Final Report   April 2008

Rebuilding Lives:
New Strategies for a New Era

Report of the Steering Committee for
the Rebuilding Lives Updated Strategy
New Rebuilding Lives Plan

communityshelterboard

No place to go
Even though the amount of permanent supportive housing doubled, 1,400 housing units will be needed to meet projected demand for persons with a long history of homelessness and disabling conditions.

United Way
Member Agency

Franklin County
Where Government Works

City of Columbus
Mayor Michael B. Coleman

THE COLUMBUS
FOUNDATION

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To the **Franklin County Community**

Persons facing a housing crisis in Columbus and Franklin County don't have to go it alone. Columbus is a generous community that invests substantially in the Community Shelter Board, a non-profit intermediary organization that creates collaborations, innovates solutions, and invests in quality programs in order to end homelessness in Columbus and Franklin County. Additional local support allows CSB's partner agencies to develop housing and provide health, employment and social services to get people back on their feet.

Through the process to create this Rebuilding Lives Report, more than 100 citizens volunteered their time to analyze research, evaluate Franklin County's housing and homeless services, and study best practices around the country. In fact, some of Columbus' housing programs are models for other American communities.

The result of our two-year planning process is a comprehensive and interrelated set of strategies to decrease the number of people who experience homelessness. Several themes emerged that are central to our recommendations:

> Improving **collaboration** within the homeless services system and with community-based organizations.

> Making better linkages to community services such as health care and employment during a housing crisis to **reduce demand** for emergency shelter.

> Increasing homeless persons' access to **income and benefits**.

> Advocating for **sufficient investment** to develop housing options.

For all the good that these strategies will do for the homeless services system, they will be limited in their impact without the community to tackle underlying social and economic problems. Eliminating homelessness takes individual commitment and collective resolve from all sectors of our community.

It is with pride in accomplishment that we present the **Rebuilding Lives Report**. It is now in your hands to embrace as leaders in business, government, philanthropy, faith, and health care. As you do, consider the decisions you make that influence a person's economic, physical and spiritual health also affect our community's ability to achieve the vision of reducing the number of people who find themselves without a home.

THE STEERING COMMITTEE

Elfi DiBella
Huntington National Bank
Chair, Steering Committee

Barbara Poppe
Executive Director
Community Shelter Board

Building on a **Strong Foundation**

One decade ago, revitalization along the Scioto River made way for exciting new developments. Extensive and long-awaited repairs were made to the Franklinton Floodwall, opening up an economically struggling area of the city to new investment. Nationwide Arena and COSI breathed new life into a moribund section of downtown Columbus, now brimming with entertainment, restaurants and housing.

This dramatic transformation had the consequence of displacing homeless people, mostly men, who lived at nearby shelters and in riverbank camps. The upheaval revealed the weaknesses in our community's ability to meet the needs of its homeless citizens.

The Community Shelter Board, with the support of local government, business and philanthropic organizations, seized the opportunity to develop a plan for coordinated, targeted, and cost-effective ways to provide shelter and services when and how they are needed. *Rebuilding Lives*, as the plan was named, called for making emergency shelter available for those in crisis and developing permanent housing linked to services for those with long-term needs.

The face of homelessness The median age of single adults in shelter is getting older and the income of families is falling.

A decade of progress

Rebuilding Lives is now recognized as a national model. Since CSB launched the initiative, the overall capacity of supportive housing for homeless persons doubled from 825 units to 1,453 units by 2006. Additionally, Lutheran Social Services opened Faith Mission on 8th Avenue to replace shelter services in Franklinton, and Volunteers of America successfully relocated its former facility from the Scioto Peninsula. New shelter facilities, including the YWCA Family Center, provide emergency housing for homeless families. The Engagement Center at Maryhaven opened its doors in 2000 to treat publicly inebriated homeless adults. The most important result is to the people served. For them, Rebuilding Lives has meant new beginnings.

Tackling new challenges

The community reached another critical juncture in 2006, just as it had in the late 1990s. Rebuilding Lives was in the seventh year of implementation and decisions had to be made about its future focus and sustainability. CSB was charged by the City of Columbus, Franklin County Commissioners, and United Way of Central Ohio with devising the Rebuilding Lives Updated Strategy.

CSB organized a Steering Committee of key community leaders and experts in homelessness, health care and social services to guide the process and make decisions about the future direction of the homeless services system.

community**shelter**board

What We Learned

In order to update the Rebuilding Lives plan, the Steering Committee needed to learn more about people who are homeless, the programs that serve them, and trends that might influence program design.

Numerous research reports conclude with these findings:

	What works and must continue	Challenges to overcome
Family Shelter	• Single point of access for homeless families at the new YWCA Family Center helps families find housing quickly. • "One-shot" rent assistance has prevented homelessness. • Families leave for stable housing at higher rates than before and are returning less often. • Prevention assistance has decreased family homelessness by 55%.	• Length of stay in emergency shelter is increasing. • Families have experienced a significant drop in income over time, with more families arriving with few benefits and no income.
Single Adult Shelters	• Two new men's shelters have been created with improved living spaces and services. • Homeless single adults who are intoxicated have improved linkages to alcohol and drug treatment. • Certification standards have resulted in higher-quality facilities and services. • Shelter locations are more evenly distributed than at the start of Rebuilding Lives.	• Although demand for men's shelter remained flat after 2003, demand for women's shelter has risen steadily and significantly. • There is no single point of entry allowing persons seeking shelter to be matched with housing and services. • The rate for exiting shelters for stable housing is low. • Many people could exit homelessness more quickly if shelters helped people better secure income and benefits.
Homeless Outreach Programs	• People living outdoors have been assisted by the new Critical Access to Housing program.	• On a single night in January 2007, 114 single adults lived unprotected outdoors, despite efforts of nine outreach programs. • The homeless outreach system is fragmented among programs, causing duplication and gaps in coverage.
Permanent Supportive Housing	• Permanent supportive housing reduces the use of shelters significantly. • Permanent supportive housing programs have increased the number and types of housing options. • Programs increased income residents received from employment and mainstream benefits. • The cost of these programs is much lower than costs for stays in prison or inpatient psychiatric hospital care. • The current supply of supportive housing for families is sufficient if demand remains consistent.	• Because permanent supportive housing is scarce, many homeless people cannot leave emergency shelter. • Current residents have no incentives to "move up" to more independent housing. • No coordinated system is in place for intake, assessment, or referral to permanent supportive housing.

Rebuilding Lives –
Now and in the Future

The new Rebuilding Lives plan is broader in scope and more complex than the original plan launched nearly 10 years ago. Strategies that have produced proven results will continue to receive priority.

Goals

The following new strategies to resolve homelessness were developed by the Steering Committee and prioritized in community meetings with key stakeholders. They are organized into four broad goals for system development: **access**, **crisis response**, **transition**, and **advocacy** (cost estimates and implementation details are in the full report).

Access – Community resources are available to prevent homelessness.

New Strategy 1: Coordinate emergency aid from community-based assistance programs.

Columbus and Franklin County have a variety of emergency aid and housing assistance programs that need to be better coordinated to reduce duplication, help prevent homelessness, and increase efficiency.

Making it work: A coordinated system for emergency assistance will be developed that shares a common method to determine a person's eligibility, assess their need, and link them to emergency aid programs. A common database system will document these emergency contacts, assistance and results.

New Strategy 2: Provide immediate and systematic access to mainstream benefits and services for persons who are homeless and served by the homeless services system.

Many homeless individuals and families do not have income, health care benefits or other resources to meet their basics needs.

Making it work: Programs will share a common method of assessment and linkage to mainstream benefits, including Social Security, Medicaid, veterans assistance, and TANF, and use common methods of tracking outcomes. Agencies also may receive incentives based on reducing the length of stay in shelter and street homelessness.

BEST PRACTICE

The **Maryland SSI Outreach Project** in Baltimore helps homeless people with mental illness become enrolled in the Supplemental Security Income (SSI) program by providing outreach and help with record gathering and application completion. In Columbus, the **Rebuilding Lives PACT Team Initiative** adopted this model to expedite access to Social Security, Medicaid, and other benefits.

New Strategy 3: Coordinate and expand access to community-based employment assistance programs.

Individuals and families must achieve greater economic independence in order to break the cycle of homelessness. For many, the support goes beyond merely finding employment; job coaching helps people succeed in the workforce and maintain their employment.

Making it work: Employment programs will be customized to match individuals' skill sets with employers' needs. Case managers will help people overcome the barriers to landing their next job, such as appropriate clothing, identification, transportation, child care, and criminal backgrounds. To increase job opportunities, individuals will be connected to adult literacy and other community-based vocational programs. Additionally, employers will be educated about the new pool of qualified and highly motivated workers who are eager to work.

Crisis Response – Prevent and resolve housing crises as quickly as possible.

New Strategy 4: Develop a single point of contact system, with stronger linkage to community resources, for adults experiencing a housing crisis.

There is currently no coordinated system for adult shelter services, similar to the one that has proven effective for the family shelter system.

Making it work: A centralized point of contact system will be implemented for single adults experiencing a housing crisis to ensure more efficient and effective assessment, triage, diversion, and emergency shelter intake. A key feature is a user-friendly interface. Improved linkages will be made to prevention assistance programs and other services.

New Strategy 5: Create a collaborative system of outreach to persons who are not accessing shelter.

A coordinated call and dispatch system, synchronized response, common documentation, and shared outcomes for all outreach programs will improve efficiency and results.

Making it work: "Street" homeless individuals and the community will have a single telephone number to call for assistance. Outreach services will be available 24/7 and ensure rapid response to requests for help. The primary focus will be on housing outcomes and linking people to services rather than providing assistance to enable people to continue living outside.

Philadelphia's Project H.O.M.E. Outreach Coordination Center was developed in 1998 as part of the city's commitment to develop systematic approaches to ending street homelessness. Its innovative aspects include a single entry and 24/7 access; hotline to respond to concerns; and, full cooperation from city health, mental health, and substance abuse agencies.

Transition – Guide exits from homelessness to stable housing.

New Strategy 6: Create a unified system for permanent supportive housing to better match people to programs and help tenants "move up" to more independent housing.

The current process of determining who gains access to supportive housing is not well organized. Different organizations that operate supportive housing maintain multiple referral procedures and waiting lists. As a result, success in gaining access to supportive housing varies among eligible individuals.

Making it work: To ensure more efficient and targeted use of supportive housing, a centralized eligibility determination and placement system will be implemented. A common application and methods to assess prospective tenants will make it easier to match client needs with the appropriate program.

New Strategy 7: Develop an additional 1,400 units of permanent supportive housing for single adults and couples and 150 family units for disabled adults and families.

In order to meet projected demand for housing, additional units are needed to reach a total inventory of 2,700 units for single adults and couples. More units should help reduce future emergency shelter demand.

Making it work: Building on the successful implementation of Rebuilding Lives, additional units will be derived from a mix of newly constructed housing developments, renovation of vacant and underutilized apartments, and leasing of available private or public units.

New Strategy 8: Develop 430 long-term rent subsidies for homeless single adults to meet annual need.

The most effective way to end homelessness is to make sure individuals have adequate income and/or rent subsidy to pay for community-based housing.

Making it work: Long-term rent subsidy will need to be developed for single adults who use shelters on an episodic or long-term basis but do not need the structure of supportive housing to live successfully in the community. The subsidies will be long term but time limited, and decrease over time. Similarly, support services, designed to increase employment and income, also will phase out.

New Strategy 9: Transition Tier II shelter from a fixed-unit approach to a flexible supply of housing with interim supports.

Families currently served by Tier II programs stay in a shelter apartment and are required to move to another apartment in the community upon completion of the program. This is disruptive for the children and their parents. Direct housing placement would also reduce operating costs related to shelter apartment turnover.

