

# Rebuilding Lives Updated Strategy Columbus and Franklin County, Ohio

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## Outreach Inventory Report

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**Prepared for:**

*Rebuilding Lives Updated Strategy Steering Committee*

**Prepared by:**

*Center for Urban Community Services (CUCS)*

*120 Wall Street, New York, NY 10005*

*(212)801-3300*

[www.cucs.org](http://www.cucs.org)

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## **Introduction**

In 1999 the Community Shelter Board (CSB) in Columbus, Ohio implemented the *Rebuilding Lives* plan, which called for a community-wide approach that would replace a patchwork system of emergency shelters with coordinated, targeted, and cost effective ways of providing shelter and services to meet the long and short-term needs of homeless adults. The approach included an improved emergency shelter system to address immediate needs and the development of 800 supportive housing units for homeless single adults with long-term needs.

*Rebuilding Lives: An Updated Strategy to House Homeless Families and Adults (RLUS)* is a CSB initiative to conduct a comprehensive research and resources inventory of the current *Rebuilding Lives* plan and of the existing system to serve homeless and formerly homeless families. As part of that initiative, CSB contracted the Center for Urban Community Services to compile inventories of the existing capacity of emergency shelter, supportive housing and outreach systems and to analyze the resources currently invested in those systems.

The primary purpose of this report is to describe the current system for delivering homeless outreach services in both sheltered and unsheltered locations in Columbus and Franklin County. The report catalogues the outreach programs that are currently available and examines four key variables about each of those programs: the primary service model, program setting, program capacity, and staff availability.

## **Evaluation Questions**

This analysis is intended to provide data to help the RLUS Steering Committee understand the following elements of the outreach system:

- What programs are currently available to provide homeless outreach services?
- What is the capacity of each program as defined by the number of full-time positions available to staff the program?
- What primary service model is used by each program?
- What proportion of total program capacity is allocated to each of four primary service models?
- In what setting does each program provide services (i.e. do they provide outreach in both sheltered and unsheltered locations)?
- What proportion of total program capacity is available in sheltered and unsheltered locations?
- Does each program provide services 24 hours per day, 7 days per week?
- What proportion of total program capacity is available 24 hours per day, 7 days per week?

## Data Collection Methods

To address the evaluation questions, CUCS analyzed data gathered by a CSB consultant through phone calls to each outreach provider. For the purposes of making comparisons across programs, staff capacity is defined by the number of FTE's (Full-Time Equivalencies) available at each program. Each FTE represents one full-time staff position but may be comprised of several part-time employees. The analysis includes FTE's for direct service, supervisory, and administrative staff.

## Key Findings

- On a single night in January 2007, there were 114 homeless single adults residing in unsheltered locations and 727 homeless single adults residing in emergency shelters. Approximately 500 of the homeless single adults counted were chronically homeless.<sup>1</sup>
- Nine distinct homeless outreach programs employing paid staff are currently operating in Columbus and Franklin County (Table 1).<sup>2</sup>
- The equivalent of approximately thirty-three full-time positions are available to staff homeless outreach programs (Table 1).<sup>3</sup>
- Thirty-eight percent of the outreach program capacity currently available provides primarily health care services (Chart 1).<sup>4</sup>
- Twenty-nine percent of the program capacity currently available provides outreach services using a traditional case management approach (Chart 1).<sup>5</sup>
- Twenty-seven percent of the outreach program capacity currently available provides transportation services (Chart 1).<sup>6</sup>

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<sup>1</sup> Data are based on a point-in-time (PIT) count of homeless people conducted on January 31, 2007. Unsheltered locations include streets, parks, cars, transportation terminals, and other locations not intended for human habitation. The PIT count used the HUD definition of chronically homeless, i.e. an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least 4 episodes of homelessness in the past 3 years.

<sup>2</sup> The data presented in this report reflect only services provided by programs that employ paid staff. Additional outreach programs provide services delivered by volunteers.

<sup>3</sup> Includes direct service, supervisory and administrative staff.

<sup>4</sup> Health care programs' primary emphasis is on providing medical services rather than on housing placement or engagement in a broader range of case management services.

