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FINAL REPORT
EARLY CHILDHOOD HOMELESSNESS COMMUNITY ENGAGEMENT PROJECT

In April of 2022, Partners for Impact was engaged by Child Care Services Association (CCSA) to plan and facilitate the Early Childhood Homelessness Community Engagement pilot project funded by a grant to CCSA from the Z. Smith Reynolds Foundation. The focus of this pilot was to strengthen supports for young children and their families who are experiencing homelessness through increased system integration and system level planning to address barriers and challenges that impede access and utilization of support services. The two systems primarily engaged in the project were the Homeless Services network and the Early Childhood Education and Care services network. The longer term goal was to develop communities that support and elevate the resilience and development of young children and their families who experience homelessness.

Selected Communities

The first community selected was a four-county Homeless Services Continuum of Care Balance of State (BoS) Region: Henderson, Polk, Rutherford, and Transylvania (Region 2). All four are rural communities with populations ranging from 19,000 to 116,000, and population densities ranging from 85 persons/square mile to 290. None of the counties are among the top fifteen in the state for median household income.

The second community chosen was a large urban county, designated as a single-county Continuum of Care Community for Homeless Services: Durham. This community is among the top five North Carolina counties in total population and population density as well as among the top ten in median household income.

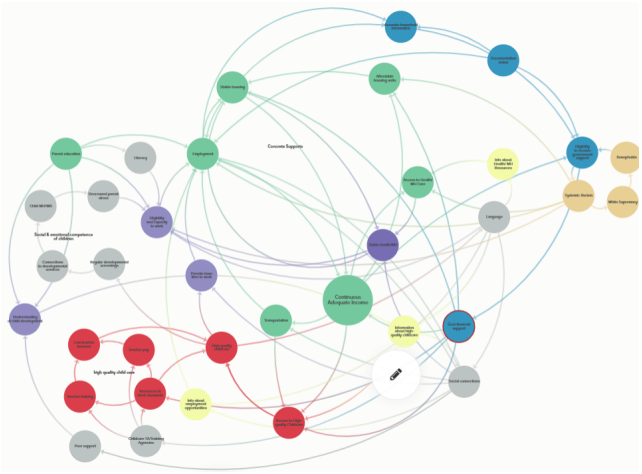
Additional demographic information and county-specific public health priorities are included as *Appendix A: Community Overviews from Community Health Assessments* at the end of this report.

Engagement, Discovery & Planning in Each Community

System Analysis

To serve as the foundation for materials shared with communities ultimately selected for participation, the Partners for Impact team developed a homeless systems improvement theory of change, a systems level logic model, and a timeline for the project and its deliverables. A primary focus of this project–beyond community planning around the needs of young children experiencing homelessness–was to engage in a cross-sector dialogue that explores the broader systems.

This requires moving beyond simply identifying assets and gaps in services to include exploration of how all the parts of the system interact and influence one another. System level thinking emphasizes the relationship between elements of the system. It considers facets that function below the surface such as interactional patterns, power dynamics, structures, attitudes, and beliefs. It also recognizes the interconnectedness across populations accessing services, providers, policy makers, funders, civic/faith groups, community organizers/advocates, business owners, and even the general public.



Selection Process

In response to a Request for Interest disseminated through multiple statewide systems, interested communities were required to submit a Letter of Interest to Partners for Impact in early May of 2022. The Partners for Impact team then selected potential community partners for a series of virtual stakeholder interviews to clarify the project's objectives for the community leaders and to inform the final selection of participants. Community readiness for participation was the primary determining factor, while the team also sought to have the broadest diversity of selected communities to strengthen the learnings from the pilot project. Readiness factors included: engagement by a core group of providers within both the Early Childhood Education and Care and the Homeless Services sectors, endorsement of agency leadership, and a small team of leaders committed to working together with Partners for Impact consultants as a guiding team.

Discovery and Planning Processes

Following selection of the two communities, the guiding teams were established for determining the best approach for launching the pilot project in their community, carrying the lion's share of the workload during early stages of the project, and working with the Partners for Impact consulting team to recruit and support the work of an Early Childhood Homelessness Task Force (ECHTF). In both Region 2 and in Durham the ECHTF served as the body of community stakeholders and partners from across the two systems directly engaged in the visioning, discovery, planning and implementation activities over the full course of the project.

In Region 2, a dynamic daylong community Kickoff Event to create awareness, launch discovery activities, and recruit participants was held at Blue Ridge Community College–with participation from representatives of homeless services providers, ECE providers, elected officials, county human services staff, representatives of the school systems and other stakeholders. Participants spanned all four counties and were challenged to commit to ongoing engagement as Task Force members, champions of the project and/or financial supporters of eventual implementation plans. Initial discovery work revealed many resource shortages and a smaller set of potential system change opportunities. Prior to the Covid-19 pandemic, Transylvania County established a coalition to address the needs of some of the most vulnerable young children in the community. However, across the rural mountain counties, services were far apart and the impact of the pandemic had taken a toll on child care and crisis support services. The first regular meetings of the Region 2 ECHTF began in January of 2023.

In Durham, two introductory community meetings were followed by efforts led by Partners for Impact to ensure Executive Director level buy-in while a small group of early participants worked to make a final determination of Guiding Team membership and movement towards establishing the community's ECHTF. Early discovery work identified a range of systems-level opportunities, especially regarding the integration of sectors and among partners within each sector. The Durham ECHTF began by working off of the foundation of the Durham Collaborative to End Family Homelessness and the work of Families Moving Forward, a shelter that implemented the Early Childhood Self Assessment Tool for family shelters when it was first available. As this project got underway, Durham was facing significant shifts in the landscape of homeless services as multiple lead agencies are exploring large scale collaborative projects in housing and shelter. Durham also had just become the first community to replicate the state's Early Childhood Action Plan at a local level which included a segment on addressing the needs of children experiencing homelessness. The first regular meetings of the Durham ECHTF began in February of 2023.

Early meetings of the Task Forces in both communities centered on creating a vision statement–to define the desired future state–and setting community values for laying the guiding principles for how the ECHTF would conduct their work.