Tier II programs will provide an apartment and supports for families to work on securing income, budgeting, and other concerns inhibiting housing stability. Under this approach, the lease will transfer from the program to the family, and services would taper off as family stability increases.

BEST PRACTICE

Local efforts in **Franklin County** to develop supportive housing under the original Rebuilding Lives plan have been very successful. About 70% maintained their housing over a five-year period. Fewer than 9% of tenants in permanent supportive housing have returned to shelter or homelessness.

Advocacy – Leverage public policy to work toward ending homelessness.

New Strategy 10: Launch a campaign to increase resources for affordable and supportive housing as well as rent subsides.

Creating more affordable housing units and rent subsidies for people who lack adequate income to pay for housing will prevent homelessness.

Making it work: An advocacy campaign will be initiated to increase the supply of affordable housing and access to rent subsidies. This effort will require involvement by low-income individuals and families, churches, non-profit organizations, philanthropic leaders, housing developers, and financial service providers. Strategies must connect housing policies with economic development to draw interest from both public and private sectors.

New Strategy 11: Advocate with other systems to improve and increase housing placements for people returning to the community.

Systems that house people in such institutional and residential settings as state prisons, county jails, psychiatric hospitals, treatment programs, and domestic violence programs must provide housing placement assistance to avoid discharging people to shelters and homelessness.

BEST PRACTICE

During the **New York City** mayor's race in 2001, an unusually diverse Housing First! coalition that included tenants, developers, and bankers came together to urge the next mayor to tackle the issue of affordable housing. Mayor Michael R. Bloomberg went on to do just that with his New Housing Marketplace plan, which included a $3 billion commitment to produce and preserve 65,000 units over five years.

Making it work: To start with, policies must prohibit discharge to shelter or homelessness for persons re-entering the community from institutions or residential programs. Working with community partners, institutions will develop pathways to housing, employment, subsidies, and benefits.

Strategies to Continue and Improve

Although the Final Report draws attention to new approaches for Rebuilding Lives, numerous strategies in various stages of implementation will be continued and enhanced. The following should be viewed as essential priorities to realizing the mission of ending homelessness.

Access - Community resources are available to prevent homelessness
• Implement the Stable Families Pilot to decrease family homelessness and prevent school mobility among homeless children.
• Continue and improve Resource Specialist and Resource Center services provided in shelters.

Crisis Response - Prevent and resolve housing crises as quickly as possible
• Continue using the YWCA Family Center as a single point of access, triage, and diversion for the family shelter system.
• Limit adult shelter capacity to the smallest appropriate level.

Transition - Guide exits from homelessness to stable housing
• Continue to provide direct housing through the Family Housing Collaborative.
• Continue to provide direct client assistance through the Transition Program.

Moving Forward

The success of Rebuilding Lives rests on the commitment and collaboration of many non-profit organizations in Franklin County. Nearly 30 "key collaborators" will be involved in moving the plan forward.

The **Rebuilding Lives Funder Collaborative** will provide stewardship and oversight for the next phase of Rebuilding Lives. The **Community Shelter Board** will provide leadership to achieve the goals and strategies for the overall plan. **Provider agencies**, the cornerstone of success for the original Rebuilding Lives plan, will be called on to meet the challenges posed by new programs.

Streamlining the system

The current system requires providers to engage with three separate but related local entities in order to receive funding, one of which is the Community Shelter Board. Each group has its own administrative requirements and procedures, resulting in a complex and cumbersome process for partner agencies and funders who want to develop and operate programs. The plan recommends streamling and unifying the funding process.

Implementing Rebuilding Lives

The Rebuilding Lives Report features a chronological overview of planning, implementation, and evaluation steps for each new strategy using a four-year time frame. Although no strategy will be "finished" during that time, implementation will be well underway. A Community Report Card will be issued each year to inform Franklin County residents of progress, challenges, and results.

You can get us there

The new Rebuilding Lives blueprint is bold yet realistic. It is designed to improve access to community re-sources to prevent homelessness; respond to short-term housing emergencies; help families and individuals transition from homelessness to stable housing and independent living; and, advocate for adequate afford-able and supportive housing. All 11 strategies recommended in this Report are tied to specific results to which the Community Shelter Board and homeless-serving agencies will be accountable as good stewards of public funding and private philanthropy.

Nearly 10 years ago, community leaders welcomed the introduction of Rebuilding Lives with remarkable financial and political support. We urge you to formally endorse and invest in the new Rebuilding Lives plan as a demonstration of your organization's compassion toward those in this community who need a place to live and the stability to set their lives in new and better directions.

CALL TO ACTION

"Preventing homelessness is a major focus of Rebuilding Lives. The entire community must work together to help our neighbors maintain income and family stability so they don't become homeless in the first place."

Elfi DiBella

Chair, Steering Committee,

Rebuilding Lives

Updated Strategy

Introduction and Charge to the Rebuilding Lives Updated Strategy Steering Committee

Since 1986, the Community Shelter Board (CSB) has served the Columbus and Franklin County, Ohio community as an umbrella organization responsible for the development and implementation of strategies that decrease homelessness and increase the placement of homeless persons into permanent housing in our community. CSB carries out these responsibilities through collaborations, innovative solutions, and investments in quality programs.

As a small, self-directed non-profit organization, CSB can react quickly to a changing environment and is nationally recognized for its approach to ending homelessness. CSB receives support from the City of Columbus, the Franklin County Board of Commissioners, the United Way of Central Ohio, the U.S. Department of Housing and Urban Development, the State of Ohio, The Columbus Foundation and other public and private donors.

In 1999, CSB launched the Rebuilding Lives plan to replace a patchwork system of emergency shelters and services with a coordinated, community-wide approach that integrates short and long-term strategies to reduce homelessness. In 2006, in its seventh year of implementation, Rebuilding Lives had reached a critical juncture where decisions needed to be made regarding its future focus and sustainability. CSB was charged by the City of Columbus, Franklin County Commissioners, and United Way of Central Ohio with devising the Rebuilding Lives Updated Strategy (RLUS). The RLUS has taken a comprehensive research and resources inventory of the current Rebuilding Lives plan as well as the family system. Results of this assessment were used to develop an updated plan to address the needs of homeless families, children and adults. This plan will help our community to connect homeless adults and families to housing and services they need to break the cycle of homelessness.

Designing an updated plan included in-depth examination of:

- environmental assumptions upon which Rebuilding Lives operates;
- lessons learned from implementing Rebuilding Lives;
- programs, policies, and systems that have resulted from the original plan;
- how the plan's implementation has served persons experiencing homelessness in Franklin County; *and*
- best practices from across the country.

A Steering Committee of key community leaders and experts in homelessness, healthcare, and social services was organized to guide the process and make decisions about the future direction of the homeless service system. CSB wanted to develop a collaborative decision-making process with input and expertise from a variety of individuals and stakeholders interested and invested in Rebuilding Lives.

The Community Shelter Board organized a team of consultants to help inform the work of the Steering Committee and to gather the information needed to evaluate the system and create the community plan.

CHARGE TO COMMUNITY SHELTER BOARD

"While we can look back to our progress with pride, we realize that our work is far from finished… nor will it be until we can achieve the vision that no one should be homeless, even for one night, in Columbus…"

Therefore, the City of Columbus, Franklin County Commissioners, and the United Way of Central Ohio formally charge the Community Shelter Board to lead *Rebuilding Lives: An Updated Strategy to House Homeless Families and Adults.*"

September 15, 2006
Charge Letter

Steering Committee Members

Elfi Di Bella, Chair	*Huntington Bank, CSB Trustee*
Owen Bair	*CSB Citizens Advisory Council*
Jack Brown	*U S Department of Housing and Urban Development*
Patricia Cash	*National City, CSB Trustee*
Denise Cornett	*CSB Citizens Advisory Council*
Lisa Courtice	*The Columbus Foundation*
Cynthia Flaherty	*Affordable Housing Trust of Columbus & Franklin County*
Doug Garver	*Ohio Housing Finance Agency, Interagency Council on Homelessness & Affordable Housing (ICHAH)*
William Graves	*Ohio Department of Development/ICHAH*
Dennis Guest	*Columbus Metropolitan Housing Authority*
Ruben Castilla Herrera	*Herrera & Associates*
Terri Donlin Huesman	*Osteopathic Heritage Foundation*
Erika Clark Jones	*Columbus Mayor's Office*
Susan Lewis Kaylor	*ADAMH Board of Franklin County*
Mary Lou Langenhop	*CSB Trustee*
Douglas Lumpkin	*Franklin County Board of Commissioners*
Regina Mitchell Lurry	*Africentric Personal Development Shop, Huckleberry House*
Joe McKinley	*United Way of Central Ohio*
Edward Menge	*Columbus State Community College, Southeast Inc.*
Timothy Miller	*CSB trustee, Crane Group*
Debra Plousha Moore	*OhioHealth, CSB Trustee*
E. Hiba Nasser	*Muslim Family Services*
Mark Rutkus	*Columbus City Council*
Alicia D. Smith	*Health Management Associates, Community Housing Network*
Donald Strasser	*Columbus Coalition for the Homeless*
Melinda Swan	*Member at Large*
Jim Sweeney	*Franklinton Development Association*
Jan Wagner	*Columbus State Community College, Homeless Families Foundation*
Tiffany White	*St. Mary's neighborhood resident*
Kalpana Yalamanchili	*Ohio State Bar Association, YWCA Columbus*

Table 1: Steering Committee Members

Stakeholder Briefings

Throughout the planning process, in order to gain insight from groups with significant interest and investment in the Rebuilding Lives Updated Strategy, CSB made presentations about the work of the Steering Committee and heard comments and feedback from participants. Stakeholder briefings were made to the following organizations and groups:

- United Way Housing Vision Council / Impact Council
- Continuum of Care Steering Committee
- Rebuilding Lives Funder Collaborative
- CSB Board of Trustees
- CSB Citizen's Advisory Council
- Columbus Coalition for the Homeless
- CSB / Partner Agency Board to Board Meeting
- Philanthropy Group – major corporate donors and community foundations

The Planning Process

Steering Committee Meetings

The Steering Committee set a meeting schedule to review information as it was gathered, discuss programs and findings, make recommendations, and oversee the planning process. The Steering Committee met 8 times between the early summer of 2006 and the end of 2007. A final meeting occurred on January 31, 2008 to review and approve the final plan.

All the meetings were open to the general public, and many people from the homeless service system and other social service systems attended. All participants were free to share their opinions, ask questions, and make suggestions for further inquiry. While only Steering Committee members could formally vote, significant community input was gathered at each meeting and at each step along the way.

Steering Committee Meeting Schedule

Meeting Date	Topics		
June 26, 2006	Background Experiencing the Shelter Environment		
September 13, 2006	Background Experiencing the Supportive Housing Environment		
December 6, 2006	Values/Principles		
February 13, 2007	Footprint for the Plan		
May 8, 2007	Our History Assessing our SWOT		
June 25, 2007	Exploring Current & New Strategies		
September 25, 2007	Research Conclusions & Recommendations		
November 15, 2007	Draft Recommendations • Strategies • Investment Options	• Costs • Implementation Timetable	
January 31, 2008	Final Plan Deliberation & Approval		

Table 2: Steering Committee Meeting Schedule

Discussion Groups and Tours

CSB hosted a series of six Discussion Groups focusing on distinct issues and practices in September and November of 2006. The groups were designed as a means for Steering Committee members to delve deeper into topics that did not lend themselves to full discussion in the scheduled Steering Committee meetings. Members toured provider agencies and participated in discussions about homeless programs, services, and issues related to the Rebuilding Lives Plan. Goals of the discussion groups and tours were to:

• Further develop the awareness, knowledge and familiarity of the Steering Committee members with programs and services for homeless families and individuals to ensure informed decisions.

• Explore best practices in our community and elsewhere to provide examples of effective approaches to resolving homelessness.

• Foster discussion between Steering Committee members about specific successes and challenges occurring in different parts of the system.