<sup>5</sup> Traditional case management programs seek to engage clients in services and/or treatment and may require these as a pre-condition for housing placement and/or focus primarily on shelter rather than housing placement.

<sup>6</sup> Transportation programs' primary emphasis is on providing transportation to an appropriate facility or home for public inebriates who require assistance.

- Six percent of the program capacity currently available provides outreach services using a Housing First approach (Chart 1).<sup>7</sup>
- No outreach programs reported that their primary emphasis was on providing material assistance, though provision of material assistance is usually the primary emphasis of voluntary programs (Table 1, Chart 1).<sup>8</sup>
- Fifty-seven percent of the total program capacity provides outreach services in both sheltered and unsheltered locations, while 43% provide only street outreach services (Chart 2).<sup>9</sup>
- Sixty-four percent of the total program capacity provides outreach services 24 hours per day, 7 days per week (Chart 3).
- There is currently no unified system to coordinate services among homeless outreach teams, to ensure around-the-clock coverage for all geographic areas, and to trigger response by a team when there is a report of a homeless person in need of services.
- Nearly half of all outreach funding comes from the U.S. Department of Health and Human Services Health Care for the Homeless Program (\$1.4M).
- Federal funding sources account for more than 70% of all outreach funding (\$2.1M).

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<sup>7</sup> Housing First programs seek primarily to place clients rapidly into housing and do not require sobriety or participation in services as a pre-condition for housing placement.

<sup>8</sup> Material assistance programs' primary emphasis is on providing food, water, toiletries, blankets, or other forms of material assistance rather than on engagement in services or housing placement.

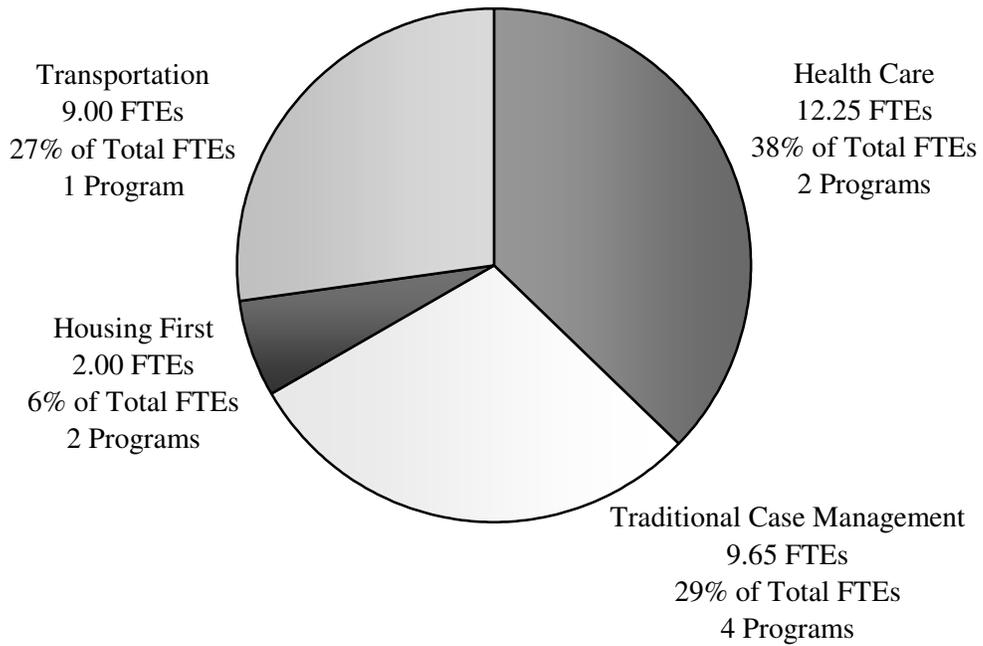
<sup>9</sup> Program settings are defined as follows: inreach programs conduct outreach only in sheltered locations such as emergency shelter programs and hospitals; street outreach programs conduct outreach only in unsheltered locations such as on the streets, in parks, campgrounds, or transportation terminals.

