because adequate housing improves outcomes in education, healthcare, and employment.

- Ask the Shoals Association of Realtors to develop a task force to create a system that generates a list of low- to mid-income housing in the Multiple Listing Service that local community service organizations can access when they are looking for homes in which to place clients— both for rental housing and for purchase.
- Investigate opportunities for private investors to get a return on their investment in developing low- to mid-income housing. Public-private investments, although complex, can provide affordable housing for American families while offering smart investments for corporate and institutional investors. Challenge local investors to invest in our community with these kinds of housing developments. Incentives from local governments could make these investments even more attractive and benefit our communities at the same time with a return on investment to local governments through the decreased need for social services..
- Work with local governments and neighborhood associations to identify potential sites for low- to mid-income housing developments. Collaboration and communication are key factors in successfully establishing new housing opportunities, and the diversity and mixed-income housing will benefit the larger community.
- Partner with local building inspectors to ensure that low- to mid-income developments are built sustainably so that the quality of the homes will endure for decades to come. Low-quality construction leads to faster deterioration of homes and accelerates neighborhood decline, robbing homeowners of the long-term financial benefits of homeownership.
- Partner with (or develop if none are available) a non-profit organization that creates a pathway that assists low- to mid-income families in successfully finding stable housing in our area. This non-profit should guide families in pre-qualifying for financing, locating a suitable home, completing the purchasing process, and mortgaging a home through both private and public funding sources. Navigating the public and private funding available for home purchases is a complex and complicated process, but it is possible. Chattanooga Neighborhood Enterprise (CNE) is an example of an organization that creates and fosters housing stability through empowering people financially. People need long-term help in becoming financially stable to increase their chances of qualifying for financing. Empowering people with the tools necessary to manage their households well will create long-term results for the region.



Moving Forward in Northwest Alabama

The mission of the Homeless Care Council of Northwest Alabama (HCCNWA) is to equip and empower the community to end homelessness through advocacy, education, and coordination of services. When this vision is shared, there are many who immediately conclude ending homelessness is an impossible task. Indeed, homelessness is an intractable problem that won't be solved easily; however, we can find inspiration in the various communities throughout the United States who have successfully reduced chronic homelessness and lessened the amount of time individuals experiencing homelessness await shelter, effectively eliminating long-term homelessness.

One of the challenges moving forward is the way we conceptualize homelessness and often dismiss those in its grips as lazy and unwilling to help themselves. There is a common misconception that homelessness is the fifteen to twenty people who are chronically homeless due to addictions and mental illness that we see walking the streets and asking for handouts. While these persons do fit the stereotypical image of homelessness, they are but a small fraction of those who face the daily challenges of finding a safe place to live. What most people don't see are the 140 children in our local schools who are only in a safe environment when they are in a classroom, who spend night after night moving from the home of one friend to another's, couch-surfing; or who are passed back and forth between relatives who take turns providing for their needs while struggling to meet their own; or whose parents try to make their vehicle a home until their economic situation improves and they can move into more permanent housing. Even then, the availability of affordable housing is spotty, delaying the fulfillment of a basic need we all have: a safe place to lay our head each night.

As with any intractable problem, the answers are not easy or cheap. The most costly challenge we face is humanizing the faces of those experiencing homelessness so that we cannot look away or decide it is somebody else's problem to fix. Homelessness impacts the quality of life for all of us therefore we all must invest in finding solutions.

This is our first strategic plan and it's far from perfect, but it's a start. We expect this plan to shift dramatically over the next five years as we implement some of the strategies and learn from our successes and our failures. We anticipate a good measure of both, but we will learn from our mistakes. There is a fine line between helping persons who are experiencing homelessness and enabling them to avoid taking responsibility for themselves. There will be times when we fail by giving too much help, but if we do not act, it is much more likely those who truly need our help will slip through the cracks of a system that is under-resourced to adequately provide the tools of empowerment that can lift them up beyond merely surviving into thriving.

Until we see homelessness as "our" problem and not "somebody else's" problem, we will struggle to develop the partnerships, collaborations, and resources necessary to adequately address our unique situation and bring an end to homelessness in our community. We believe the people of this region care deeply for the needs of one another and so we invite everyone to join the cause of ending homelessness and subsequently improve the quality of life for everyone in Northwest Alabama..

Appendix: Needs & Resources Analysis

GOALS & OBJECTIVES

- Identify the stakeholders that we need to gather the Needs and Resources Analysis data from.
- Create a clear and simple process to gather the data in a timely manner.
- Assign stakeholders to each committee member to contact to gather the data from
- Analyze data and present recommendations to the committee.

SURVEY PROCESS

Google Survey

- Brainstormed the key stakeholders in all six counties and representing local government officials, law enforcement, business owners, direct service providers and non-profits, and healthcare providers.
- Brainstormed survey questions and compiled a Google Form that would be used to collect the data.
- Assigned each sub-committee member with specific stakeholders to contact and send the survey to.
- Sent out just over 100 surveys and received 54 responses.

Google Survey Respondents

- Our area lacks proper case management. Someone with proper training needs to provide each homeless person an individualized plan to help them find treatment, housing, and access to resources. Individual case managers will provide accountability and guidance to each of their clients.
- Case managers will need to be trained social workers, which means that we need to find a way to pay the salaries, perhaps through grant funding.
- Assistance needs to be dependent on an individual's participation with his/her case manager. Each plan needs to be individualized with deadlines, benchmarks, and clear expectations for continuing assistance.

Google Survey Questions

- Are there any specific needs for you or the homeless population in your area that you know of?
- How have you/your organization been affected by the homeless population?
- What are the needs you see in regards to homelessness around your organization, neighborhood, or community?
- How many homeless individuals do you come in contact with on a weekly basis?
- How often does the stakeholder personally come in contact with the homeless?