Durham	BoS Region 2: Henderson, Polk, Rutherford, and Transylvania
Vision *We envision young children (birth to five) and their families who experience homelessness in Durham thriving by having safe housing and an array of services and supports, including health care, social/emotional support, and education that evolve out of a broad definition of homelessness and the commitment of the community to prevent future homelessness and maintain diversity. We ultimately seek a community where no children experience homelessness.*	***Vision*** *We envision safe, healthy, nurturing communities that provide equitable opportunities for young children experiencing homelessness and their families to have stable housing, high quality early education, and the support they need to thrive.*
Values **Families are valued.** Parents and children are seen and heard. We work to promote a sense of dignity, justice, and respect for families and ensure they have autonomy, leadership and power in all processes, recognizing that families want to do right by their children. **We show up** with integrity, accountability, and ethics; graciousness and wholeheartedness. **We are committed to working together,** connecting across our community, through inclusiveness, belonging, and collaboration. Sometimes through compromise. **We sustain our work through our** commitment, perseverance, service, initiative, making a difference, and encouraging one another and the families we work with.	***Values*** **Compassion** Being trauma informed and trauma responsive, working to reduce the traumatic experiences and the impact of trauma; being kind and respectful. **Accountability** Follow through, responsible, owning it; trust is difficult when people have been so let down. Accountability helps rebuild trust. **Collaboration** Strengthened communication, not the responsibility of a single organization, it will take multiple agencies, when we work together we provide better services. Working together to solve the gaps. **Justice + Equality = Equity** Structural inequities, inequities towards undocumented or racial inequities - baked into the guidelines, funding streams, eligibility; treating people fairly but also giving the level of support they need to be successful.

Subsequent meetings included sessions for further discovery work regarding early childhood education (ECE) services for children whose families are experiencing homelessness, the strength of connections between the ECE and homelessness services systems, and factors that enable or inhibit the best care and services for those vulnerable children. In Durham this continued discovery work was conducted during regular meetings of the Task Force through activities helping the group of providers across sectors explore the system. In Region 2, after initial discovery work with Task Force members, the group recognized that county-specific focus groups would help to better ensure a full understanding of the particular circumstances in each county. Partners for Impact consultants implemented the four sessions in April and completed a comparative analysis of the themes identified through these conversations.

Following those discovery discussions, the ECHTF in both communities moved towards establishing core areas of focus and outcomes to be achieved within each area. They initially prioritized the outcomes and identified strategies for achieving those that were most likely to have impact within the first year. The final phase of work included identification of initial action steps and sustainability structures to continue the work beyond the end of the pilot project and assistance from Partners for Impact.

Early Childhood Homeless Plans

Durham

The Durham ECHTF identified five Focus Areas to pursue in the first year following the close of the pilot project–emphasizing information sharing and collaboration among providers, broadened developmental screenings, improved access to child care, and ensuring those seeking to support these vulnerable children have sound information to do so.

FOCUS AREA: Increase Access to Resources & Advocacy

***Outcome 1*:**

Community members, policy makers, and funders are aware of the local needs of young children and families experiencing homelessness and able to make informed decisions that benefit this population.

Strategies:

1. Release a documentary film that is in development by Families Moving Forward
2. Strengthen media presence on early child homelessness
3. Develop a cross-agency/community member advocacy effort to increase exposure and target policy needs related to early child homelessness.

   Initial Action Steps:

   - Develop advocacy team
   - Training for advocates
   - Establish an advocacy agenda
   - Establish communications and advocacy plan

4. Develop a Family Resource Card/Passport/App so that parents can easily track the resources they need and can share with providers where they've been.
   Initial Steps:
   - Initial conversation with Durham County Department of Social Services, Coordinated Entry for buy-in
   - Highlight this effort in a future Homeless Services Advisory Committee (HSAC) meeting for further community buy-in
   - Establish a working group, including parent participation/leadership for designing the product prototype.
5. Identify liaisons to attend meetings from different sectors to provide updates
6. Utilize one-stop-shop-centers/hubs - collaborate with other groups that are establishing these, including Urban Ministries for homeless services, to make sure the needs of young children experiencing homelessness are addressed
7. Promote services on resource boards throughout the community, identify locations (physical and online) and the processes for updating, to ensure that agency/program information is always accurate.

FOCUS AREA: Increase Child Care Slots - availability and accessibility

Outcome1:

All children identified as homeless (by any federal definition), are connected with childcare placement, if the parent desires, that is affordable and accessible (within 2 weeks)

Strategies:

Strengthen Access to early childhood education and care through:

1. Creating a shared waiting list across subsidy programs and prioritizing families experiencing homelessness along with other priority criteria (disability, etc.).
   Initial steps:
   - Initiate conversation and Memorandum of Understanding (MOU) across agencies and programs providing subsidy assistance that would allow a universal waiting list
   - Develop a shared process to ensure that all four year olds who apply for any subsidy are also connected with NC Pre-K
   - Develop a sharing agreement allowing documentation to be passed from the initial agency collecting it to other subsidy agencies so families only have to provide proof documents once
   - Explore options for automatic eligibility without additional proofs based on homelessness
   - Establish single release of information form across subsidy programs

2. Reducing documentation barriers/challenges for all public financial assistance programs
    - Establish a coordinated entry point with a one-time collection of documentation (proof of residents/proof of homelessness; proof of income including benefits verification; statements about special services, etc.)

3. Establish a standardized set of referrals for all children who present with the homeless service system
    - Consider an entry point through Child Care Resource and Referral
    - Consider use of a By-Named-List to move children quickly into services

4. Strengthen direct connections between subsidy programs and shelters, sharing referral processes and providing applications directly with staff and families.
   Initial steps:
    - Schedule regular meetings between family shelters and DSS/CCSA teams
    - Pilot more out of the box approaches like micro-transit for child care transportation barriers, or on-site child care at or near shelters

5. Increase arrangements with private child care to provide 'bridge' care if a family is not yet eligible for subsidy or there's not an open Head Start/Early Head Start slot. At a minimum, provide care for up to two weeks while vouchers and other placement are identified. Currently Families Moving Forward is leading this pilot program.
   Initial steps:
    - Share pilot project results
    - Seek additional funding and partnerships in 2024

6. Develop more partnerships with child care programs or homes to fund dedicated slots for children qualifying as homeless to address the shortage when there is a voucher but no slots available:
    - CCSA will work directly with voucher programs to identify additional child care providers to work with.

