

NORTH CAROLINA HOUSING INVENTORY COUNT FOR FAMILIES EXPERIENCING HOMELESSNESS 2017 TO 2021



INTRODUCTION

The U.S. Department of Housing and Urban Development (HUD) is the federal agency responsible for the majority of the country's response to housing insecurity, homelessness and rehousing efforts. HUD defines homelessness as "an individual who is residing in an emergency shelter or transitional housing, or is sleeping either on the street or in some other location not meant for human habitation, often referred to as literal homelessness."¹ Across the country, Continuums of Care (CoCs), a network of regional or local planning groups, provide homelessness services. HUD funds each CoC to plan and coordinate the implementation of a housing and service system within its respective geographic area. The continuum is designed to engage people experiencing homelessness, starting from outreach and identification to identifying and providing permanent housing when possible. HUD defines a CoC as "a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness."²

CoCs must also operate Homeless Management Information Systems (HMIS) to track a plethora of data about the need for services and the supply of housing and services. This information is transmitted to HUD, which in turn aggregates the data nationally and reports it to interested parties, including the U.S. Congress. Data output is reported nationally, by state and/or at the CoC level.

"The Housing Inventory Count (HIC) is a point-in-time inventory of provider programs within a Continuum of Care that provide beds and units dedicated to serve people experiencing homelessness, categorized by five Program Types: Emergency Shelter; Transitional Housing; Rapid Re-housing; Safe Haven; and Permanent Supportive Housing."

One of the annual categories of reports produced by HUD is national, state and individual CoC [Housing Inventory Count](#) (HIC) reports. According to HUD, these reports provide a housing count conducted annually during the last 10 days in January and "the data presented in this report are limited to beds available for occupancy on the night of the count (beds under development are excluded)."³ The reports specify program types and include beds dedicated to persons who are homeless as well as those in Permanent Supportive Housing (not considered homeless under the HUD definition), along with data about beds dedicated to specific sub-populations.

1. https://www.acf.hhs.gov/sites/default/files/documents/opreleveraging_data_to_identify_children_experiencing_homelessness_508.pdf

2. <https://endhomelessness.org/resource/what-is-a-continuum-of-care/#:~:text=According%20to%20HUD%2C%20a%20CoC,housing%20and%20maximize%20self%2Dsufficiency.>

3. Header note on each Housing Inventory Count Report, <https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/>

ABOUT THIS REPORT

Child Care Services Association (CCSA) reviewed family bed and family unit counts in North Carolina over a five-year period, 2017 through 2021. CCSA compared the data year over year to examine and report on changes over time. Because HUD does not make any interpretations about year-to-year changes in the HIC reports, CCSA also does not speculate on the reasons for the changes. HUD cautions that while the data represents a large portion of the bed and unit inventory, it is not a complete inventory in any community or state. Beds and units are not always available during the period in which the count is completed, or the data about them is insufficient for HUD to categorize the information. Furthermore, local data may differ from HUD data and the reader may want to inquire about state or local level data in order to get a more robust picture of bed and unit inventory. Finally, while this report reflects the inventory for the whole state, each CoC's data can be accessed through the same HUD source found [here](#).



DEFINITIONS

Emergency Services

Emergency Shelter (ES): Offers temporary shelter (lodging) for people experiencing homeless in general or for specific populations of the homeless. Requirements and limitations may vary by program.

Safe Haven (SH): For hard-to-reach, literally homeless individuals who reside on the streets or places not meant for human habitation and who have severe and persistent mental illness. HUD ceased funding for new SH programs on August 30, 2012, but continues to fund programs that existed prior to that date.⁴ For the purposes of this report, because the numbers were very small and only reported for two of the five years, all Safe Haven beds and units are included with the Emergency Shelter beds and units.

Transitional Housing (TH): Provides temporary lodging and is designed to facilitate the movement of homeless individuals and families into permanent housing within a specified period of time, but no longer than 24 months. Requirements and limitations may vary by program.

Permanent Housing (PH)

Permanent Supportive Housing (PSH) (disability required for entry): Offers permanent housing and supportive services to assist homeless persons with disabilities live independently (individuals with disabilities or families in which one adult or child has a disability).

Rapid Re-Housing (RRH): Provides housing relocation and stabilization services and short- and/or medium-term rental assistance, as necessary, to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.

Other Permanent Housing (OPH): Housing with Services (though no disability is required for entry), and Housing Only, with no services included.