Of the 29 Steering Committee members, 17 attended one or more discussion groups. Committee members toured several homeless encampments, Maryhaven Engagement Center, Community Housing Network supportive housing, Salvation Army Family Housing Collaborative, Amethyst Permanent Supportive Housing for Families, and Huckleberry House Youth Shelter. Overall, the Discussion Groups and Tours were successful in helping participants increase their understanding of the topics.

Adrienne Corbett (r), Executive Director of Homeless Families Foundation gives a tour to Ben Robinson, Lutheran Social Services, Tim Miller, CSB Board, and Barbara Poppe, CSB Executive Director

Vision, Values, and Characteristics

The Steering Committee arrived at the following guiding statements to frame the work of the RLUS process:

Vision

The vision of the Rebuilding Lives Updated Strategy is to work with the community in ending homelessness for our community.

Mission

The purpose of the Rebuilding Lives Updated Strategy is to organize a collaborative system of quality services, shelters, and housing that helps people avoid homelessness and gain stable housing.

Desired Characteristics

The Rebuilding Lives Updated Strategy will create a system that is:

- *Easily accessible* for eligible targeted populations.
- *Client-centered* - built around the assets and needs of the client, as defined by clients & providers
- *Flexible* enough to change with the changing assets and needs of the clients.
- Makes it possible for the clients to *transition* to greater independence and wellness

"The question for me is not just about the threshold for providing services or the outcomes. We must have a commitment of providing quality at every level - the individual level, the client level, the organization level, and the system level.

*"Hot Topics" meeting participant
June 18, 2007*

Community Need and Footprint for Service

The Steering Committee discussed community need data and looked at statistics from the homeless service system, other service systems, census data, housing studies, and employment statistics to determine the extent of the homeless service system's responsibility to serve. The following risk groups were considered.

- On The Street – Homeless persons living either in shelter, on the street, or other places not meant for human habitation.
- Evicted Tomorrow – Persons who will be evicted by order of the Franklin County Municipal Court.
- Doubled Up - At Risk – Persons living in housing units that are over-crowded who would otherwise be homeless and who are not there by choice.
- Institutions – Persons leaving state prison, county jail, state psychiatric hospitals, etc. without a home in the community.
- Doubled Up - By Choice - Persons living in housing units that are overcrowded due to economic reasons.
- Living in Own Apartment, Rent More than 30% of Income; or Employed at Risk of Job Loss – Persons who earn less than 30% of the Area Median Income and spend more than 30% of their monthly income on housing; also includes persons at risk of losing their jobs.

A process evaluation of the implementation of the original Rebuilding Lives plan was considered by the Steering Committee. This evaluation included a wealth of information and feedback from community members and key constituents about the responsibilities of the system. Research results were also reviewed and considered, along with presentations from shelter system staff members and other relevant research.

Community need risk groups are represented in the diagram below, with the most critical need risk groups being closer to the center of the circle. The Steering Committee determined that the system cannot serve every risk group or need related to housing that exists in the community. The system has limited resources and should focus on serving people with the most critical needs for housing and services to either prevent or end homelessness.

The Committee placed votes to recommend the appropriate "footprint for service" or risk groups that the homeless service system should serve. The Steering Committee determined that the footprint for the homeless service system should include persons who are:

- On the street;
- Evicted tomorrow;
- Doubled-up and at imminent risk of homelessness;
- Returning from institutions to the community without housing.

The Steering Committee decided that other systems of care are more appropriate to serve people who are in lesser risk categories, including those who are:

- Doubled-up by choice (sharing an apartment or home by agreement);
- Living in own apartment, paying more than 30% of income for rent, or at risk of losing job.

People in these risk groups clearly have personal and economic needs, but are more likely to benefit from services offered by other systems to improve education, income or employment, and other supports.
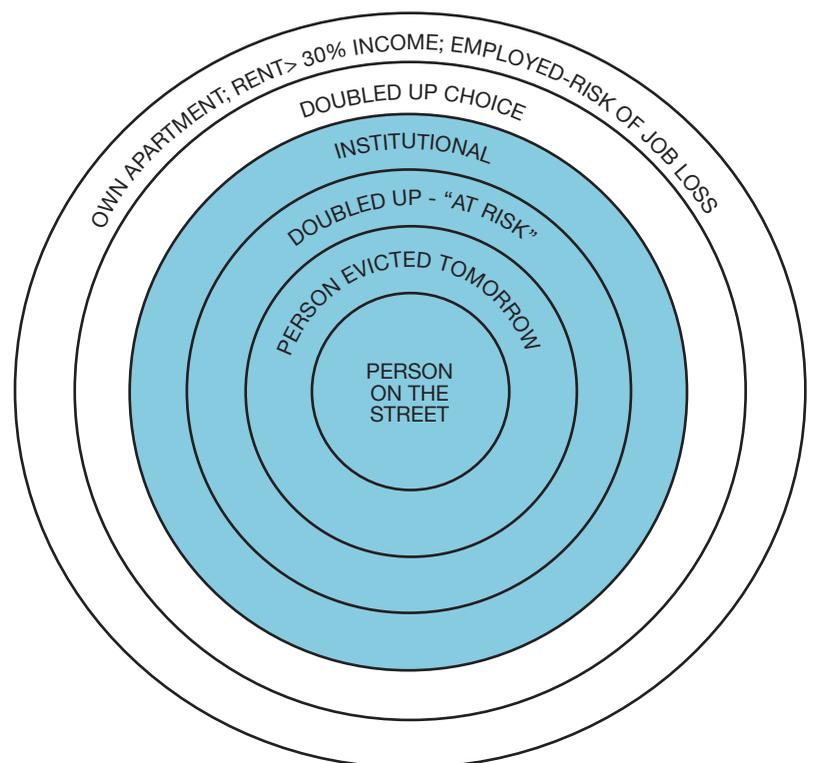
Figure 1: Footprint for Service
The homeless service system should serve people from the "Institutional" group inward to persons "on the street" or in shelters

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Developing Ideas and Strategies

The Rebuilding Lives Updated Strategy Steering Committee discussed ideas to improve and further develop the proposed system. In September of 2007, after six formal meetings, six discussion groups, three "Hot Topics" meetings, and numerous presentations, the Steering Committee and Research Team met to review research findings and generate ideas to improve the homeless service system. A total of 84 ideas were generated in an open forum and discussed in both small and large group formats.

The Steering Committee prioritized all of the ideas into a subset of 18 ideas for further consideration. The prioritized list of ideas were then reviewed and discussed by key constituent groups in the community, including provider agency boards and directors, the Rebuilding Lives Funder Collaborative, the Citizen's Advisory Council, and major philanthropic organizations. After input and discussion at a public forum, the Steering Committee deliberated further and agreed on 17 strategies, which included 6 ongoing and 11 new strategies, to form the basis of the updated Rebuilding Lives Plan. The Plan, as described in Chapter 4 of this report, was organized into four goal areas:

Access - Community resources are available to prevent or end homelessness;
Crisis Response - Prevent and resolve housing crises as quickly as possible;
Transition - Guide exits from homelessness to stable housing;
Advocacy - Leverage public policy to work toward ending homelessness.

The complete list of ideas generated for consideration and strategy development is presented in Appendix C.

Overview

This chapter summarizes the research findings from the evaluation of the homeless service system from 1998 through 2006. Tremendous progress was revealed as well as opportunities for improvement. All research reports are included in the Appendix.

Emergency Shelters

Programs, facilities, and results improved over the study period. The family system works better than the adult system in linking households to resources to avoid homelessness and to place quickly in housing.
• The adult system should be re-designed to include a central point of contact
• More efforts need to be focused on preventing homelessness
• Increase access and timeliness to receipt of benefits and income
• Rapid re-housing should occur more frequently

Homeless outreach

Services to homeless people living outdoors are currently provided by multiple programs in a "scatter shot" approach with limited emphasis on housing placement.
• Develop collaborative service delivery system
• Increase access and timeliness to receipt of benefits and income
• Rapid re-housing should occur more frequently

Permanent Supportive Housing

Rebuilding Lives significantly increased the supply of permanent supportive housing and offers a variety of service and housing models. Rebuilding Lives housing programs have been shown to decrease shelter use for residents and increase the amount of income and support residents receive from employment, mainstream benefits, and community-based programs. Seventy percent of Rebuilding Lives tenants successfully retained housing over the five year study period.
• Develop more supportive housing
• Create user friendly access and centralize admissions
• Encourage greater self-reliance and move-up to more independent housing

Final thoughts

• Effective advocacy will be necessary to secure adequate resources to implement the recommendations.
• Fundamental to the long-term success of efforts to reduce and ultimately end homelessness, all people must be able to obtain sufficient income (jobs and disability benefits), quality education, transportation and health care.
• Organizations must be successful at collaborating within the Rebuilding Lives system of care as well as externally. Effective partnership with all of the major service systems, including healthcare, mental health and recovery services, criminal justice, public welfare, and child welfare systems will be critical.

Research Approach

Research Questions

Research was conducted to understand the people who experience homelessness, the programs that serve them, and the trends that might influence system re-design. The following research questions were posed:

- How many families and individuals become homeless each year? What are their characteristics? Have the number of people using homeless services changed over time? Have their characteristics changed?

- What programs and services are available to serve homeless families and individuals? What is the capacity of programs and how has it changed over time? What approaches are used by homeless service programs? What programs have been successful?

- What trends emerge from looking at homeless families, individuals, and programs? Can these trends be explained using available data?

Research Components

The research process included the following activities and components:

Community Research Partners (CRP) conducted a process evaluation of the initial Rebuilding Lives plan to describe and assess the events, activities, and processes of implementing Rebuilding Lives. The report entitled Rebuilding Lives: A Description of Implementation Processes, Successes, and Challenges, and Recommendations for the Future collected data from documents, key informant interviews, focus groups, social and demographic indicator data and program data.

The Center for Urban Community Services (CUCS), a national technical assistance organization, conducted research to describe the current system of delivering homeless services in Columbus and Franklin County. Homeless outreach programs, shelter programs, and supportive housing programs were considered. Researchers interviewed agency staff members and reviewed records to determine the size, capacity, and cost of each program. Reports were prepared to describe each system and show how the structure of the homeless service system has changed from the beginning of the Rebuilding Lives Plan in 1998 to 2006.

Researchers Dr. Steve Metraux from the **University of Science in Philadelphia** and Dr. Dennis Culhane from the **University of Pennsylvania** analyzed client level data on the prevalence and characteristics of homeless families and individuals served by homeless programs. The researchers analyzed data from the local Homeless Management Information System (HMIS) to determine trends from 1998 to 2006. For shelter programs, the researchers analyzed the average daily census of shelter programs, annual prevalence counts, length of homeless episodes, and cluster analyses grouping persons and families by stay patterns. Youth and domestic violence shelters (which do not participate in HMIS) were also analyzed to understand client profiles and the extent to which there is homeless shelter overlap. Data provided by the two largest outreach providers was also analyzed to understand the prevalence and characteristics of homeless persons served by outreach. For supportive housing programs, the researchers looked at tenants, their characteristics, length of stay, and destination upon exiting the program.

Columbus Metropolitan Housing Authority's supportive housing programs for homeless households were also analyzed to understand client profiles and the extent to which there is homeless shelter overlap. Interactions between emergency shelter and supportive housing were analyzed to determine the impact of supportive housing on emergency shelter. HMIS data was also matched to administrative data from other service systems (ADAMH Board, Franklin County Children's Services, and Franklin County Department of Job and Family Services) to assess the extent to which these systems also serve homeless individuals and families. The cost and utilization of ADAMH services before and after shelter and supportive housing was also studied.

Who experiences homelessness?

More than 7,000 men, women and children experience homelessness each year.

Homeless single adults are most frequently male and trending older.