FOCUS AREA: Ensure that all Children Experiencing Homelessness Receive Developmental Assessments & Expand Screenings for Homelessness

Outcome 1:
100% of children from birth - five who present at medical locations receive Social Determinants Of Health screenings and their families are connected to appropriate services as needed.

Outcome 2:

100% of children from birth - five who are identified as experiencing homelessness, receive a developmental screening, including social/emotional development, within 4 weeks, and are connected with appropriate early intervention services.

Strategies:

1. Expand child screening and referral practices currently offered at Families Moving Forward (FMF) to all other programs in Durham homeless service system (Entrypoint, Urban Ministries of Durham, Housing for New Hope, Durham Crisis Response Center, Durham Public Schools McKinney-Vento office, and others)

2. Create MOUs and data sharing agreements so that centrally trained and supported staff (e.g. the Early Childhood Specialist at FMF) can be connected to families with young children wherever they enter the system to conduct a screening, document results, and make referrals to intervention as needed.
   Possible strategies:
   - Add position(s) at FMF to create a team of early childhood specialists working across the system (Recommended)
   - Identify and train responsible staff in each program

3. Ensure use of evidence-based screening tools and provide support/training (through partners such as the Center for Child and Family Health/READY Project) to those who do developmental screenings.
   Initial steps:
   - Establish a small working group to flesh this out

4. Reach younger siblings of Durham Public Schools students who qualify under McKinney Vento with automatic referral to key services whenever there is a younger child at home (starting with Child Care Resource and Referral)
   Initial Steps:
   - See Focus Area: Increase Child Care Slots Availability and Accessibility, strategy #3
   - Meet with school social worker supervisors
   - Meeting between CCSA, CCR&R, and Entrypoint

5. Consider strategies and increased capacity to simultaneously offer mental health screening for parents.

FOCUS AREA: Strengthen Training & Collaboration Across Sectors (homeless & early childhood)

Outcome 1:

All professionals working with children and families experiencing homelessness from all sectors, have standard training about trauma, homelessness, and child development.

Strategies:

1. Create a directory of organizations that offer training related to working with families experiencing homelessness, trauma informed care and spaces including specific focus on young

children, child development, strengthening shelter environments and services for young children, etc.

2. Train the trainers. Target training for early childhood education and care service providers (improving child services and child care environments to support children who experience homelessness and their families) and target homeless family service providers (improving homeless services and shelter environments to better support young children).
   Initial steps:
   - Develop a strategy plan and accountability process to ensure:
     - All Family Shelters/Homeless Service Providers serving families receive trauma informed care training regularly, including new employees.
     - All Family Shelters/Homeless service agencies serving families develop policies and practices considering developmental and trauma informed needs of young children
     - All early childhood service providers receive trauma informed care training
     - All early childhood service providers receive training on family homelessness
     - Bring this element to HSAC for further support and buy-in, possible Technical Assistance funding
   - Consider utilization of the Early Childhood Self Assessment Tool for Family Shelters and accompanying toolkit for all shelter programs and the Self Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness for child care programs.

3. Establish regular (quarterly) meetings across child care and homeless service providers for updates and to address key strategies; system level strategy progress check in and feedback/discussions; information sharing about changes and new resources; and continued exploration of collaborative opportunities.

FOCUS AREA: Data sharing

Outcome 1:

The community has a data system that tracks 100% of children experiencing homelessness across systems in order to 1) measure community level need, 2) measure success, and 3) better service children through service coordination.

Key considerations:

- Implement a data sharing system across sectors to track children and their needs AND to reduce need for repetitive screenings which can induce further trauma
- Strengthen, expand, and share data regarding entry points and waiting lists across partners
- Implement data tracking to clearly identify the number of children experiencing homelessness allowing for reduction outcome indicators to be measured

Strategies:

1. Establish shared waiting lists - see Focus Area: Increase Child Care Slots - Availability and Accessibility, Strategy # 1
2. Track the highest needs children like a "by name list" to help ensure access to appropriate services. Include Case conferencing - see Focus Area: Increase Child Care Slots - Availability and Accessibility, Strategy # 3

   Initial steps:
   - Establish a universal release of information form
   - Connect with Durham Children's Initiative
3. Data reporting platform that pulls data from multiple systems to get aggregate, de-identified data about children across the system for informing system performance and improvement.

   Initial steps:
   - Meet with key partners to discuss the primary elements that can be shared and the purpose for sharing.
   - Develop creative solutions strengthening shared information
   - Consider barriers of state level policies that restrict sharing and possible strategies for working around these barriers.
   - Standardize information collected
   - Use Familiar Faces Initiative as a model - County has put funding aside for tracking adults that utilize multiple services often

Other Focus Areas with significant promise for further consideration include:

FOCUS AREA: Affordable Housing - more & access

***Outcome*:**

Families with young children who are exiting homelessness and those at lower income levels who are at higher risk of homelessness, have stable and safe housing options at a cost of 30% or less than their income.

Strategies:

1. Coordinating and sharing housing resources as the landscape changes so that information about housing options is easily available.
2. Strengthen advocacy efforts and work closely with other entities that are focused on increasing affordable housing. Make sure they have the information, stories and data from early childhood homelessness to prioritize this population for housing.
3. Incentives for complexes to set aside affordable units.
4. Identify the entities developing affordable housing and support them through advocacy and partnership

FOCUS AREA: Reform Policies

Outcome 1:

All children who are identified through either the McKinney Vento or HUD homeless definitions have equal access to homeless and early childhood support services.

Outcome 2:
Child care subsidy policies provide comprehensive support for children experiencing homelessness, including all related expenses. (children at risk of homelessness, experiencing homelessness, and for at least one year post homelessness).
Key considerations:

- Reduce barriers by using common interpretation of McKinney Vento definition and eligibility criteria
- Change in the child care subsidy program policies regarding eligibility in services
- Create broader policy integration across major areas (DV, DSS, HUD, McKinney Vento)

Strategies:

1. Build onto this work from findings that come out of the data sharing strategies.
    - Not requiring income documents
    - Fees to cover transportation costs
2. Establish a universal definition for homelessness for Durham and the funding to fill in the gaps
3. Conduct a research project to raise awareness based on the numbers
4. Develop advocacy strategies based on the research recommendations
5. Use data sharing and child care subsidy universal waiting list as a pilot project for standardizing definitions and eligibility

FOCUS AREA: Racial Equity

Outcome:
Families and children receive the support they need without bias, judgment or racism regardless of race or immigrant status**.**

Strategies:

1. Provide culturally appropriate education/information for immigrant population on North Carolina service systems
2. Offer official interpretation services all the time - operate from a language justice perspective (reduce/discontinue utilization of friends, family members, and untrained staff as interpreters)
3. Address institutional racism as a root cause for child homelessness and share power with parents and communities
4. De-stigmatization of homelessness
5. Ensure that all immigrant families have access to subsidy and other supportive services

FOCUS AREA: Transportation for childcare

Outcome:
100% of young children experiencing homelessness have access to transportation for child care if needed.