Beds and Units⁵

Beds: The total number of beds available for occupancy on the night of the inventory count for each household type.

Units: The total number of units available for occupancy on the night of the inventory count for each household type. Programs that do not have a fixed number of units (e.g., a congregate shelter program) typically record the bed inventory, the number of residential facilities operated by the program or the number of rooms used for overnight accommodation.

Child Beds: Beds that are designated for children under age 18 only.

Family Beds and Units: Beds and units that are designated specifically for households with one adult and one or more children under 18 years of age.

4. <https://www.hud.gov/sites/documents/16-13CPDN.PDF>

5. https://files.hudexchange.info/resources/documents/SafeHavenFactSheet_CoCProgram.pdf

OVERVIEW OF THE FIVE-YEAR CHANGE IN BED AND UNIT INVENTORY

Table 1 below documents all **units** and **beds** that were designated specifically for families and/or children between 2017 and 2021, across HUD-funded programs (ES, TH, SH, PSH, RRH, OPH).

Between 2017 and 2021 in NC:

- Family **units** decreased by **224** units or **9.5%** across North Carolina.
- Family and child designated **beds** (combined) decreased by **929** beds (**11%**).
- The least number of units and beds was recorded in 2019, with some increase reported since then.

In addition to this overview, a review of the various housing programs is detailed below. Data indicates the largest reduction in family beds and units across all programs occurred in 2019. While some recovery of those beds and units occurred in 2020, the numbers dropped again in 2021 in many cases. Most notably, between 2017 and 2021, only **RRH** and **OPH** beds and units increased over time.

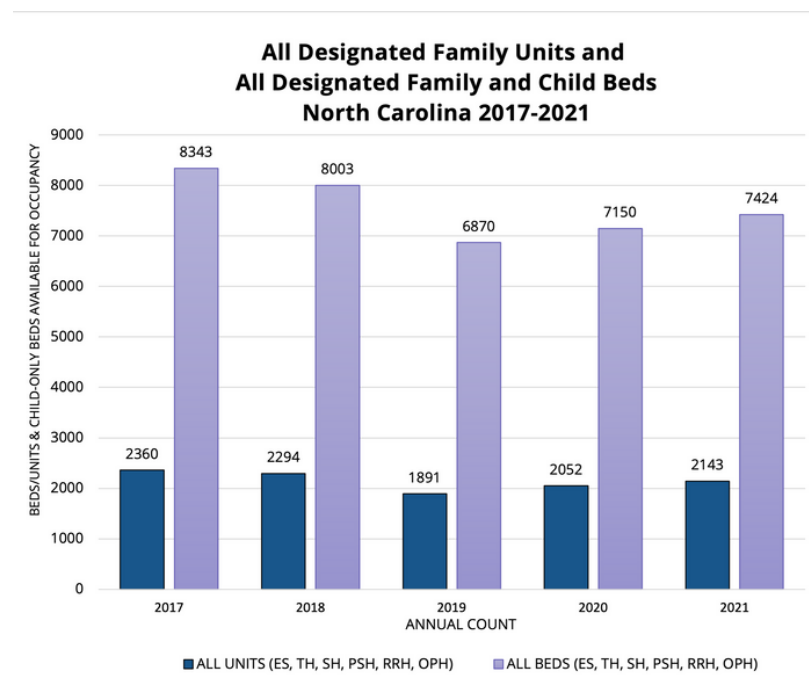


TABLE 1.

FIVE-YEAR TRENDS ACROSS HUD PROGRAM TYPES - FAMILY UNITS AND FAMILY/CHILD BEDS

Emergency Services (Emergency Shelter, Transitional Housing and Safe Haven)

There are three temporary housing options for people experiencing homelessness – Emergency Shelter (**ES**), Transitional Housing (**TH**) and Safe Haven (**SH**) housing. Table 2 provides data on the combined number of these beds and units and Table 3 focuses on child-only beds. Following Tables 2 and 3, the report highlights trends related to the specific emergency programs.

- Across NC, **ES, TH** and **SH beds** for families decreased by 9% or **312** beds over the five-year period.
- Family **units** fell from **850** units to **798** units, a 6% decrease over five years.

A small number of **beds** were specifically designated for children (child beds), but that number declined by 39% across five years (Table 3). With family beds decreasing by 9% over the same time period, there are fewer beds for children across **ES, SH** and **TH**.