**Table #1: Homeless Outreach Services by Program**

Primary Agency	Program	Primary Service Model	Program Setting	Current Num. FTE's	Available 24 hrs/day, 7 days/wk
Capital Crossroads	Outreach Program	Traditional Case Management	Street Outreach	2.00	Yes
Columbus Coalition for the Homeless	Outreach Cluster	Traditional Case Management	Street Outreach	0.15	No
Columbus Neighborhood Health Centers - HCFN	Healthcare for the Homeless	Health Care	Street Outreach and Inreach	8.00	Yes
Maryhaven	Outreach	Housing First	Street Outreach	1.00	Yes
Netcare	Reach Out Workers	Transportation	Street Outreach	9.00	Yes
Open Shelter	Outreach	Traditional Case Management	Street Outreach	1.00	No
Southeast, Inc.	Southeast Outreach (Critical Access to Housing)	Housing First	Street Outreach	1.00	Yes
Southeast, Inc.	Southeast PATH / Mobile Van / Project Liaison	Traditional Case Management	Street Outreach and Inreach	6.50	No
Veteran's Administration	Healthcare for Homeless Veterans	Health Care	Street Outreach and Inreach	4.25	No

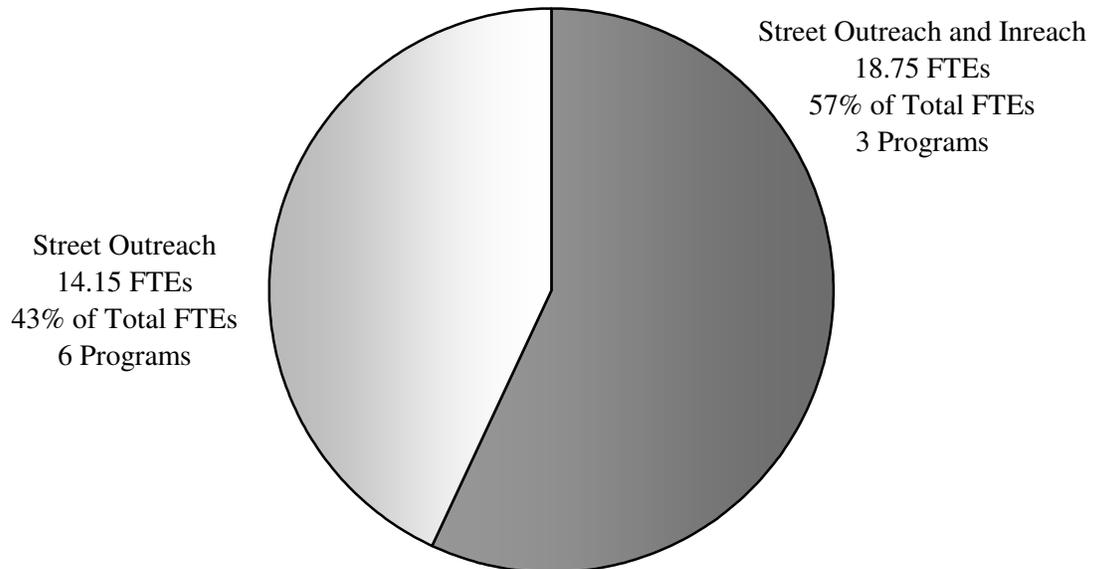
<b>Key</b>	
<b>FTE</b>	Full-Time Equivalency; aggregates the total number of staff positions available (each FTE represents one full-time position but may be comprised of several part-time employees)
<b>Primary Service Model</b>	
Health Care	Program's primary emphasis is on providing medical services rather than on housing placement or engagement in a broader range of case management services
Traditional Case Management	Program seeks to engage client in services and/or treatment and may require these as a pre-condition for housing placement and/or focuses primarily on shelter placement, service linkages, or assistance with basic needs rather than housing placement
Housing First	Program seeks primarily to place client rapidly into housing and does not require sobriety or participation in services as a pre-condition for housing placement
Transportation	Program's primary emphasis is on providing public inebriates who require assistance transportation to an appropriate facility or home
<b>Program Setting</b>	
Inreach	Program conducts outreach only in sheltered locations such as emergency shelter programs and hospitals
Street Outreach	Program conducts outreach only in unsheltered locations such as on the streets, in parks, campgrounds, or transportation terminals