Strategies:

1. Provided transportation to child care centers and appointments at a free or low cost
2. Build transportation services for the early childhood system
3. Ensure that transportation is available for all young children experiencing homelessness with childcare placement regardless of age
4. Bring transportation back into child care subsidy for most vulnerable populations

FOCUS AREA: Increasing Shelter Availability and Access

***Outcome*:**

100% of young children experiencing homelessness have access to adequate temporary shelter for them and their family until permanent affordable housing can be obtained. No child is left sleeping outside.

Strategies:

1. Provide more shelters or transitional housing for families
2. Allow longer shelter stay times for shelters
3. Eliminate waiting list for families needing to access emergency shelter

Region 2: Henderson, Polk, Rutherford, and Transylvania

The Region 2 ECHTF identified two primary Focus Areas to pursue across the four counties in the first year following the close of the pilot project–centered on building support for young children experiencing homelessness and enhanced collaboration among service providers:

FOCUS AREA: Develop a coordinated regional approach to include information sharing, maximizing resources, and increased collaboration among service providers

Outcome 1:

Families with young children who experience homelessness or housing insecurity are quickly identified and connected to an array of supportive services, including early childhood services and child care.

Strategies

1. Strengthen coordination, sharing of information, and referrals between School McKinney-Vento Coordinators in all four counties and HeadStart/Early HeadStart.

2. Strengthen cross regional coordination between schools, especially for transient families.
   Initial Steps:
   - Identify a workgroup from the Region 2 Homeless Coalition Early Childhood & Youth Subcommittee. Workgroup members should represent Head Start, McKinney-Vento and other key partners (shelters, coordinated entry provider)
   - Explore and share ideas for better and stronger coordination across programs. Identify a standard list of early childhood service and homeless service referrals for all younger siblings identified through McKinney-Vento Coordinators
   - Consider information sharing agreements across school districts to ensure quick follow up with families who move from one county to another

3. Identify a pilot initiative for utilization of NC CARE 360 - Centralized resource for health and human services providers to strengthen referral processes.
   Initial Steps:
   - Coordinate a local presentation with agency leaders from Early Childhood and homeless services
   - Hold a strategy session following the information session to determine if this tool can be implemented within a small group of providers to strengthen the referral processes

4. Create cross connections with local community collaboratives to share goals and identify strategies for better coordination and information sharing.
   Initial Steps:
   - Identify key coalitions across the four counties.
     - Interagency Coordinating Council (early intervention)
     - Parenting program/home visiting program groups
     - Child care provider groups
     - Child health focused groups
   - Identify individuals who cross between these coalitions or who can liaison between groups
   - Liaisons attend at least quarterly to gather information/share information
   - Bring key learnings back to the Region 2 Homeless Coalition Early Childhood & Youth Subcommittee

5. Create an early childhood service navigator position for young children experiencing homelessness that will assist families with a focus on the young child. Specifically focused on those families with children 0-5 that are not yet connected with shelter or other case management services.
   Initial Steps:
   - Identify agency ownership
   - Seek funding

Longer-term ideas:

6. Mobile Resource Center at Henderson County Public Library - create a similar centralized resource center within the other four counties.
7. Hendersonville Connections Center to be housed at community college is a one-stop facility to access resources. Multi-funded and multiple partners - create a similar centralized resource center within the other four counties.
8. Engage pediatricians in actively collaborating with both sectors to identify needs and provide navigator services to connect families with resources.

Outcome 2:

No agency or community is alone in this work. There is a network of coordinated efforts across the four-county region that integrates information and resources sharing to ensure that young children and their families are identified and supported.

Strategies:

1. The Homeless Coalition already exists across the 4-county region. Increase membership and participation from all counties.
2. Reestablish the Early Childhood and Youth Homeless Subcommittee with strong membership from the Early Childhood sector.

   Initial Steps:

   - Provide a detailed presentation to the Homeless Coalition of the goals and strategies developed by the Early Childhood Homelessness Task Force
   - Direct outreach to the entities desired for participation - gather input about what they would like to see from this group
   - Establish workgroups to support implementation of each focus area

Longer-term Ideas:

3. WNC Source - increase and enrich the services being provided in all four counties
4. Children and Family Resource Center in Hendersonville - collaborate with similar programs in the other three counties; expand support and funding for similar or increased services across the region
5. Create support services for families that follow them as they transition out of homelessness

FOCUS AREA: Strengthen community support for young children and families experiencing homelessness/elevate the issue

Outcome:

Community members, policy makers, and funders are aware of the local needs of young children and families experiencing homelessness.

1. Establish a work group through the Region 2 Homeless Coalition that focuses on community awareness and education about young child and youth homelessness

Other Focus Areas with significant promise for further consideration for the full region, or in one or more of the four counties, include:

FOCUS AREA: Increase access to affordable housing

Outcome:

Families with young children who are exiting homelessness have stable and safe housing options at a cost of 30% or less than their income.

FOCUS AREA: Increase access to transportation for child care

Outcome 1:

All young children experiencing homelessness have access to transportation for child care.

Outcome 2:
Families with young children experiencing homelessness have the transportation that they need for work and life.

FOCUS AREA: Increase access to Early Childhood Education and Care
Outcome I
All children identified as homeless (by any federal definition), are connected with childcare placement, if the parent desires, that is affordable and accessible (within 2 weeks/4 weeks?).

FOCUS AREA: Develop creative solutions to bridge the gap between McKinney Vento and HUD homeless definitions which drive service eligibility
Outcome:
All children who are identified through either the McKinney Vento or HUD homeless definitions have equal access to support services.

FOCUS AREA: Increase access to mental health and social/emotional support services
Outcome:
All young children who are identified as homeless by any federal definition, receive developmental screenings and appropriate connections with support services, including mental health services.