The median age increased from 38.0 to 42.6 and 36.0 to 39.2, respectively for men and women. Sixty percent of men and 38% of women were black. 20% of men and 3.5% of women were identified as Veterans.

Homeless single adults are extremely poor and frequently cite loss of income and substance abuse factors precipitating homelessness.

Chart 1: Annual Prevalence of Sheltered Homeless Persons, 1998 v. 2005

The average income reported in the month prior to shelter admission was around $200. Two of three reported receiving no income. About 15% of men and 10% of women reported employment income. The most commonly cited reasons were loss of income (30% for males and 25% for females) and substance abuse, with about one-third of all respondents listing this.

Loss of income is the predominant reason for family homelessness and families are becoming poorer over time.

Over half of homeless families cited loss of income as precipitator of homelessness with one third citing family and relationship problems. Less frequently cited reasons were substandard housing (10%), relocation (10%), and fleeing abuse (8%). Average monthly incomes are extremely low and have dropped from $429 in 2003 to $301 in 2005.

Homeless Services System of Care

The homeless services system in Columbus and Franklin County is organized around three core areas of service delivery and housing: emergency shelter, outreach, and permanent supportive housing.

> Emergency shelter: short-term emergency housing intended to meet the immediate housing needs of persons who are homeless.

> Outreach services: assistance to access shelter, housing and related services for persons who are homeless.

> Permanent supportive housing: long-term ("not time limited") housing with supportive services for persons who are homeless and disabled.

The Steering Committee was interested in finding out how the homeless services system responds to homelessness in Columbus and Franklin County, how the system changed from 1998 to present, and the service utilization and needs of persons served by the system. The research team examined the characteristics of and resources invested in emergency shelter, outreach and permanent supportive housing, as well as progress and improvements needed. These findings were presented to the Steering Committee by the research team and are summarized below. Key findings are summarized in the form of "Report Cards" with "grades" assigned to highlight progress made and improvements still needed.

Emergency Shelter

Report card

○   Significant progress / Minor improvement needed
●   Some progress / Some improvement needed
◆   No or limited progress / Significant improvement needed

Indicator	Progress since 1998	Current status	Family Shelter Findings
Capacity	○	○	- Capacity to serve families increased 15% from 1998 to 2006, in part due to the new YWCA Family Center.
Utilization	○	○	- The number of families served declined after 1999 and remained flat since 2003. - Families who access shelters were poorer; average income at intake declined by 30% from 2003 to 2005. - There is a seasonal variation in demand.
Diversion to community resources	○	○	- An effective triage and diversion model is in place.
Rapid re-housing	○	●	- Repeat stays are low (10%). - The number of successful housing outcomes increased.
Cost	●	○	- Costs are comparable to adult shelter when family size is considered. - CSB provides 39% of total operating and services funding for shelter programs.
Benefits Acquisition		◆	- Fewer family members received Medicaid, TANF benefits and Food Stamps than expected (nearly all should be eligible).
Child Welfare Involvement		◆	- Family shelter users had very high rates of involvement in FCCS cases (up to 36%). Most involvement occurred and ended prior to the families shelter stay. About one third involved out of home placement. - Among adults accessing family shelter who are under age 30, over half of the women in family shelters had a history of involvement with FCCS when they were children.
ADAMH Services		○	- Very few family members received outpatient mental health or substance abuse services prior to or during shelter use.

Indicator	Progress since 1998	Current status	Single Adult Shelter Findings
Capacity	◐	◐	- Capacity to serve single women increased 27% from 1998 to 2006, while capacity for men's shelter decreased by 4% over the period. - Between 1998 and 2006, the men's shelter system was reconfigured, and the Maryhaven Engagement Center opened. - There is better geographic dispersion of shelters.
Utilization	◐	●	- Although demand for men's shelter remained flat after 2003, demand for women's shelter is increasing steadily and significantly. - Demand for men's shelter fluctuates widely by season; women's does not. - Long-term stayers are leaving somewhat more quickly. - The age of men and women shelter users is increasing.
Diversion to community resources	◆	◆	- There is no coordinated system for intake, assessment, diversion, or triage.
Rapid re-housing	●	◆	-Short-term stayers appear to be staying somewhat longer. - Episodic and long-stay men's and women's shelter users consumed more than 60% of shelter days. - Success rates are low for single adults moving to housing.
Cost	●	◐	- Costs per unit vary widely, but they decreased over the study period. Women's shelter costs are higher than men's, which are relatively low. - CSB provides 39% of total operating and services funding for shelter programs.
Benefits Acquisition		◆	- 35% of shelter users received food stamps. Virtually all should be eligible. - One in ten adult shelter users received Medicaid (national studies indicate that over 20% are likely to have a disability).
Child Welfare Involvement		◆	- More than one in four of all single female shelter users had involvement with children's services either before or after shelter use. Male shelter users are significantly less likely to have involvement. - Among shelter users under age 30, nearly one half of women and one fourth of men have a history of involvement with FCCS when they were children
ADAMH Services		◆	- Very few family members received outpatient mental health or substance abuse services prior to or during shelter use.

Table 3: Report Card for Emegency Shelter

How is emergency shelter organized to respond to homelessness?

The emergency shelter system is organized by shelter type. These include family shelters, single adult shelters, a domestic violence shelter, and a youth shelter. As of 2006, there were 663 units available for homeless families and adults in Columbus and Franklin County. This includes 120 family units, 417 units for single men, 97 units for single women, 13 units for single women and families fleeing domestic violence, and 16 units for homeless youth (see Table 3.1).

Family Shelters – The shelter system for families is comprised of 120 units of shelter for families with children and centers on a "front-door" approach to shelter admission, with a single shelter — the YWCA Family Center — managing all initial requests for shelter, including provision of immediate emergency shelter when safe, alternative housing is not available. A critical component of the family shelter system is a "Housing First" approach to assessment and referral to the next stage of housing, with a focus on quickly moving families to housing and ensuring that appropriate supports are in place to ensure long-term housing stability. Tier II shelters operated by the Homeless Families Foundation and the Volunteers of America serve families who cannot be quickly re-housed in permanent or transitional housing due to various barriers. On a year round basis, the family shelter system implements an overflow plan to assure that no family seeking shelter is turned away. In addition, there are 7 more units for families fleeing domestic violence, operated by CHOICES.

For families exiting to permanent or transitional housing, financial assistance for the first month's rent, security deposit and/or utilities is available through the Transition Program administered by the CSB. Families who need transitional supports are referred to the Family Housing Collaborative (FHC) for housing placement assistance, including financial assistance and in-home transitional services once housed.

Single Adult Shelters – Emergency shelter for single adults is comprised of four men's shelter programs, two women's shelter programs, and a shelter program for inebriated men and women who are homeless. Together, these programs include a normal - or non-overflow capacity - of 417 beds for men and 97 beds for women (see Table 3.1). In addition, there are 6 more units for women fleeing domestic violence, operated by CHOICES. Each shelter operates independently as a "front door" – meaning that clients can arrive at any shelter and receive shelter if appropriate and space is available.

From November to March the adult shelter system implements an overflow plan to assure that no individual seeking shelter is turned away during colder months. During warmer months, the adult shelter system has a fixed capacity. For both men's and women's shelter, non-overflow shelter capacity is typically sufficient to meet demand in warmer months.

Resource specialists at each shelter provide individualized assistance for clients seeking employment and housing, as well as support for clients utilizing Resource Centers located at each shelter. For clients exiting to permanent or transitional housing, financial assistance for the first month's rent, a security deposit and/or any utilities is available through the Transition Program, administered by CSB.

Domestic Violence and Youth Shelters – Emergency shelter for persons leaving domestic violence is provided by CHOICES, while shelter for homeless and runaway youth is provided by Huckleberry House. Both CHOICES and Huckleberry House provide support services intended to help re-house and stabilize individuals and families.

A unit is comprised of two or more beds for family members.

Primary Agency	Program	Total Units	Family Units2	Single Male	Single Female	Youth
Choices	Domestic Violence Shelter	13	7	0	6	0
Southeast-Friends of the Homeless	Men's Shelter	130	0	130	0	0
Southeast-Friends of the Homeless	Rebecca's Place	47	0	0	47	0
Homeless Families Foundation	Family Shelter	46	46	0	0	0
Huckleberry House	Youth Shelter	16	0	0	0	16
Lutheran Social Services-Faith Mission	Faith Mission on 6th Street	110	0	110	0	0
Lutheran Social Services-Faith Mission	Faith Mission on 8th Avenue	95	0	95	0	0
Lutheran Social Services-Faith Mission	Nancy's Place	42	0	0	42	0
Maryhaven	Engagement Center	50	0	42	8	0
Volunteers of America	Family Shelter	24	24	0	0	0
Volunteers of America	Men's Shelter	40	0	40	0	0
YWCA	Family Center	50	50	0	0	0
TOTAL		**663**	**127**	**417**	**103**	**16**

Table 4: The Emergency Shelter System, 2006

How has the emergency shelter system changed since 1998?

Emergency shelter system capacity remained relatively stable from 1998 to 2006. There was a modest increase in total shelter capacity of 4%, from 636 households in 1998 to 663 shelter units in 2006. Growth in units serving youth (33%), single women (27%), and families (15%) outpaced growth in the system as a whole. Capacity to serve men fell by 4% during the study period. Twelve programs were operating both in 1998 as well as 2006. There were a total of 15 emergency shelter programs that operated during this period, ranging in size from 5 to 132 units.

Emergency Shelter Capacity

	1998	1999	2000	2001	2002	2003	2004	2005	2006
Families	110	117	117	122	121	114	117	127	127
Males	433	422	422	517	524	512	512	417	417
Females	81	86	86	89	91	91	103	103	103
Youth	12	12	12	12	12	16	16	16	16
Totals	**636**	**637**	**637**	**740**	**748**	**733**	**748**	**663**	**663**
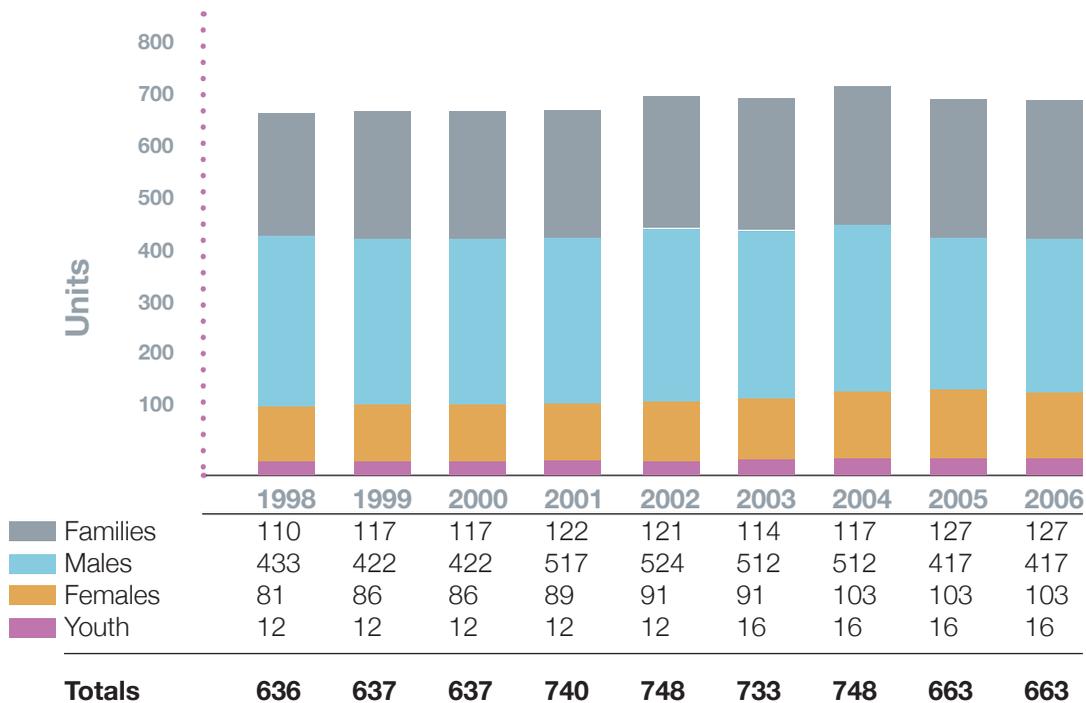
Chart 2: The Emergency Shelter System, 2006

Key changes that occurred from 1998 to 2006:

New shelter facilities for homeless families - CSB worked with the YWCA to create the new YWCA Family Center which replaced the Interfaith Hospitality Network, and to expand the family shelter operated by the Homeless Families Foundation in the wake of the closing of the Catholic Social Services Barbara Bonner Family Shelter.