**Emergency Housing: Designated Family Units, Family Beds and Child Beds
North Carolina 2017-2021**

TABLE 2.

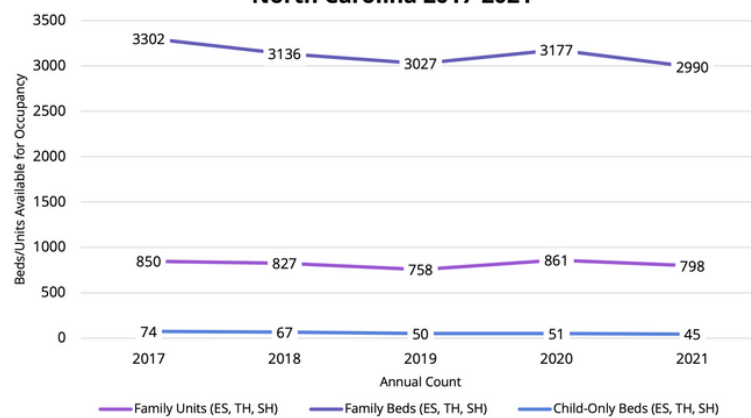
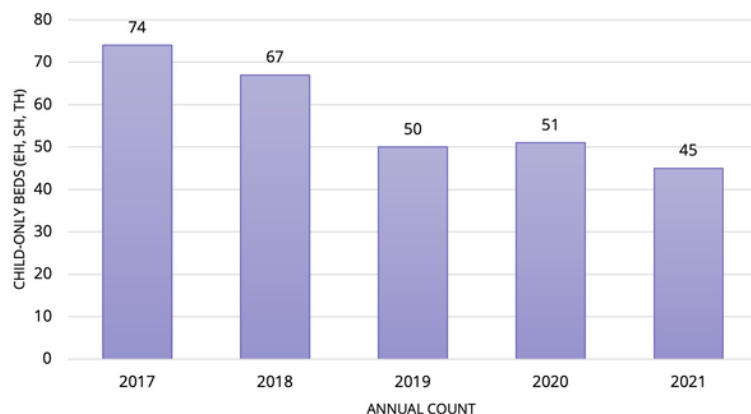


TABLE 3.

**Child-Only Beds in Emergency, Safe Haven and Transitional Housing
North Carolina 2017-2021**



Emergency Shelter (ES) and Safe Haven (SH): Examining the specific program types, Table 4 identifies **ES/SH** beds and units dedicated to families and children. For this report, because the number of **SH** beds and units was very small (and only reported for two of the five years), all **SH** beds and units are included in the **ES** bed and unit counts.

- In **ES/SH** services, 2019 had the fewest family units and beds, with upticks again for 2020 and 2021.
- **Eighty-seven** family beds (or 4% of beds) and **15** family units (3%) were lost over the five years.
- The largest loss was in child-only beds, which dropped 40% from **63 to 38** across NC.

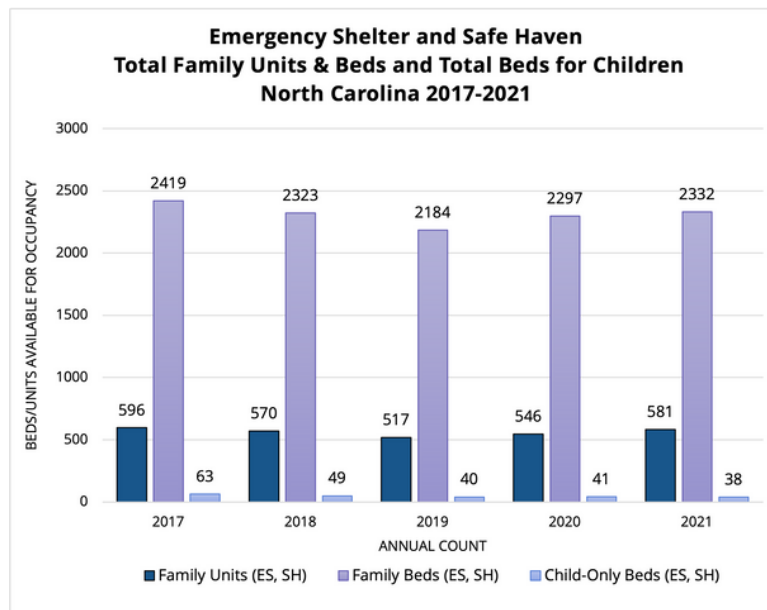
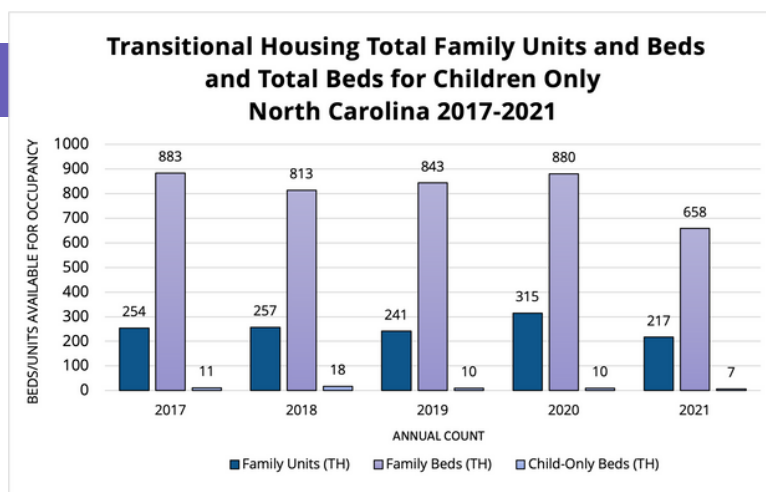