Community Action

Durham
The Durham ECHTF identified agency leadership for prioritized focus areas and strategies. These leaders make up a core leadership group that will function like an executive team, while the ECHTF will continue to meet as the "Durham Early Childhood Homeless Coalition." Families Moving Forward will take the coordinating leadership for this newly developed coalition. The Coalition will begin meeting in January 2024 to establish Action Groups for each of the prioritized strategies. In November and December 2023, agency leaders began coordinating a presentation to HSAC about the work of the ECHTF and the plans they established to address the unique needs of young children who experience homelessness in Durham. They also began identifying key leaders and service providers in the early childhood education and care sector for additional presentations. The Coalition plans to meet at least quarterly or every other month while Action Groups will meet during the other months to keep the work moving forward. The group feels like they have identified some critical system-level issues that can be addressed in Durham with appropriate attention and funding.

Mini Grant Plans
The fiscal agent for the mini grant funds in Durham will be Families Moving Forward. The Durham Early Childhood Homeless Coalition will utilize the $5,000 to continue support for the Coalition for a six month period through contracted meeting facilitation and project management. During this time frame the Action

Groups will begin work and the Core Leadership group will move forward with sustainability plans (meeting with community leaders to share the planning results and seeking longer-term funding).

Region 2: Henderson, Polk, Rutherford, and Transylvania

During its meetings in the fall of 2023 the Region 2 ECHTF discussed best opportunities for ensuring continued leadership for the work beyond the pilot project period. As the Task Force completed their work setting and prioritizing goals, they agreed to pass the action plan to the leadership of the Region 2 Balance of State Homeless Coalition's Early Childhood & Youth Subcommittee. Already beginning to address the Focus Area on strengthening collaboration, a staff member from WNC Source, the HeadStart and Early HeadStart provider committed to join this subcommittee. Outreach efforts were also committed to connect with McKinney Vento Coordinators from all four school systems to join the subcommittee. Co-chairs of the Early Childhood & Youth Subcommittee were tasked with developing and overseeing the utilization of mini grant funding to support early strategies from the action plan. Partnership for Impact reviewed the request that was then approved by CCSA.

Mini Grant Plans

The Early Childhood/Youth Subcommittee will be responsible for utilization of mini grant funds. They will design, print, and display posters and promotional materials directed to early childhood homelessness offering resources, education, and to improve awareness of such programs. This will entail $1,000 of the grant money for graphic design and printing. The remainder of the funds, $4,000, will be used to assist families experiencing homelessness receiving vouchers to pay for daycare expenses–in cases of exceptional or temporary additional financial hardship. Only Hope will be the nonprofit administrator of the funds–distributing and recording expenditures, and reporting to the Early Childhood/Youth subcommittee the balance at each meeting until the funds are spent.

Learnings & Recommendations

Learnings by Community

As this initiative came to a close in each community, Partners for Impact surveyed Task Force members and those who had been invited to participate. The learnings below reflect community input from these surveys as well as specific elements identified by the consulting team.

Durham

There was one prominent–most named–challenge from the Durham post-survey as well as through individual conversations with participants near the end of the process: Key people who are needed to commit agency resources and who have influence to impact systems change were not in the room or not consistently in the room for the Durham ECHTF meetings. However, Task Force participants were at the right place within their organizations to identify system-level challenges, service integration barriers, and barriers to accessing

services. The Task Force included direct service providers who have close proximity to parents and their young children as well as middle managers who are directly involved with service delivery, program design, and the interconnectedness, or lack of connections, between services and resources across the system. In the early stages of the process, Executive Directors from the Durham Collaborative to End Family Homelessness (Families Moving Forward, Urban Ministries of Durham, Housing for New Hope and The Durham Partnership for Children) plus representatives from Duraham's Department of Social Services and Durham County's Community Development Department served as a guiding team for the Task Force. These Executive Directors endorsed the work of the Task Force and committed to supporting the findings. As the process continued, prioritized Focus Areas gained agency leadership for developing the Action Groups. However, there is still considerable work to be done in developing system-level buy-in, strong champions across both sectors and obtaining sustainable funding for the ambitious projects identified by the Task Force.

While there was parent representation on the Durham ECHTF, both recruited for that purpose as well as through agency staff who have lived experience, members noted that more parent engagement is needed going forward. The participating parents provided insight and idea generation from their experiences that otherwise would be missing. From an equity perspective, more of parent voices are critical in the decision making processes as strategies are fleshed out and implemented.

In-person meetings mattered in Durham, generating energy and better discussion. Early process meetings were all held virtually, however, once the task force was formed, most meetings were held in person, rotating locations at participating agency sites. The ability to meet in person facilitated trust building, strengthened the overall process, and strengthened content development. While hybrid options were provided, in person meetings still created challenges limiting some participation.

A final learning in Durham was the recognition that many people are simply not informed about young children experiencing homelessness. This includes the numbers of children, the needs that they face, and the challenges to accessing services. Multiple participants in the ECHTF indicated appreciation for participating in the process, learning from spending time together with agencies across sectors, and exploring the issues facing this population together. Participating members were inspired and encouraged.

Region 2: Henderson, Polk, Rutherford, and Transylvania

One significant challenge experienced in Region 2 was the arbitrary designation of the four-county region. The NC Balance of State Continuum of Care (BoS CoC) designates Henderson, Polk, Rutherford, and Transylvania Counties as a region for assistance in applying for Continuum of Care funding from HUD. However, there is no corresponding construct for the Early Childhood Education and Care sector. The four counties are contiguous, but are as dissimilar in some facets as they are similar in others. Many of the stakeholder partners have single-county service delivery areas and others have vastly different multi-county territories. Even within agencies that serve multiple counties, there are differences in the specific types and levels of service offerings

according to county-level funding sources. Therefore, there is not a strong sense of community among the four counties that could serve as a rallying point. In fact, certain aspects of the pilot project were significantly hindered by the constraints of seeking to make decisions that made sense across the four counties. Consultants and the Region 2 ECHTF pivoted with county specific focus groups and themed analysis that looked at issues across the four counties, however, this only addressed one aspect of the process. In addition, agency staff across the counties did not know each other, the learning curve was great, champions were not identified in all four counties who could rally local support, and community capacity/local resources varied and had limitations.