Single point of entry shelter system for families - The family system was re-organized to provide a single point of entry to shelter that is staffed 24/7 on a year round basis.

New shelter facilities for homeless men - Lutheran Social Services opened Faith Mission on 8th Avenue in 2001 to replace shelter services at the Open Shelter in Franklinton. Volunteers of America opened a new shelter on Harmon Avenue to replace its former facility on the Scioto Peninsula.

More effective access to alcohol and drug treatment services - The Engagement Center at Maryhaven, a program for publicly inebriated homeless adults opened in 2000 and moved into a new permanent facility in 2001. The program has increased access to detoxification and treatment for homeless men and women with chronic substance abuse disorders.

Better linkage to housing and employment - All CSB-affiliated shelters provide Resource Center services to meet the employment and housing search needs of their clients. These centers also provide linkage to other community services, internet and computer access, telephone and voice-mail services, and transportation assistance.

Higher quality shelter programs – Program certification standards were developed, which included the requirement of having Good Neighbor Agreements in place. All CSB-funded emergency shelters adhere to these standards.

Geographic Dispersion of Shelters

A goal of the initial Rebuilding Lives plan was to de-concentrate shelters for a single neighborhood to better meet community needs. To understand how the geographic dispersion of shelters changed over time, researchers created a comprehensive inventory of shelter programs and then plotted facility locations using mapping software (see Charts 3 and 4) in order to show how shelter location, composition, and capacity have changed from 1998 to 2006.
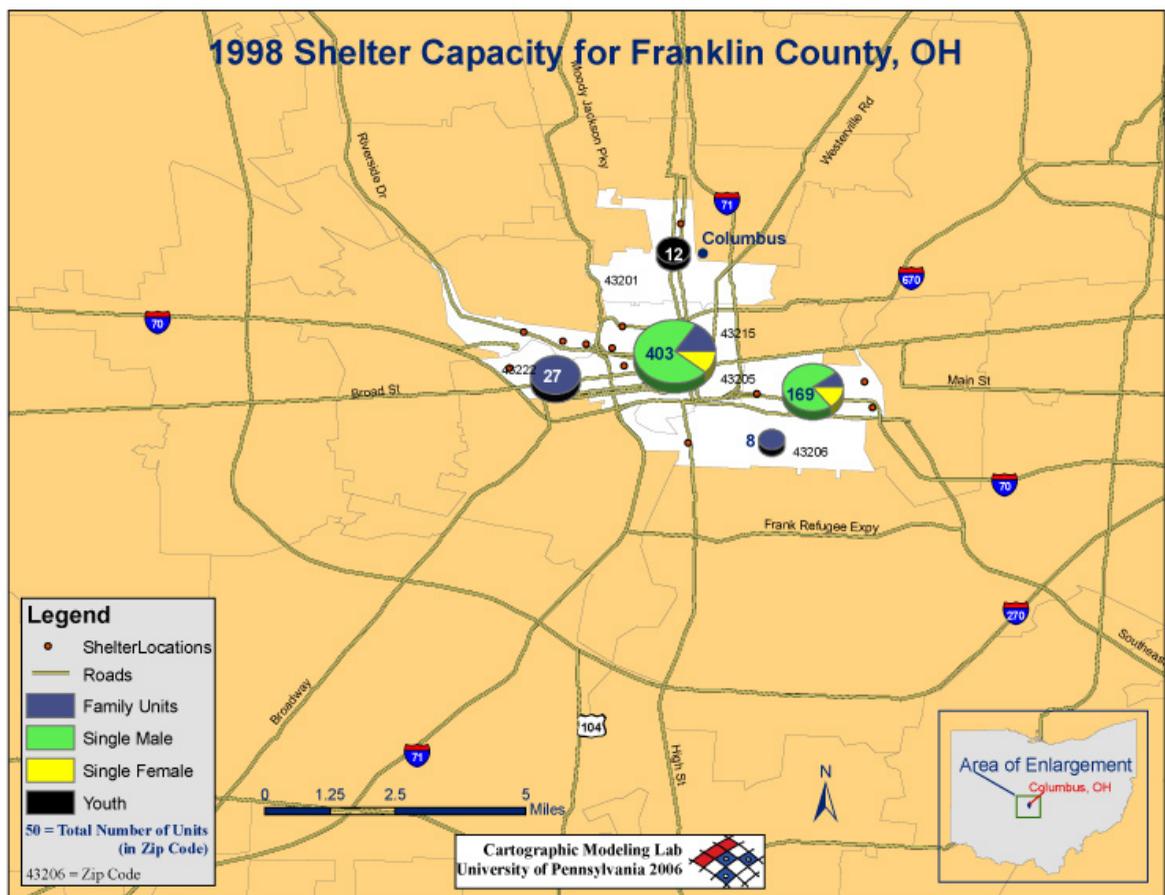
Chart 3: Emergency Shelter Geographic Distribution and Capacity in 1998
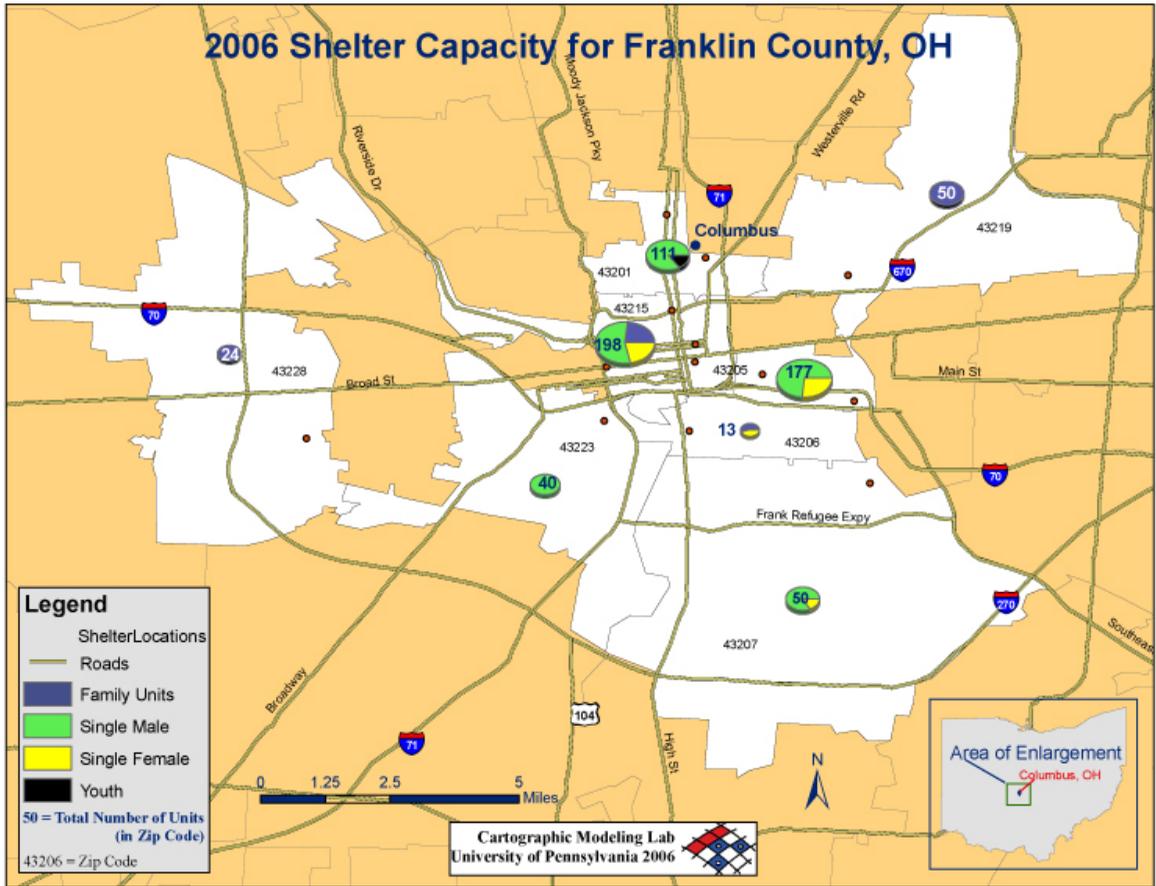
Chart 4: Emergency Shelter Geographic Distribution and Capacity in 2006

Key findings from Charts 3 and 4:
- At the outset of the study period, shelter programs were much more concentrated in downtown Columbus in zip code 43215 (63%).
- By 2006, units were more evenly distributed across the community with 70% of shelter units located in other zip codes.
- Stakeholders perceive the changes as positive.

Demand for Shelter and Average Daily Census

Researchers used system data to calculate system Average Daily Census (ADC) in order to examine trends in the demand for shelter – whether the system is growing or declining based on numbers of persons utilizing the system. ADC is a basic measure of shelter services provided by the homeless system. It defines the size of the system, as well as the size of the sheltered homeless population over a series of specific points in time. Researchers examined the ADC from 1996 through 2006 (see Figures 1 and 2) for single adult households, both men and women, and family households.

Average Daily Census (ADC) for Single Adult Households, Columbus 1996-2006
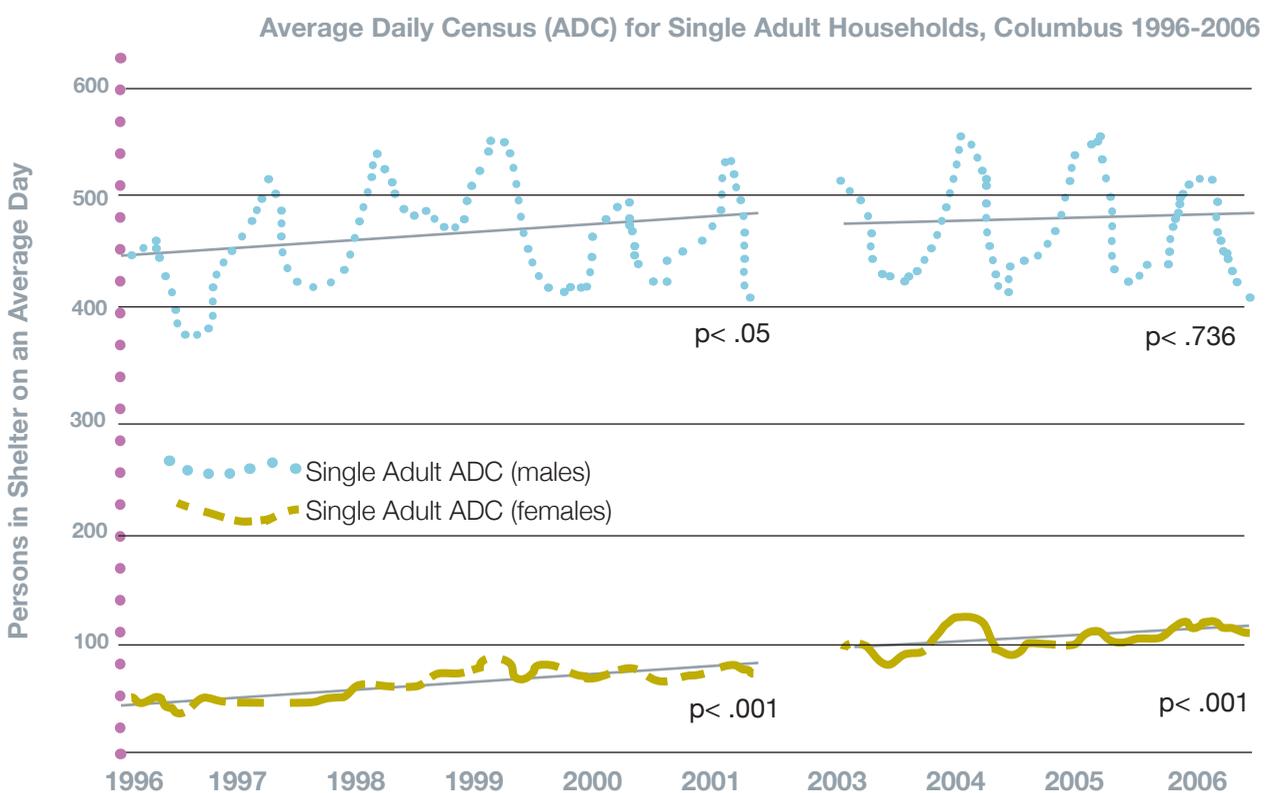
Chart 5: Average Daily Census (ADC) for Single Adult Households, Columbus 1996-2006

Note: There is a gap in data for the 20-month period between May 2001 and January 2003 due to a change in data base systems.