- What do the homeless in your area say they need from your organization or business?
- If a homeless individual has used the services available in their county (if none: why)
- How many homeless individuals direct providers serve monthly?
- What do you see as the greatest contributor to the cause of homelessness?
- What are the top five needs you see the homeless need? Greatest need: food, shelter, transportation, etc.
- What resources do you provide that are accessible to those experiencing homelessness?
- What services are available/what services are not available?
- How often do you have clients that are experiencing homelessness?
- What resources in your area will provide services for those experiencing homelessness?
- Are there any gaps in service you've recognized in working with the homeless population?
- Are you able to help us identify and locate where the homeless are in your areas? Please list the areas you are aware of.
- What resources can you help provide in the future to help alleviate and prevent homelessness?

KEY TAKEAWAYS

- The community is frustrated with the entire homeless situation. There is a concept that the more resources that are available the worse the homeless situation gets.
- There is very little awareness of homelessness especially in the counties. The less awareness the more frustrated citizens are with the situation.
- The survey shows the lack of current networking and collaboration.
- There are major differences between the cities and the counties in regards to the homelessness situation in our region.
- The most commonly identified contributors to homelessness mentioned were mental health and addiction.

PRIMARY NEEDS OF THE HOMELESS IN OUR REGION

- Case Management: Individualize the homeless situation and adapt resources per individual
- Affordable housing: \$200-500 a month with utilities
- Shelter/Housing with Case Management/Accountability
- Transitional process
- Mental Health & Addiction Recovery
- Food Assistance (Counties)
- Awareness
- Transportation

PRIMARY RESOURCES AVAILABLE TO THE HOMELESS IN OUR REGION

- Community Action
- Food Assistance
- Utility Assistance
- Day Centers (2): Sunrise & Crossroads
- Emergency Shelters: Salvation Army & Room at the Inn

GAPS IDENTIFIED BETWEEN NEEDS & RESOURCES

1. Transportation
2. Centralized Case Management
3. Addiction Recovery
4. Mental Health Treatment
5. Housing: Emergency, Transitional, and Permanent Affordable Housing
6. Community Awareness
7. Funding/Staffing

NEXT STEPS

STEP ONE | Form a Homelessness Coalition/Task Force

- Create a homelessness coalition/task force representing all stakeholders to create communication, action steps, and accountability.
- The coalition will develop measurable goals and action plans to address over specific terms.
- Suggested Action Items and Goals
 - Find permanent housing for 5-10 disabled veterans/veterans by leveraging veterans organizations and federal funding.
 - Find permanent housing for 5-10 single mothers with children/families.
 - Find mental health resources for those battling disabling mental health issues.
 - Find addiction recovery opportunities for those who are homeless due to addiction.

STEP TWO | Develop Local Public Transportation System

- In order to eradicate homelessness and prevent homelessness the first step needs to be to develop a local public transportation system. Without public transportation many of our homeless citizens cannot get to job interviews, jobs, appointments, or to other resources.
- Public transportation is a cheaper solution than providing housing. It is also the key resource to connect all the other resources and opportunities to each other.
- Without public transportation all other solutions, resources, and efforts will be ineffective to eradicate homelessness.
- A public transportation system would benefit the homeless population, the University of North Alabama, local factories, and other community citizens.

STEP THREE | Implement a Centralized Case Management Process to Homelessness through a Hub Concept

Case Management

- We need to take an individualized approach through centralized case management. There is not just one cause of homelessness and not just one solution. Each homeless individual needs to have a customized

- solution to their particular situation along with accountability.
- Case managers can direct homeless individuals to all of the other resources for housing, mental health, and addiction treatment.
- Case management would allow individuals to receive the evaluation, assessment, and direction they need to receive mental health treatment and addiction recovery treatment.
- Case management is a long-term approach to solve individual situations that have developed over many years of issues, behaviors, and decisions.
- Case management brings accountability to each individual homeless person.
- Case Management would require grant-based funding for staffing.

The Hub Concept

- We need to develop some form of centralized hub of resources where homeless people could go to enter into their case management.
- The Hub would be a centralized center that would direct homeless resources to residents.
- The Hub would be a resource to community leaders and law enforcement where they could assist homeless individuals by directing them to or bringing them to the Hub.
- The Hub would provide emergency shelter and food, case management, and community awareness of homelessness.

STEP FOUR | Develop More and Better Housing Opportunities

- **EMERGENCY HOUSING** – Emergency housing is needed to ensure that no one has to sleep on the streets, in the woods, or be in the elements during harsh weather.
 - OPTION ONE would be to resource existing emergency housing direct service providers and building a network of all emergency housing resources.
 - OPTION TWO would be to have emergency housing available at the Hub to give people limited access to housing until they can enter into the transitional housing process.
- **TRANSITIONAL HOUSING | HOMELESS CENTER**
 - Transitional housing should be considered a 18 month to 24 month cycle to give people enough time to transition back into the workforce and become economically stable.
 - Transitional housing could include a old motel, apartment complex, tiny home village, or any other form of cheap housing that has privacy.
 - Transitional housing would offer a community center or room where direct service providers, health care providers, and volunteers could come to our homeless community instead of trying to get the homeless community to go to all the different resources.
 - Transitional housing would require residents to participate in case management, personal development, and accountability.
- **AFFORDABLE PERMANENT HOUSING**
 - We must ensure that there are affordable housing options available to our under-resourced citizens.
 - Median Individual Income is \$22,000 and Median Household Income is \$40,000. We need housing options that are 20-25% of the median incomes.



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