Sustaining consistent, active participation across the nine months of work was challenging for members of the ECHTF in Region 2. They noted challenges with the extended period of time for the work, competing priorities for their time, specific scheduling conflicts, and the extent to which agencies' decision makers were not at the table to ensure moving the needle. Several of the project's early champions experienced job role/career changes during the project–with visible impacts on its momentum.

Project participants recommended that, in addition to moving forward with specific strategies of the action plan, the two broad focus areas for partners across the four counties are increasing the coordination of resources–especially across county lines where appropriate and feasible–and better communication among childcare providers and members of the homeless services sector.

Collective Learnings Across Both Communities

Provenance

This project derived from observations made through a pilot project utilizing the Early Childhood Self Assessment Tool (ECSAT) for Family Shelters with nine shelters across North Carolina. It became clear that organizational change at the shelter level can only go so far to improving support for young children experiencing homelessness. There needs to also be a systems-level approach. While the ECSAT Pilot Project was still underway, Child Care Services Association secured funding from Z. Smith Reynolds to begin a second pilot project to improve support for young children experiencing homelessness centered on fostering increased collaboration between the Early Childhood Education and Care sector and homelessness service providers. Thus the initiation of this work originated outside both communities that participated in the pilot. Inviting communities to participate sets a different dynamic from offering support for an issue communities already have in their crosshairs–for which they are seeking support in moving a planning process along. It is the difference between promoting an idea and obtaining buy-in and commitment from leaders who can influence change versus supporting engaged and committed leaders who already feel a sense of ownership in the problem and in finding solutions. The latter is always preferred, however, change can come from various starting points. When initiation comes from outside the community, adequate time and resources–including incentive funding–must be provided to build trust, understanding and buy-in. Even with these resources, a level of community readiness is necessary.

Community readiness

- Community priority - Systems change efforts are intricate, difficult, initiatives requiring different levels of assessment, collaboration, time, and energy than projects focused on delivery of a specific service. Success moving through the multiple stages of these projects may in part revolve around the extent to which the issue is seen as a priority by the community, as partners must continually assess where to invest staffing and other resources. While agencies often dedicate some resources to supporting young children, funding sources for homeless service providers drive attention towards quickly moving families into permanent housing and the resources needed to secure this housing. Early childhood education and care programs serve a wide range of young children, of which children experiencing the trauma and challenges of homelessness are only a small subset of the whole. Therefore, the organizations tasked with providing services for this vulnerable population have other priorities established by funding sources and larger target populations. With this being the case at the organizational level, it is more so at the community level.
- Leadership buy-in - Committed engagement from key community partners prior to the start of the project is critical for community change efforts. It is especially necessary to have Executive Directors on board from both sectors who can work to achieve collaborative decision making that entails policy/procedural changes or commitment of agency resources.

Resources

Sufficient financial and support resources need to be offered to allow community stakeholders to invest their time to the engagement and planning process in addition to the need to cover the expenses of participating in the work. Partners for Impact recommends that communities have access to a separate community planning grant in advance of funding for specific system change efforts. Resources add an internal accountability factor, as partners recognize the importance of delivering on their commitments as a facet of the full project's return on outside investment as well as support for covering the expense of participating in the work.

Champions

Identifying and engaging local champions with the commitment, drive, and influence to move the project forward is so very important for the success of systems change initiatives. Agencies and institutions generally have invested heavily in determining their missions and courses of action–and the related policies and procedures–that collaborative actions requiring compromises to achieve a goal that is separate from any one agency's primary objective are difficult to achieve. Champions help provide the leadership required to overcome those challenges.

Next Steps

Both communities utilized local community data, community health assessments, and the statewide Action Plan for an Early Childhood Homelessness Support Systems (then in draft form) developed by the Yay Babies! Task Force through the support of NC Department of Health and Human Services. These resources were invaluable during the discovery phases and in discerning focus areas and strategies. As a statewide resource

and guide to many of the core changes needing to be made and new initiatives that are necessary, the Action Plan for an Early Childhood Homelessness Support System must be adequately funded and implemented. This plan rests on 5 Key Goals:

1. Build capacity and support for professionals who work with young children to identify and provide appropriate services for children experiencing homelessness and their caregivers.
2. Build the capacity of organizations to design and implement equitable policies & practices that (a) mitigate potential trauma of homelessness, (b) empower parental engagement, leadership, and advocacy, (c) prioritize homeless families and young children, and (d) use a two-generation approach to proactively connect caregivers and their children to resources necessary to meet family goals.
3. Create integrated, accessible, equitable, and child-centered community-based systems change plans focused on the needs of young children and caregivers experiencing homelessness.
4. Improve, leverage, and integrate early childhood homelessness data.
5. Leverage diverse funding sources to support Goals 1 – 4.

With adequate funding (goal 5) as incentive, local communities will likely begin initiating activities that support capacity building for professionals (goal 1) and organizations (goal 2) which will strengthen the local understanding and increase the likelihood that "integrated, accessible, equitable, and child-centered community-based systems change" planning processes (goal 3) are initiated from inside communities.

Activities at all five levels are necessary along with strong community awareness campaigns to increase knowledge, understanding, compassion and local recognition that young children experiencing homelessness are some of the most vulnerable children in our society today and we have the resources and the responsibility to provide them with all the supports they need for resilience.

Appendix A: Community Overviews from Community Health Assessments

Durham County 2021 Community Health Assessment Key Findings and Priorities

Key Findings

The demographics of Durham County residents have shifted dramatically over the last two decades. Since 2000, Durham County's population has grown over 64% to 311,848 in 2019. Estimates for 2019 show that non-Hispanic African Americans and non-Hispanic whites make up similar proportions of Durham's population: 36.5% and 51.9% respectively. Native American, Asian and other ethnicities make up the remaining 11.6%. Hispanics make up an estimated 13.5% of the county population. In 2019 the proportion of residents who spoke a language other than English at home was 18.6%.6.

Key findings from the Community Health Assessment survey samples found:

• Racial and ethnic disparities exist across nearly all health outcomes.

• Structural racism and historical policies such as redlining, immigration laws and segregation are causes of health disparities.

• Issues are linked: for example, housing issues are also access to care and food insecurity issues.

• Top ways to better support communities such as transportation, crime reduction, physical activity infrastructure, affordable housing, access to care, education system improvements and stronger communication and outreach to community could also address some issues that impact quality of life and top health concerns.