Key findings from Chart 5:
• Demand for shelter by single adult men increased from 1996 to 2001, then flattened out from 2003 to 2006.
• Shelter utilization by single adult men fluctuates significantly due to seasonal increases and decreases in demand for shelter.
• Demand for shelter by single adult women has been increasing steadily and significantly.
• Shelter utilization by single women is substantially smaller than men with much less seasonal variation.

Average Daily Census for Family Households, Columbus 1996-2006

p< .095

p< .001
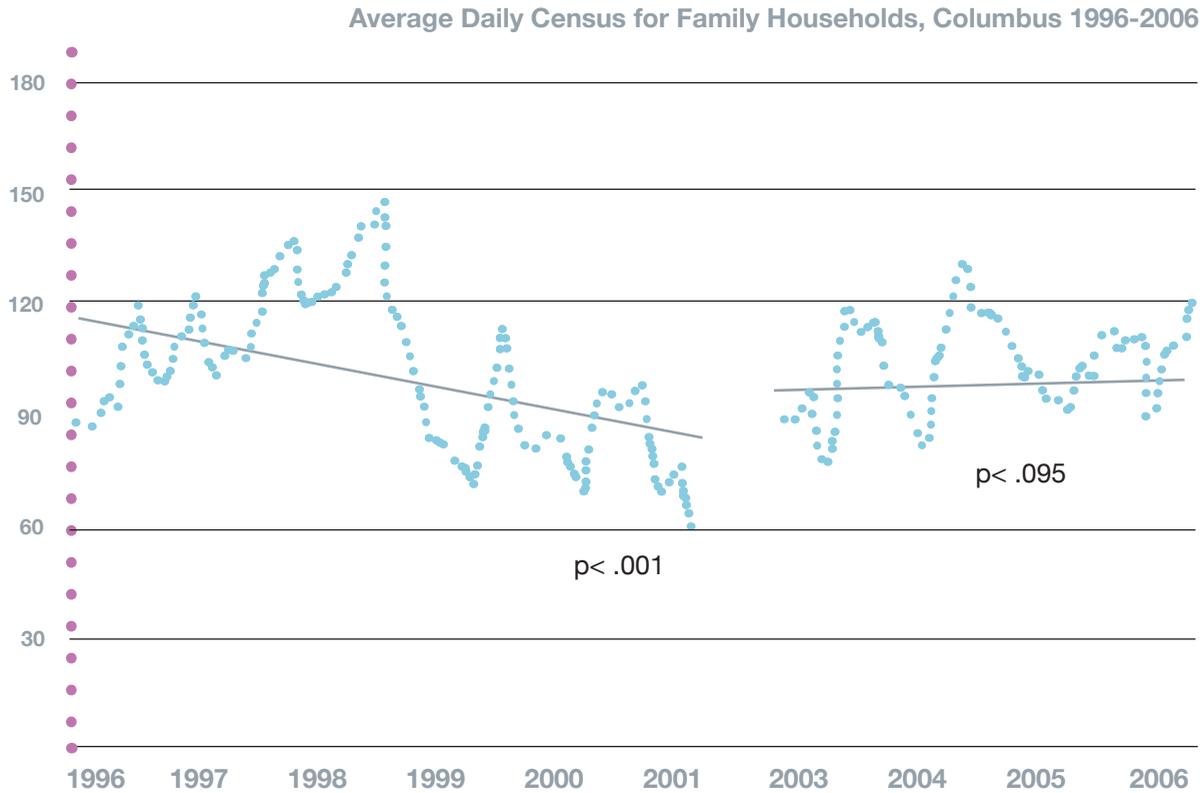
Chart 6: Average Daily Census (ADC) for Family Households, Columbus 1996-2006

Note: There is a gap in data for the 20-month period between May 2001 and January 2003 due to a change in database systems.

Key findings from Chart 6:
- A significant decline in average daily census (ADC) for families occurred in 1999 to 2001 resulting from the adoption of a "front door" model for the family shelter system and more families being diverted from shelter to other housing options.
- Demand for shelter by families has been relatively flat from 2003 to 2006.
- There is seasonal fluctuation in ADC for families.

Cost of Shelter

Cost data on shelter programs was examined to better understand how the cost of shelter has changed over time (see Charts 7 and 8). The analysis looked at unit costs in 1998 and 2006 on both an annual and daily basis.

Emergency Shelter Annual Cost per unit - Males, Females, Families
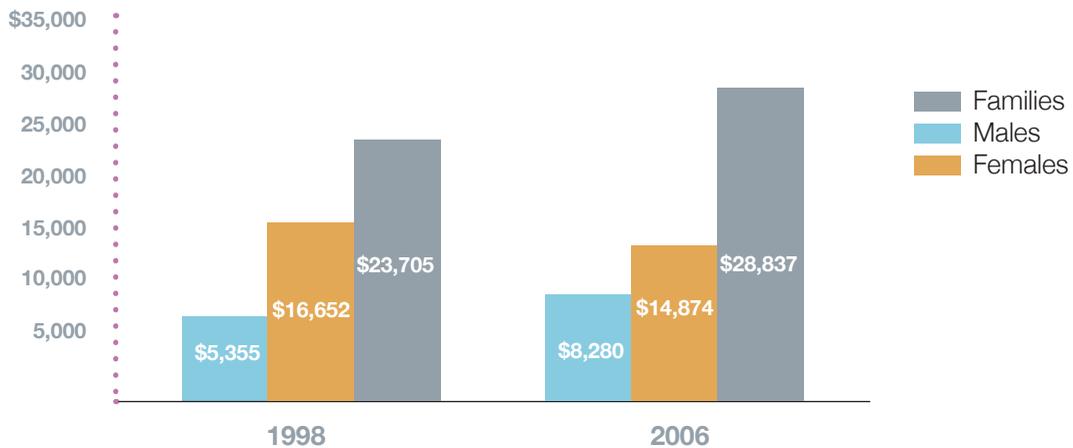
Chart 7: Cost for Emergency Shelter: Annual

Note: Excludes Youth Shelter, which is undesignated by gender.

Emergency Shelter Daily Cost per unit - Males, Females, Families
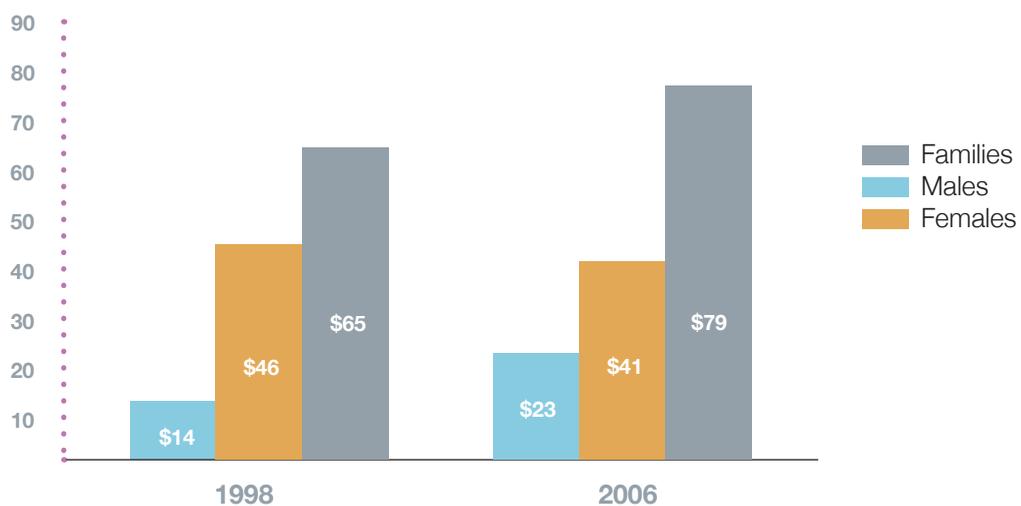
Chart 8: Cost for Emergency Shelter: Daily

Note: Excludes Youth Shelter, which is undesignated by gender.

Key findings from Charts 8 and 9:

- The cost of shelter for single men and families has been increasing over time on an annual cost per unit basis.
- Costs actually decreased for single women from 1998 to 2006.
- Variance in cost per unit among shelters was great. In 2006, the highest cost per unit was $55,385 per year for the youth shelter ($152 per day) and the lowest cost per unit was $4,945 per year ($14 per day) for a men's shelter.
- Programs serving single women had a significantly higher (53%) average cost per unit than those serving men ($10,640 vs. $6,940 per year in 2006).
- The average cost per unit for families was $26,995 per year in 2006 ($74 day), although this cost is relatively consistent with single adult shelters when family size is taken into account.

What are the results and outcomes?

Researchers analyzed client data to understand how the shelter system impacted single adults and families since 1998. Key findings:

Shelter Admissions – Improved and more effective shelter services have resulted in a decrease in shelter admissions from a high of 9,414 people in 1997 to 7,569 in 2005. Most of this decrease is a result of improvements to the family shelter system with a single point of entry and more effective assessment, triage, and diversion services in place.

Housing Outcomes – The rate of positive housing outcomes has steadily increased, especially for families. Positive housing outcomes are characterized by a shelter stay that ends with an exit to a living situation that is considered successful or stable – meaning that the individual or family moved to their own place. This may include permanent supportive and transitional housing programs.

- Family shelters improved housing outcomes to 54.4% by 2006.
- Single adult housing outcomes also improved. From 2003 to 2006 the overall rate was 13.9% for men and 19.7% for women.
- However, movement to stable housing remains relatively low for single adults.

Return to Shelter and Multiple Shelter Use - Single adults and families who exit shelter and then return or use multiple shelters before exiting are a concern for the system in that ultimately the goal of shelter is to provide very short-term assistance aimed at quickly ending homelessness.

- Single men and women return to shelter at relatively high rates – 36.4% and 25.9% for males and females, respectively, from average figures over the 2003 to 2006 period.
- For families, repeat shelter episodes are a considerably rarer event, occurring at a 10% rate.
- The large majorities of all types of households only stays in one shelter and then exit the system.
- Multiple shelter use (or "churning") is most frequent among single males, with 26.8% of them staying in at least two shelters during their episode, and is substantially lower among single females (18.4%).
- Among families, 29.2% of the families stayed in more than one shelter during their stay, but most were planned moves from the front-door shelter to Tier II shelter.

Length of Stay in Shelter – The length of homeless episodes have an impact on shelter Average Daily Census (ADC), as the longer people stay in shelter the more the shelter system backs up.