**Chart #1: Outreach - Primary Service Model by FTE**

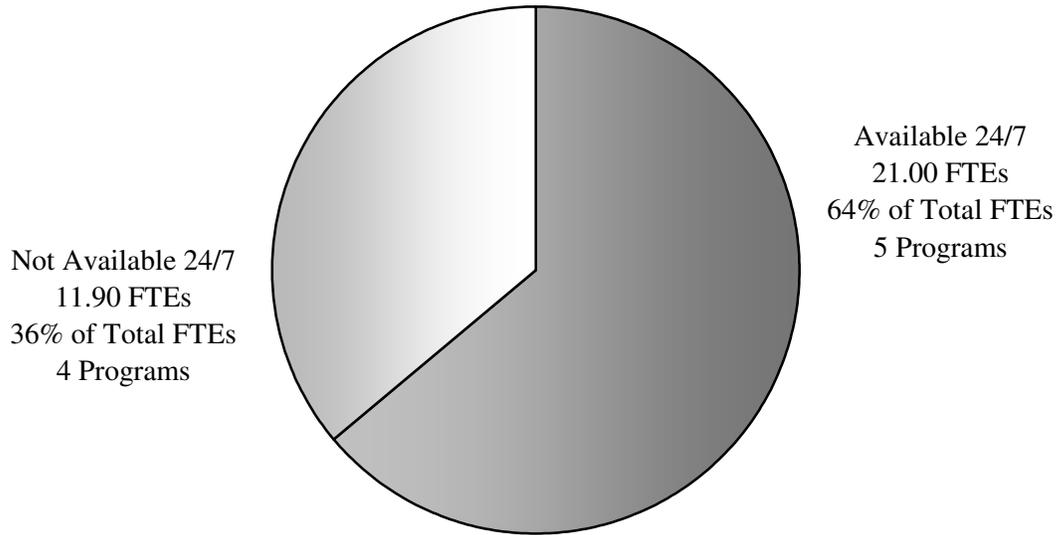


*Note: None of the Outreach programs use the material assistance model, which is defined as a program with a primary emphasis on providing food, water, toiletries, blankets, or other forms of material assistance rather than on engagement in services or housing placement*

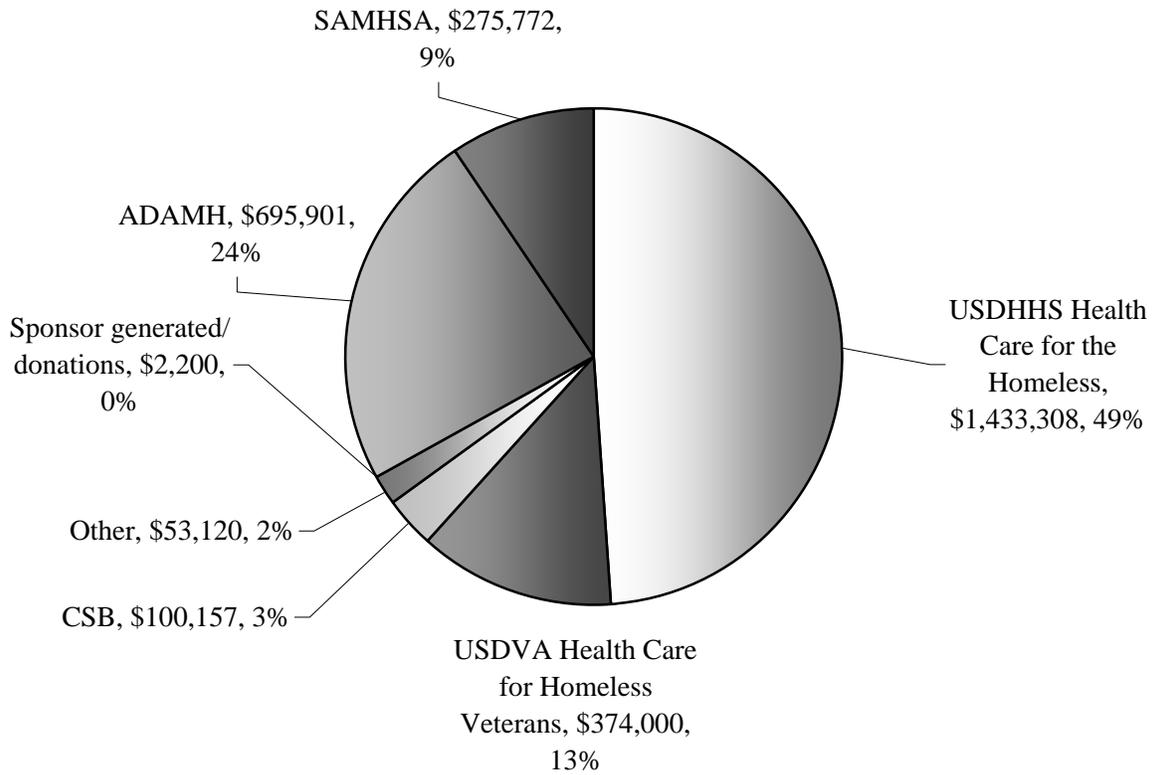
**Chart #2: Outreach - Program Setting by FTE**