• Majority of residents feel safe where they live in Durham.

Affordable Housing

• In Durham, the fair market rent for a two-bedroom unit increased over 16% between 2016 and 2020, from $937 per month to $1088.

• Thirty-one percent of Durham households, nearly 40,000, are defined as cost-burdened (i.e., paying more than 30% of their monthly income for housing).

• The 2019 Community Health Assessment survey samples demonstrated that: 1) More than seven percent of respondents the sampled residents reported a history of eviction; 2) Whites were more likely than Blacks to own their homes; and 3) 40% of the County-wide and 12% of the Latino and Hispanic Neighborhood sample respondents indicated housing related issues were a priority to improve quality of life for people.

Access to Healthcare and Health Insurance

• The percentage of uninsured Durham residents decreased from 13.5% in 2015 to 10.8% in 2018. An estimated 40,573 Durham County residents were uninsured in 2019, which equates to 12.8%.

• Durham County residents in the 2019 Community Health Assessment survey identified cost as the primary barrier to getting health insurance followed by immigration status, lack of employer-based plans and unemployment.

• The 16.1% of the population in the 2019 Community Health Assessment survey who expressed difficulty acquiring care cited dental, primary care and pharmaceuticals as the most difficult.

Poverty

• In Durham County, white household median income in 2018 was $76,962, $44,004 for Hispanic households and $42,417 for Black households.

• The federal mortgage policies of the 1930s (“redlining”) and urban renewal continue to influence home ownership, the quality of housing stock and accumulated familial wealth. This historical record suggests that it is no accident that people of color are under-represented in home ownership, overrepresented in the homeless population and disproportionately being gentrified out of long-standing communities.

Mental Health

• In the 2019 Community Health Assessment survey about 17% of respondents in the countywide sample reported they had experienced poor mental health days for 15 or more days out of the last 30. Most Hispanic or Latino Durham County residents reported in the 2019 Community Health Assessment survey they did not experience poor mental health for any days (56.4%) or only for one to two days (12.3%) during the past 30. However, about eleven percent (11.1%) of respondents in the Hispanic or Latino neighborhood sample reported that they experienced problems with their mental health for 15 or more days out of the last 30.

• Durham County had one mental health provider for every 180 Durham County residents in 2019.

Obesity, Diabetes and Food Access

• In the 2019 Community Health Assessment survey about one in 10 people (10.2%) reported skipping meals because they didn’t have enough money to buy food. Black residents (14.9%) were significantly more likely than white residents (6.6%) to have skipped a meal either sometimes or frequently in the past year. The likelihood of skipping meals for Hispanic or Latino residents was 12.6%.

• Data at the neighborhood level in Durham County show that in 2017, 12.9% of adults in Durham County had diabetes. Census tracts in central and north eastern Durham consistently had adult diabetes percentages over the county average with the highest rate of 21.6%.

• The U.S. Department of Agriculture (USDA) categorizes 20-30% of Durham residents as having low access to a grocery store (as of 2015).

Priorities

1. Affordable Housing
2. Access to Healthcare and insurance
3. Poverty
4. Mental Health
5. Obesity, diabetes and food access

Henderson County 2021 Community Health Assessment Key Findings and Priorities

Key Findings

According to 2019 US Census estimates, the population in Henderson County has grown to 114,913. Just over 91% of the population is White, with 3.5% Black or African American, and 5.3% of another race. The Hispanic/Latino population (of any race) composes 10.1% of the county's population. Henderson County has a large proportion of elderly residents due to a favorable climate and location for retirement. Older adults (ages 65+) make up 25.4% of the population in the county, compared with an average of 15.9% across the state.

Housing and Transportation

Both homeowners and renters in Henderson County are experiencing economic burden related to the cost of their housing. In 2019, 42.8% of people who rented homes in Henderson County were spending more than 30% of their household income on rental costs, with the median gross monthly rent in the county being $853. Nearly 15% of renters are spending more than 50% of their income on housing. Of all people who own homes in Henderson County, 25.8% are spending more than 30% of their household income on their mortgage, with median monthly owner costs of $1,287 across the county. Just over 9% of all homeowners spend more than 50% of their income on housing. There is no vacancy in government subsidized housing in Henderson County. Waiting lists for subsidized housing range from 3-17 households, depending on the size of the unit needed.

Apple Country Public Transit is the primary public bus service that runs throughout the City of Hendersonville, Town of Fletcher, and Laurel Park. Henderson County also contracts with WNC Source to provide transit and paratransit services. Bus routes and run times are limited in the county, affecting those who do not have access to a vehicle, especially those who live in remote parts of the county. In Henderson County, 1.6% of all owner-occupied households do not have vehicle access. Nearly 12% of all people who rent housing units do not have access to a vehicle. This percentage is much higher when considering households with individuals ages 65 and above. Nearly 61% of owner-occupied homes with a householder over the age of 65 have no vehicle access and 56.6% of rented units with a householder over the age of 65 have no vehicle access. Of all workers in Henderson County over the age of 16, 80.7% drive to work alone. About 10% of workers carpool, 1.2% take public transportation, 1.3% walk, 1.2% take a taxicab, motorcycle or other and 0.1% ride a bike to work.

Early Childhood Education

As of October 2021, Henderson County had 59 total licensed childcare facilities, with 26 of these being private or community-based programs, 16 public school-based programs, 10 family child care homes, and seven faith-based programs. An estimated 1,838 children were enrolled across these facilities with 343 staff members. Most of the facilities are four- or five-star (48) with 11 being three-star, and six excluded from star ratings.

Priorities

Priority Issue #1: Mental Health
Priority Issue #2: Substance Misuse
Priority Issue #3: Physical Activity and Nutrition
Priority Issue #4: Safe and Affordable Housing
Priority Issue #5: Interpersonal Violence

Transylvania County 2021 Community Health Assessment Key Findings and Priorities

Key Findings

Transylvania County was home to an estimated 33,775 residents in 2019. About 52% are females, which is similar to regional and state percentages. However, Transylvania County's median age is 51.1, which is older than the regional average of 46.8 and several years older than the state average of 38.7. Approximately 16% of county residents are under age 18, compared to 22% of state residents; around 32% of county residents are ages 65 or older, compared to around 17% of state residents. Transylvania County has a higher proportion of whites (91.6%) than the region (90.0%) or state (68.7%) and lower proportions of all racial and ethnic minority groups. An estimated 3.3% of county residents are Hispanic or Latino. For the years 2015-2019, an estimated 834 grandparents were living in a household with their own grandchildren under age 18; the grandparents were responsible for their grandchildren under age 18 in almost 65% of those households, and the child's parents were not present in about 49% of those households.