- Family shelter lengths of stay were increasing from 1997 to 1999, then declined dramatically in 2000 with the change to a single point of entry system.
- Lengths of stay for families have begun increasing slightly again, mostly due to a small percentage of long-stay families.
- For single men, the average length of stay has been relatively flat.
- For single women, the length of stay began decreasing in 1998 and has remained flat since 2000.

Income and/or Benefits – Single adult and families who access emergency are overwhelmingly poor.

- Average family household income has decreased significantly over the study period. The average income at intake to shelter for families dropped from $429 in 2003 to $301 in 2005. This drop is partly explained by higher proportions of families coming into shelter reporting zero income (41.8% and 55.6% reporting no income in 2003 and 2005, respectively).
- About 27% of families had income from wages when they left shelters.
- Families increase income while in shelter; however the average family income at exit for families served from 2003 to 2006 remained well below the poverty level at $611 per month.
- For homeless single men and women, the average income reported at intake was around $200.
- Only about 16% of men and 9% of women had income from wages when they left shelters.
- About two-thirds of single adults reported receiving no income at exit. In 2005, this proportion jumped to 75% who reported no income.

What is the overlap with other programs and systems of care?

As part of the project the researchers assessed, for the first time, the overlap between the homeless shelter programs and other shelter programs that serve specific subpopulations of persons who experience homelessness and other mainstream systems of care and the extent to which persons are served by multiple systems. The data-match and analysis was done using HMIS and other system's datasets. Significant research limitations occurred in most of the matches and must be kept in mind when interpreting these results.

What is the overlap with other shelter programs?

Huckleberry House operates an emergency shelter for homeless and runaway youth. The dataset was comprised of 1,281 records of youth who accessed Huck House services between 2005 to mid-2006.

Data-match Key Findings:

- 5.9% of youth that had a Huck House record of stay also accessed adult emergency shelter services at some point.
- No substantial relationship between the youth and the adult shelter stays.
- Minimal cross-over between the shelters.

CHOICES is an emergency shelter for women who have experienced domestic violence. 663 records of women accessing CHOICES services between 2005 and mid-2006 were matched with the adult emergency shelter records.

Data-match Key Findings:

- 34.4% of women served by CHOICES had also a record of stay in the adult emergency shelter system.
- Substantial relationship between the domestic violence and the adult shelter stays, identified by the high percentage of persons entering shelter in a short period of time after their exit from CHOICES.
- Substantial cross-over, more likely for women of black race and with no children.

What is the overlap with other systems of care?

Behavioral health services in Columbus and Franklin County are administered by **ADAMH, the Alcohol, Drug and Mental Health Board.**

Data-match Key Findings:
- 21.7% and 18.2% of the single adults accessing shelter received mental health and substance abuse services, respectively.
- Rates of service access by adult individuals in sheltered families are lower.
- ADAMH service costs and utilization increase with shelter use.
- The longer people stay in shelter, the more likely they are to access ADAMH and consume a dis-proportionately high share of services.
- ADAMH service use shows dramatic increase in the month prior to shelter entry.

Franklin County Children's Services (FCCS) is the local child welfare agency. The study focused on adults under 30 years of age.

Data-match Key Findings:
- 56% of adult women in shelter with families and 46.9% of single women had records of FCCS cases when they were children.
- 14.7% of adult men in shelter with families and 22.8% of single men had records of FCCS cases when they were children.

The Franklin County Department of Job and Family Services (JFS) represents the local public welfare system. The research focused on determining the extent to which the individuals and families served by the homeless system of care access the benefits administered by JFS.

Single Adults and Families receiving ongoing benefits at entry or initiated while in shelter	Single Adults	Families
Medicaid	10.8%	74.1%
Food Stamps	35.2%	63.7%
Disability Assistance	11.6%	5.4%
TANF		26%
Childcare Assistance		10.6%

Table 5: Single adults and families admitted to emergency shelters receiving benefits

Data-match Key Findings:
- Single adults have a low rate of access to benefits.
- Families have higher rates of access to food stamps and Medicaid, with room for improvement.
- In general, benefits are underutilized.

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Homeless Outreach

Report Card

○ Significant progress / Minor improvement needed
● Some progress / Some improvement needed
◆ No or limited progress / Significant improvement needed

Indicator	Progress since 1998	Current status	Family Shelter Findings
Service system	●	◆	- Nine programs provide a variety of services with 33 FTE staff. - Only 6% of resources use the "housing first" approach (both programs are new). 38% of resources are for healthcare, and 27% provide transportation for inebriates. - 64% of programs provide outreach in both sheltered and unsheltered environments. - There is no coordination of intake, assessment, or referral to housing and support services.
Demand	N/A	●	- 114 unsheltered homeless persons were identified in the 2007 point-in-time count. - Southeast served 850 persons (21,312 contacts) in a 3 ½-year period; Maryhaven served 428 persons (552 contacts) in the same period. - Most persons served by outreach (76%) had at least some interaction with the shelter system. - Outreach clients who use shelters have average shelter stays that are at least three times longer than average shelter stays for non-outreach clients. - There is no consistent format for documentation of client services. Actual demand is not clearly defined.
Rapid re-housing	●	◆	- There is a limited focus on housing placement. - Housing outcomes are not measured. - There is no consistent format for documentation or outcomes reporting.
Cost	N/A	N/A	- Costs are comparable to adult shelter when family size is considered. - CSB provides 39% of total operating and services funding for shelter programs.

Table 6: Report Card for Homeless Outreach

How are outreach services organized to respond to homelessness?

Researchers only looked at outreach programs as they existed at the time of study in 2007. At that time, nine distinct homeless outreach programs employing paid staff were operating. The equivalent of thirty-three full-time positions is employed by these programs providing services to persons who are homeless (see Table 7).

Two outreach programs receive funding from CSB, Maryhaven Outreach Program and Southeast Outreach Program. Both programs are designed to engage homeless persons living outdoors and assist them in moving to appropriate housing as quickly as possible. Outreach Specialists link clients with CSB Transition Program funds and other financial and material assistance, and are key partners in the new Critical Access to Housing Initiative, which was launched in mid-2006. As part of this initiative, Maryhaven and Southeast provide coordinated engagement and rapid housing placement for persons who have experienced chronic street homelessness. This has included successfully housing various groups of individuals staying in encampments identified as having the most significant health and safety concerns, allowing local governments to clean-up camp sites and remove health and safety hazards.

Primary Agency	Program	Current # FTE's
Capital Crossroads	Outreach Program	2
Columbus Coalition for the Homeless	Outreach Cluster	.15
Columbus Neighborhood Health Centers	Healthcare for the Homeless	8
Maryhaven	Outreach	1
Netcare	Reach Out Workers	9
Open Shelter	Outreach	1
Southeast, Inc.	Outreach	1
Southeast, Inc.	PATH/Mobile Van/Project Liaison	6.5
Veteran's Administration	Healthcare for Homeless Veterans	4.25
Total	10.6%	32.9

Table 7: Homeless Outreach Programs, 2007

Outreach programs serve different needs for homeless adults living outside of shelters. Programs differ in their primary service focus, which may include case management, health care services, transportation, and housing placement (see Chart 9).
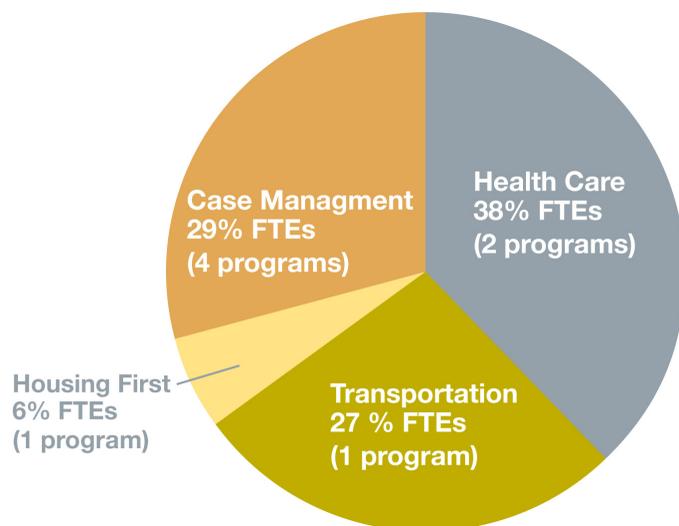
Chart 9: Homeless Outreach Programs – Primary Service Model by FTE, 2007

Key findings from Charts 9:

- Fifty-seven percent of the total program capacity provides outreach services in both sheltered and unsheltered locations, while 43% provide only outreach to unsheltered persons.
- Sixty-four percent of the total program capacity provides outreach services 24 hours per day, 7 days per week.
- Coordination of outreach services to ensure optimum efficiency and provision of services was found to be a concern. There is currently no unified system to coordinate outreach services. Each program has its own system of responding to need, and there is no method to ensure around-the-clock coverage for all geographic areas or trigger response when there is a report of a homeless person in need of services.
- Only two of nine programs use HMIS to capture data on the number of people served, the type of service provided, and housing placements and other outcomes.

The numbers of persons who experience street homelessness is relatively small. On a single night in January 2007, there were 114 homeless single adults residing in unsheltered locations in Columbus and Franklin County. This number fluctuates daily and is higher in warmer months (estimates for 2007 ranged up to 400). The resources available for homeless outreach appear to be adequate to serve 100 to 400 persons experiencing street homelessness.

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Permanent Supportive Housing Programs

Report Card

○ Significant progress / Minor improvement needed

● Some progress / Some improvement needed

◆ No or limited progress / Significant improvement needed

Indicator	Progress since 1998	Current status	Rebuilding Lives Permanent Supportive Housing Findings
Capacity	○	○	- Capacity for homeless persons nearly doubled (825 units to 1,453 units). - Units are geographically dispersed. - A diverse group of program models exists. - Most supportive housing is designed for single adults. - 1,400 units of supportive housing are needed for homeless single adults; no additional units for families are needed.
Utilization	○	○	- Rebuilding Lives Permanent Supportive Housing (RL-PSH) programs successfully target heavy shelter users (1,259 placements made). - RL-PSH programs reduce demand for shelter by at least 5% per year. - RL-PSH residents have much less subsequent admission to shelters.
Assessment and intake	○	○	- No coordinated system is in place for intake, assessment, or referral to permanent supportive housing.
Housing stability for Rebuilding Lives	○	●	- 70% of residents either retain housing or exit to a successful housing placement over a 5-year period. Only 9% returned to homelessness. - 13% of those who exist entered an institution (jail, prison or hospital). - Longer stays result in better housing outcomes and higher income for people who exit; however, 58% of people who exit report no income. - 24% of residents stay less than 180 days. - There is no coordinated utilization review or move-up assistance to encourage greater independence.
Cost Cost of Rebuilding Lives	●	○	- Average cost of $33/day is much lower than institutional care. Cost per unit varies widely by program. - RL/PSH reduces shelter use by 35 days per placement. - Federal sources provide 58% of total operating and services funding for RL programs; CSB provides 19%; the State of Ohio only 2%.
Benefits Acquisition		◆	- People obtain benefits while living in PSH, with significant gains in Medicaid, Food Stamps, and Disability Assistance eligibility. - 68% of PSH residents receive food stamps.
Child Welfare Involvement		◆	- Child welfare involvement rates are similar for PSH residents as shelter residents. About 58% of women and 13% of men in PSH had history of FCCS involvement. - Child welfare involvement does not appear to increase likelihood of chronic homelessness.
ADAMH Services		○	- Total costs for ADAMH services decrease slightly after PSH placement, especially costs for residential services. - About half of residents received mental health services before PSH placement. - The number of PSH residents using mental health services increased after PSH placement, but decreased for substance abuse services.
Indicator	Progress since 1998	Current status	Other Permanent Supportive Housing Findings
Utilization			- Occupancy of non-Rebuilding Lives PSH is low. - Age, race, and incomes of Shelter Plus Care residents are similar to RL PSH tenants; however, they are more likely to be female (71%) than RL PSH programs and more likely to have children (28% have children in SPC). - Less than half of Shelter Plus Care residents use shelters before admission; significantly less evidence of literal homelessness when compared to RL PSH residents (41% for SPC residents vs. 64% for RL PSH residents).