TABLE 4.

Transitional Housing (TH): TH counts decreased across the five-year time period (Table 5).

- In 2020, **TH** family **beds** almost matched the number of beds in 2017. Yet that number dropped by 25% between 2020 and 2021, to **658** beds, its lowest number in the five years (an overall loss of **225** beds).
- Family **units** jumped by 24% between 2017 and 2020, but like beds, dropped to their lowest level in five years in 2021 (a loss of **37** units or 15% from 2017 to 2021).

TABLE 5.



Permanent Housing (Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH) and Other Permanent Housing (OPH)):

In addition to Emergency Services, HUD tracks Permanent Housing in the HIC reports: Permanent Supportive Housing (**PSH**), Rapid Re-Housing (**RRH**) and Other Permanent Housing (**OPH**). Table 6 provides an overview of family beds and units in NC across the three programs between 2017 and 2021. While family beds and units dropped sharply in 2019, there has been some recovery of both in 2020 and 2021.

- The decrease in family-designated **units** between 2017 and 2019 was 25% (**377** units). However, over the five years, the net loss of units was 165 units or an 11% reduction in the number of family units.
- Between 2017 and 2019, family **beds** dropped by 1,174 or 24%. Over the five-year period, the net loss was 12% of family beds (578 beds) across all **PH** programs.

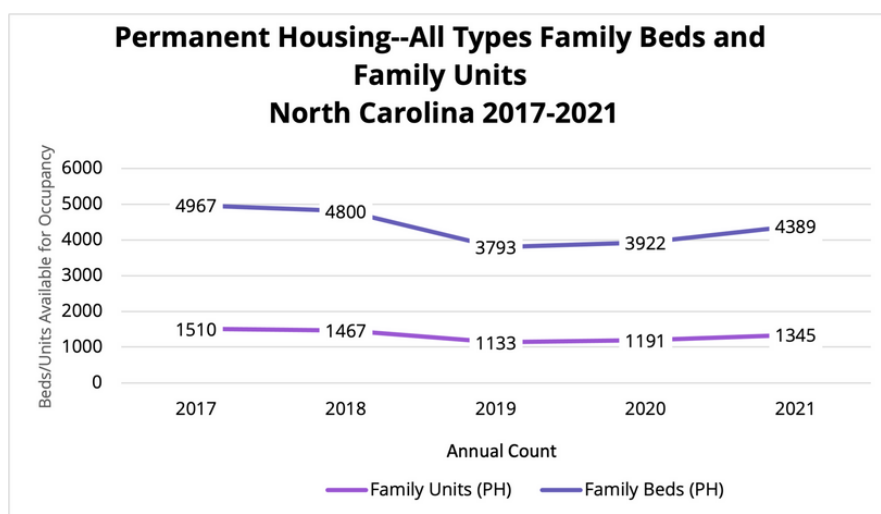


TABLE 6.