**Chart #3: Outreach - Availability by FTE**

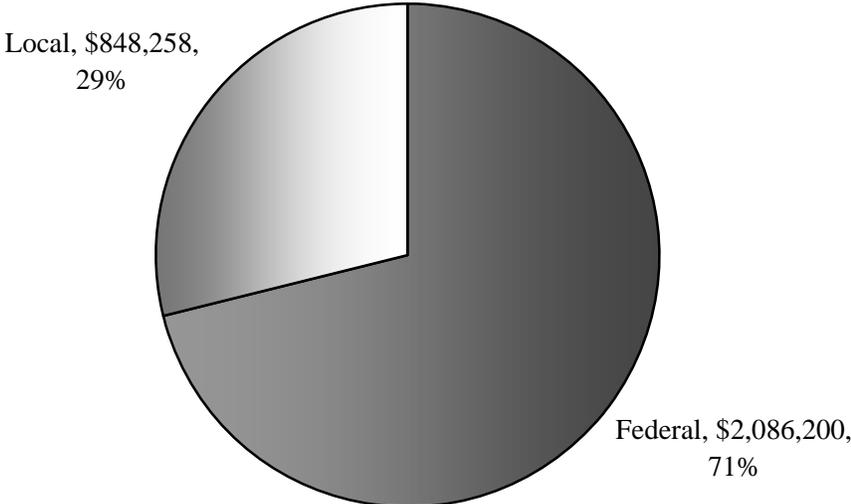


**Chart #4: Outreach – 2007 Funding Sources**



Key:	
ADAMH	Franklin County Alcohol Drug and Mental Health Board
SAMHSA	U.S. Substance Abuse and Mental Health Services Administration, Projects for Assistance in Transition from Homelessness
USDHHS	U.S. Department of Health and Human Services
CSB	Community Shelter Board, including city and county funds, federal entitlements, United Way and private sources
USDVA	U.S. Department of Veterans Affairs

**Chart #5: Outreach – 2007 Funding Types**



**Table #2 Outreach – 2007 Funding Sources**

Funding Source	2006		Funding Type
	n	(%)	
USDHHS Health Care for the Homeless	\$1,433,308	(49)	Federal
USDVA Health Care for Homeless Veterans	\$374,000	(13)	Federal
CSB	\$100,157	(3)	Local
Other	\$53,120	(2)	Federal
Sponsor generated/donations	\$2,200	(0)	Local
ADAMH	\$695,901	(24)	Local
SAMHSA	\$275,772	(9)	Federal
<b>Total</b>	<b>\$2,934,458</b>	<b>(100)</b>	