Housing and Transportation

The median monthly housing costs for a homeowner with a mortgage in Transylvania County was estimated at $1,224 for 2015-2019. This cost is about $235 higher than the regional average but about $90 lower than the state average. The estimated median gross rent in Transylvania County was $756 per month in 2015-2019. The median rent has steadily increased since a low of $647 in 2010-2014. Almost 27% of Transylvania County homeowners and 42% of tenants spent more than the recommended 30% of household income on housing costs; 11% of homeowners and 18% of tenants spent more than 50% of their household income on housing. In 2021, about 18% of county residents said they were always, usually, or sometimes worried or stressed about having enough money to pay their rent or mortgage in the past 12 months. This has decreased since 2018, when 24% of county residents reported being concerned about having enough money to pay their rent or mortgage. Over 15% of county residents reported that there was a time in the past year when their home did not have electricity, heating, or running water.

Based on the point-in-time count conducted by the North Carolina Coalition to End Homelessness in January 2020, 56 county residents were homeless, including 33 adults and 13 children from 7 families. A total of 7 people (including 2 people in families with children) were identified as "chronically homeless." At the time of the count, 38 individuals were living in an emergency shelter and 18 were unsheltered. A total of 8.4% of county residents reported needing to live with a friend or relative because of a housing emergency in the past 3 years. About 2.3% of county residents reported living on the street, in a car, or in a temporary shelter in the past 3 years

Of the 13,556 workers ages 16 and over in Transylvania County in 2015-2019, an estimated 81.6% drove alone to work, 6.5% carpooled, 2.6% walked, 1.1% bicycled, 0.2% took public transportation, and 0.3% used a taxi, motorcycle, or other means of transportation. About 1.6% of workers did not have a vehicle available.

Early Childhood Education

As of May 2021, Transylvania County had 11 licensed childcare centers; 7 of these facilities had earned 5-star ratings. In August 2018, NC Pre-K was offered at six locations in Transylvania County to 4-year-olds whose family income is at or below 75% of the state median income. A total of 274 children were enrolled in licensed childcare centers or preschools and 255 children were enrolled in non-regulated centers in 2015. In 2015, 38% of rising kindergarteners in Transylvania County Schools had not attended any childcare or preschool program. At the beginning of the 2015-2016 school year, 78% of students entering kindergarten tested below or far below readiness for entering school. This rate improved 12% for the 2016-2017 school year.

Priorities

Priority 1: Mental Health
Priority 2: Substance Use
Priority 3: Obesity

Polk County 2021 Community Health Assessment Key Findings and Priorities

Key Findings

In 2020 the total population of Polk County was 19,328. The Polk County population has a slightly higher proportion of females than males. The median age (52.7) is 5.9 years older than the western NC regional average, and 14 years older than the North Carolina state average. Polk County has lower proportions of younger persons and higher proportions of older persons than NC as a whole. Polk County has significantly lower proportions of all minority racial and ethnic groups than NC as a whole. White residents make up 87.4% of the total, with the remainder represented by 5.9% Hispanic or Latino, 4.1% Black, and all others 3.6%. The recent rate of growth in Polk County is expected to slow over the next two decades, to a rate slightly lower than the region and state. The live birth rate trend continues to be lower in Polk and the western NC region than that state's. While poverty levels in Polk County trend below the region and state on average, poverty in Polk County is also unevenly distributed with families with children and minorities facing greater burden.

Priorities
1. Mental Health
2. Substance Misuse
3. Prenatal Care

Rutherford County 2021 Community Health Assessment Key Findings and Priorities

Key Findings

In 2020 the total population of Rutherford County was 64,444 (U.S. Census Bureau, 2021). There is a slightly higher proportion of females than males (51.7% female, 48.3% male). The majority of residents are White (87%) with minorities represented as follows: Black or African American (9.9%), Hispanic or Latino (4.8%), Asian (0.6%), American Indian/Alaska Native (0.4%), and Native Hawaiian and other Pacific Islander (0.1%) (U.S. Census Bureau, 2021).

In 2018 the Health Priorities included: Active living and Substance Abuse Treatment and Recovery. The data showed that the percent of individuals who did not have any leisure-time physical activity in the past month went down 3% whereas the percent of individuals who meet the physical activity recommendations went up to 17.4% from 16.5% in 2017. When it came to substance abuse there was a drop in the percentage of individuals who used prescription opiates/opioids in the past year with or without a prescription–which decreased from 26.7% to 16.1% (WNC Health Network, 2021).

Other findings to notice are the obesity and diabetes levels within the county. For obesity the percentage went from 49.8% in 2018 to 48.2% in 2021. The data for the percentage of the prevalence of diabetes showed that there was a decrease from 20.3% in 2018 to 17.9% in 2021.

Housing and Transportation

When it comes to housing, 39.5% of the county residents spend more than 30% of their total income on housing alone. This is the lowest the number has been since 2016 and lower compared to the region and state. In the past year 14.7% of individuals lived in a home that did not have any power, water or heat. This is a larger percentage compared to the western NC region. Paying for housing can be stressful for some and 30.6% of the county responded as always, usually, or

sometimes being worried or stressed with the ability of paying their rent or mortgage. The percentage of individuals who lived on the street, in a car, or in a temporary shelter from 2019 to 2021 was 4.1% for the county, which is almost a double percentage compared to the western NC region. There were 11.7% of individuals who had to live with a friend or relative from 2019 to 2021 due to having a housing emergency.

Priorities

- Food Insecurity – In Rutherford for 2021 the percentage is 24.4% and only 4.5% of county residents consume five or more servings of fruits/vegetables per day.
- Prevalence of Diabetes – The percentage in Rutherford in 2021 is 17.9% whereas in the state the percentage is 11.8%.
- Obesity– The Healthy People 2030 goal is 36.0% or lower and Rutherford Counties percentage is 48.2%. The percentage for the nation is 31.3%.