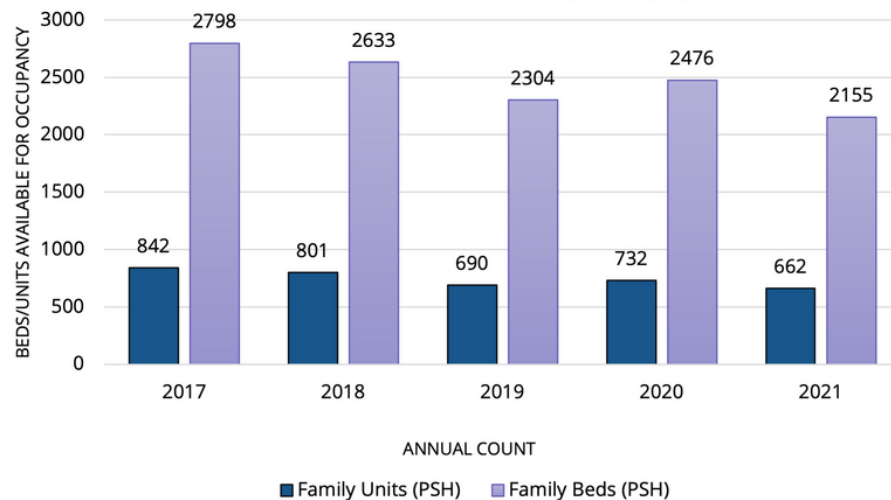
A closer look at the numbers for specific permanent housing options indicates that some programs had bigger swings or losses than others during this five-year period, as seen in Tables 7, 8 and 9.

Permanent Supportive Housing (PSH): As a subset of Permanent Housing, programs in NC lost family beds and units over the five-year period. Between 2017 and 2021, 643 beds and 180 family units were lost, 23% and 21% respectively.

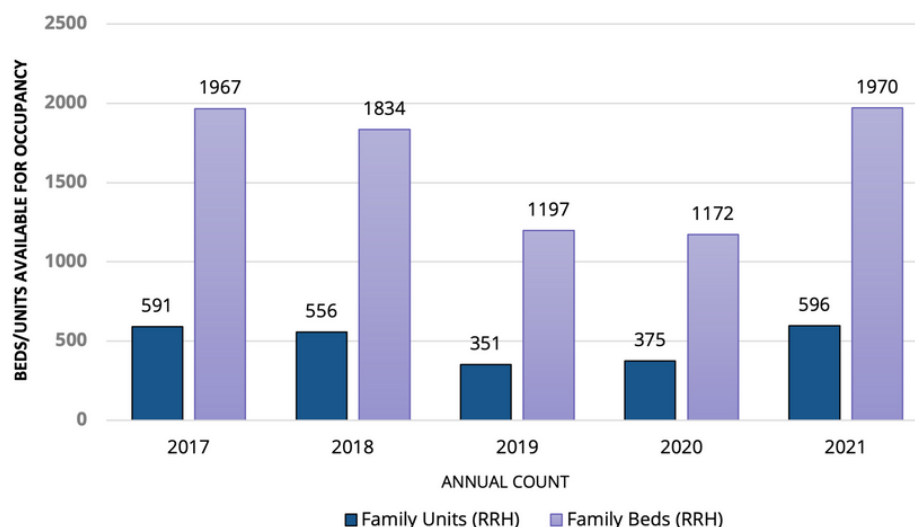
Rapid Re-Housing (RRH): Another subset of Permanent Housing, **RRH** for families dipped between 2018 and 2020, but recovered in 2021. There are now three additional family **beds** and five additional five family **units** as compared to 2017.

TABLE 7.

**Permanent Supportive Housing Family Units and Family Beds
North Carolina 2017-2021**



**Rapid Re-Housing Family Units and Family Beds
North Carolina, 2017-2021**

**TABLE 8.**

Other Permanent Housing (OPH): As the third subset of Permanent Housing for families, there was a substantial increase in the number of **OPH** units and beds in 2018, but the numbers have decreased since then.

From the high of 333 family-designated **beds** in 2018, by 2021 NC had lost **69** of those **OPH** beds. However, compared to 2017, there was an overall increase of **62** family beds.

Family units likewise fell from a high of **110** in 2018 to **87** in 2021 (a loss of **23** units), but across the five years, there were **10** more family units in 2021 than there were in 2017.

