

Raleigh CARES Care Navigation Team

Raleigh's team of case management and peer support specialists supports community members in crisis with a focus on housing solutions and resources

ONE YEAR UPDATE | SEPTEMBER 2026

In its first year, Care Navigation quickly became a nimble, effective team dedicated to preventing homelessness, stabilizing households, and connecting residents to long-term support. As part of Raleigh CARES (Crisis Alternative Response for Empathy and Support) which provides alternative crisis response services to residents, Care Navigation supports individuals and families at imminent risk of losing housing or currently experiencing homelessness.

Traditional Care Navigation refers to the process of guiding individuals through complex systems to ensure they receive appropriate, timely, and cost-effective care. This often involves helping them understand their options, connecting them to necessary services, coordinating with providers, and addressing any barriers, including financial or logistical challenges.

Based within the Housing and Community Development Department, Care Navigation connects participants to City-funded homelessness prevention and diversion resources whenever possible. The four-person team also links participants to community resources including mental health services, healthcare, food assistance, and tenancy supports. Participants may receive up to three months of peer support and individualized case management.

For households that qualify and need longer-term support, Care Navigation also enrolls some participants in the Tenant Based Rental Assistance Pilot (TBRA Pilot), which provides up to one year of rental assistance for individuals previously living unsheltered.



One Year of Impact

**Since launch, Care
Navigation has
served over**

80

households.

By the Numbers



22 diversions: 22 households were able to exit homelessness and get connected to permanent housing and resources. Of these, 6 were served through Traditional Care Navigation and 16 through the TBRA Pilot.



100% homelessness prevention rate: 11 households were successfully prevented from entering homelessness.



44 households remain in ongoing connection with the program, with 12 engaged through Traditional Care Navigation and 32 participants enrolled in TBRA receiving ongoing services, care connections, and case management.



100% prevention rate for imminent evictions: Every active case of community members facing imminent eviction was prevented from entering homelessness.



100% referral rate of cases to services: Care Navigators have prevented homelessness or successfully connected community members to needed services and/or long-term housing supports in every completed case.

Key Connections and Partnerships



Hosted a pop-up resource event –

The pop-up event connected people experiencing homelessness to supportive services and community resources.



Engaged with the City's Unsheltered Homelessness Response Pilot –

Care Navigators supported identification, enrollment, and connections to housing and services for 5 downtown households in the Unsheltered Pilot.



Strengthening collaboration within the Wake County Continuum of Care (CoC) –

Care Navigators actively participate in key committees focused on street outreach, emergency response, and coordinated entry.



Expanded partnerships with local landlords –

Key partnerships with local landlords enable the Care Navigation team to identify units and increase community members' access to safe, affordable housing.

Participant Voices

Below are a few stories and direct quotes from community members served in the last year:

"What's your favorite thing about your place now?" a staff member asked **A.S.** who quickly responded, "That it's mine!"

An elderly woman with memory issues who lives alone had her utilities turned back on, was reunited with family, and was assessed by an outside agency to make sure she can safely live independently in her home.

On the part of the program that has been most meaningful, "My self-esteem has been up, being able to get back on my feet again," **K.V. noted, adding**, "My future is bright. There's a light at the end of the tunnel."

A family of three avoided losing their home after getting behind on rent. The head of household is now able to focus on finishing her degree.

"After 11 years of trying to get somewhere and getting stuck, I've got housed. I've got help. Raleigh has really helped me out. That's a God's blessing," **said E.C.**

A woman who was living on the street was referred after being cited for panhandling. Care Navigators helped her connect with her care manager at a partnering provider to complete an application for assisted housing through Alliance Health.

"I'd say [this program] is very beneficial to get a head start or a second chance. I believe this program is an asset," **commented H.W.**

"I have been able to get healthy enough to enjoy my kids who are grown. On Sunday I went to see [my daughter] and see her kids that she adores. I get to see [my kids] enjoy their success," **A.S. reflected.**

Learn More

The Care Navigation team is part of [Raleigh CARES](#) and the City's broader long-term commitment to ending homelessness through proven, collaborative strategies and funding.

Questions?

Contact housing@raleighnc.gov.