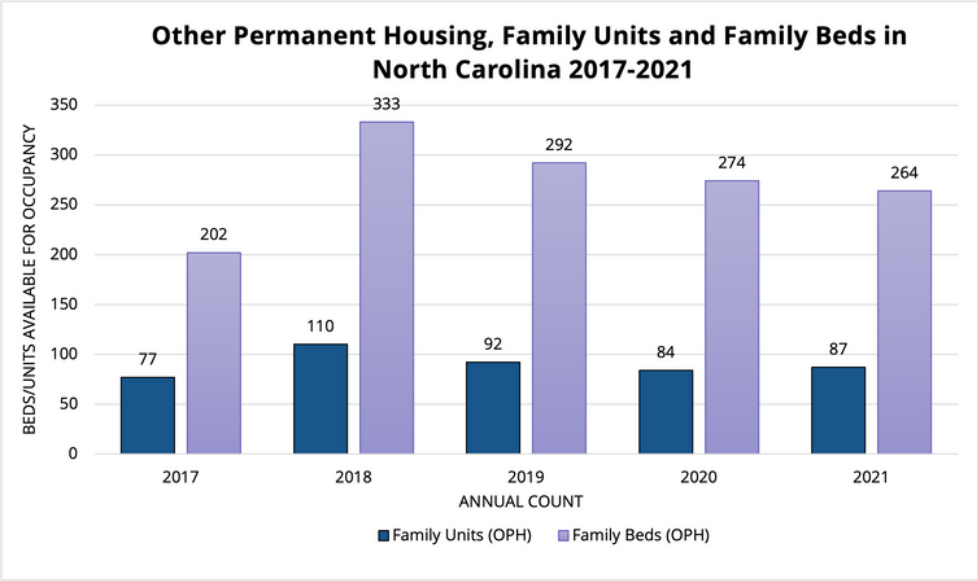


TABLE 9.



CONCLUSION

This report documents and describes the changes in family units and beds and child-only beds in North Carolina over a five-year period, 2017-2021. **Overall, the report documents that beds and units for families have decreased, with net losses in all but two programs. Rapid Re-Housing and Other Permanent Housing programs have both increased, which is a promising sign for young children and families. RRH and OPH are vital to moving families to stability through housing. The continued growth of these two programs is important for the future success of all children in NC. However, at the same time,** a housing crisis is occurring across the state, meaning fewer options are available for families who have just lost their housing or are in unstable situations. It is alarming that any services for children and families experiencing homelessness are shrinking.

This report should spark reflection and conversation about why the bed and unit capacity that supports children and families experiencing homelessness has fallen over five years. Statewide and in individual CoCs, comparative analysis as to the reasons for these changes could spur action to increase beds and units for children and families.

Here are some questions to consider:

1. What are the trends for adult-only beds and units over the same five-year period?
2. How do the changes in family and child-only beds and units for families compare to adult-only beds and units?
3. Has the community or CoC area child population increased or decreased over the past five years?
4. How many beds and units are needed today for children and families? Will that question be answered using HUD-defined homelessness or McKinney-Vento-defined homelessness?
5. Are there state or CoC-based policies or needs driving some of these changes?
6. What steps can be taken at the CoC and state levels to increase the numbers of family beds and units?



CHILD CARE SERVICES ASSOCIATION'S ENGAGEMENT WITH EARLY CHILDHOOD HOMELESSNESS

Child Care Services Association (CCSA) leads efforts to strengthen accessible and affordable quality early care and education by providing supports for families, communities, and the workforce. CCSA is committed to supporting healthy child development through high quality early childhood programming, including for children under age 6 who are experiencing homelessness. CCSA's interest in early childhood homelessness is grounded in data: in 2018-2019 over 1.2 million or 5% of children under 6 experienced homelessness.⁶ In North Carolina, 32,189 children under 6 experienced homelessness.⁷ CCSA recognizes that every child needs a strong early foundation to support their optimal development. Homelessness interferes with building that foundation; therefore, CCSA works to draw attention and take action to reduce early childhood homelessness. In addition, CCSA manages two small pilot projects that help shelters and early childhood programs support young children experiencing homelessness. The reader can find a variety of policy and data papers on early childhood homelessness on [CCSA's website](#).

6. <https://www.ed.gov/rschstat/eval/disadv/homeless/early-childhood-homelessness-state-profiles-2021.pdf>

7. Ibid

**Data Source:**

HUD Continuum of Care Homeless Assistance Programs: Housing Inventory Count Report, years 2017 through 2021, <https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/>

FOR MORE INFORMATION

For more information on this report, homelessness and its impact on young children contact the following:


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CCSA's mission is to lead efforts to strengthen accessible and affordable quality early care and education by providing supports for families, communities and the workforce.

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