Table 8: Report Card for Permanent Supportive Housing

Supportive Housing Type	Units			
	Single Adult	Family	Youth	Total
Transitional Housing	102	25	34	**161**
Rebuilding Lives Permanent Supportive Housing	725	10	0	**735**
Other Permanent Supportive Housing*	403	154	0	**557**
TOTAL	**1230**	**189**	**34**	**1453**

Table 9: Supportive Housing Units, 2006

Primary Agency	Program	Units
Community Housing Network	Briggsdale Apartments	25
Community Housing Network	Cassady Avenue Apartments	10
Community Housing Network	Community ACT Housing	42
Community Housing Network	East Fifth Avenue Apartments	38
Community Housing Network	North 22nd Street Apartments	30
Community Housing Network	North High Street Apartments	36
Community Housing Network	Parsons Avenue Apartments	25
Community Housing Network	RL PACT Team Initiative	108
Community Housing Network	Safe Havens Apartments	16
National Church Residences	Commons at Chantry	26
National Church Residences	Commons at Grant	50
Southeast, Inc.	Scattered Sites Apartments	75
YMCA	Supportive Housing 40 West Long Street	70
YMCA	Sunshine Terrace	65
YWCA	WINGS	69
Total		**735**

Table 10: Rebuilding Lives Permanent Supportive Housing Programs, 2006

Key findings from Tables 9 and 10:

- Like most communities, the bulk of Columbus/Franklin County's supportive housing units are designated for single adults.
- Rebuilding Lives housing units were located at 16 programs ranging in size from 108 to 10 units. Nearly all of the units were for single adults (98%). Ten units are designated to serve families.
- Nearly 70% of Rebuilding Lives units are designated to serve either single men or single women. Fifteen percent serve only single women and 14% only single men.

Rebuilding Lives programs provide varying types of services to help tenants stabilize and increase their well-being. Given the target population for Rebuilding Lives, programs also emphasize minimal initial housing requirements to assure access to needed permanent housing. Sixty-nine percent of Rebuilding Lives units do not require sobriety or a commitment to participate in an addiction treatment program as a precondition for housing placement. Just two programs require participation in a treatment or recovery program as a pre-condition for housing. This makes Columbus and Franklin County stand out among other communities for their efforts to ensure access to housing for all homeless people.

Rebuilding Lives programs also provide housing units in different types of apartment settings, including single building locations, locations with two or more apartment buildings, and at multiple locations where there may be one or more buildings (see Table 11).

Building Type	Programs	Units	Percent of total units
Single building	11	430	59%
Multiple buildings at multiple sites	3	225	31%
Multiple buildings at single site	2	80	11%

Table 11: Rebuilding Lives Permanent Supportive Housing Building Types, 2006

Who accesses Rebuilding Lives Permanent Supportive Housing?

Researchers looked at data on residents of Rebuilding Lives Permanent Supportive Housing (RL-PSH) programs, as well as other non-Rebuilding Lives supportive housing programs that entered data into HMIS. However, the primary focus of analysis was on persons served by RL-PSH programs. RL-PSH assists single adult and families who are disabled and have experienced long-term homelessness. The data analysis included only single adults, as the first RL-PSH program to serve families – the Commons at Chantry – did not open until the latter half of 2006 after the study period. A comparison of key resident characteristics is found in Table 12.

	RL-PSH Adult	PSH non-RL Adult	PSH non-RL Family
Population			
Number of Households	1,211	48	87
Number of Adults	1,211	48	115
Number of Children	0	0	176
Mean Number of Children	n/a	n/a	2.0
Demographics on Heads of Household			
Age (median)	42.3 (45)	42.5 (43)	34.2 (33)
Male	74.1%	55.1%	16.1%
Race White Black Other	30.9% 66.6% 2.5%	42.9% 55.1% 2.0%	23.0% 75.9% 1.1%
Hispanic (includes all races)	1.3%	0.0%	0.0%
Other Characteristics			
Veteran	16.0%	0.0%	3.4%
Employed full-time (intake)	3.5%	0.0%	2.3%
Employed part-time (intake)	8.8%	2.0%	3.4%

Table 12: Supportive Housing Tenant Characteristics

Key findings from Table 12:
- RL-PSH residents were on average 42.3 years old; almost three-quarters of them were male; and two-thirds of them were black.
- Twelve percent of the persons in Rebuilding Lives housing reported being employed at the time of moving into this housing. Fifty nine percent of RL residents reported zero income at admission.
- Non-RL PSH residents were close in age to RL-PSH residents
- Proportionately more non-RL PSH residents were females and a lower proportion of residents were black compared to RL-PSH residents.

How has the permanent supportive housing system changed since 1998?

PSH System Programs and Organization

Columbus and Franklin County have increased the stock of supportive housing available. In 1998 there were 825 supportive housing units at 25 programs. By 2006, 32 programs had about 2,080 units available for both homeless and non-homeless populations (see Chart 10).

	1998	1999	2000	2001	2002	2003	2004	2005	2006
Total units in all programs	825	862	902	1092	1507	1697	1758	1840	2081
Rebuilding Lives units	0	10	48	128	254	401	485	576	735
RL% of Total	0%	1%	5%	11%	16%	23%	27%	31%	35%
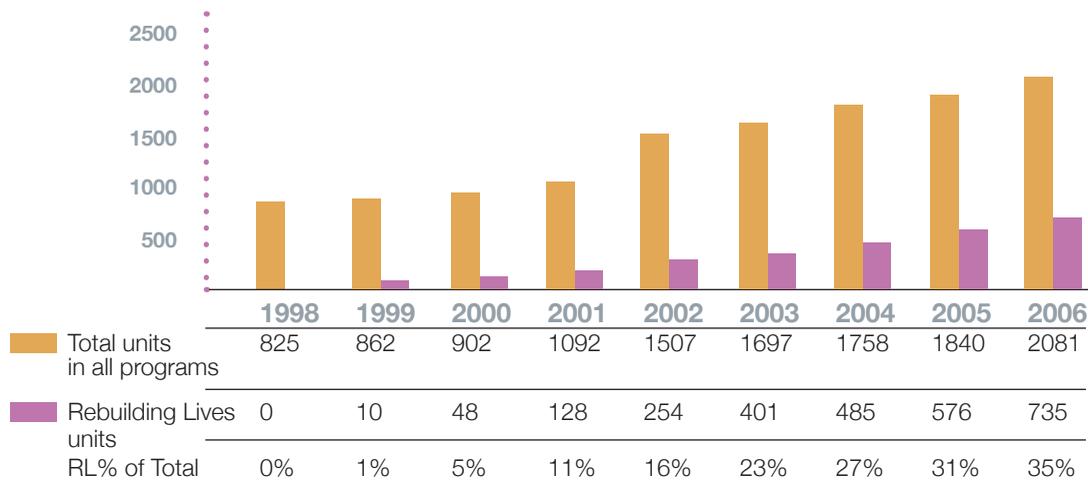
Chart 10: Supportive Housing Capacity – Rebuilding Lives & Total

|	1998	1999	2000	2001	2002	2003	2004	2005	2006
Transitional housing	341	343	355	350	221	207	203	188	161
Perment housing excluding	484	509	499	499	540	587	524	515	557
Rebuilding Lives Rebuilding Lives	0	10	48	128	254	401	485	576	735
Total	**825**	**862**	**902**	**977**	**1015**	**1195**	**1212**	**1279**	**1453**
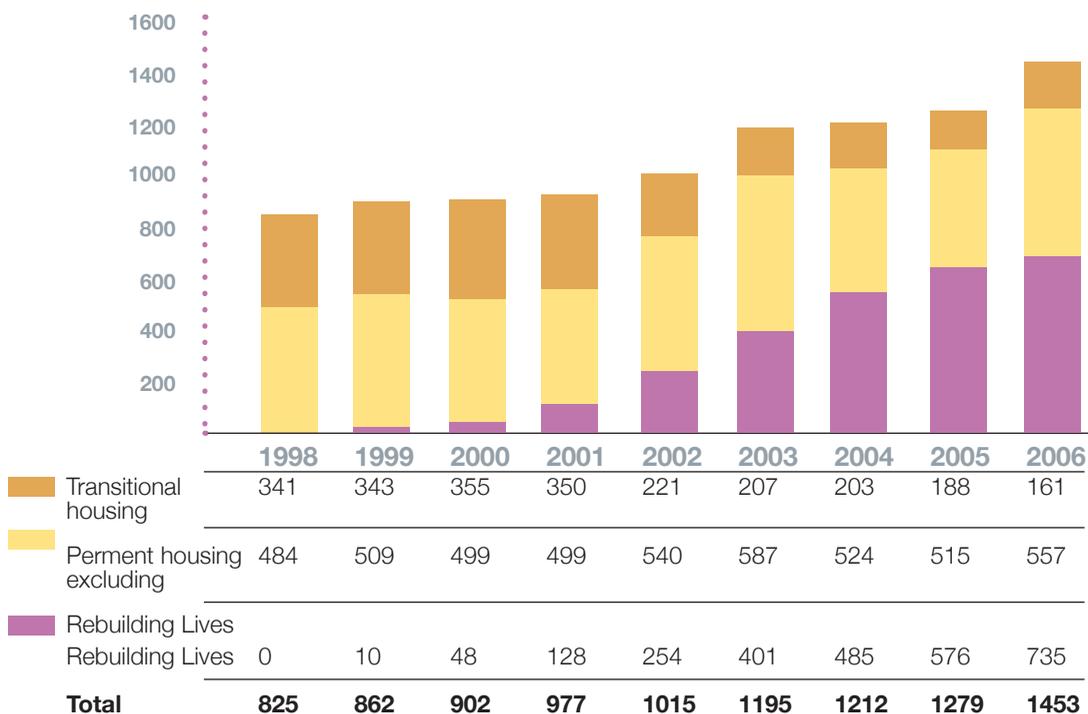
Chart 11: Changes in Supportive Housing Capacity Over Time By Program Type

Key changes that occurred from 1998 to 2006:
- System inventory:
  - The overall capacity of supportive housing for homeless persons nearly doubled from 1998 to 2006.
  - In 2006, 256 units or 12% of the total stock were designated to serve families.
  - Most units are available to serve either single men or women (52% in 2006), while 28% of units are designated specifically for single men and less than 10% for single women.
  - The local supportive housing system shifted priority from transitional housing to permanent housing over the study period to increase housing permanency. In 2006, 89% of supportive housing units were permanent, while just 59% were permanent in 1998. The shift is a result of both program conversions from transitional to permanent models and new permanent housing development.
  - Rebuilding Lives increased the percentage of supportive housing available for homeless persons and for chronically homeless persons. In 1998 no units were designated to serve homeless people who experienced chronic homelessness. By 2006, 735 units – more than half of the homeless units available – were designated for people who experienced long-term homelessness.
- Effective use of resources – Rebuilding Lives has produced new funding for homeless services and resulted in more cost-effective and coordinated use of resources.
- Successful administrative structures and processes – Community involvement is a generally successful component of Rebuilding Lives, which has helped to address potential concerns of residents and neighborhoods that might be impacted by shelter and supportive housing facilities. All programs have a Good Neighbor Agreement. There are strong performance measurement and accountability processes associated with Rebuilding Lives.

Geographic Dispersion of Rebuilding Lives Permanent Supportive Housing

To understand the geographic dispersion of Rebuilding Lives permanent supportive housing programs in 2006, researchers created a comprehensive inventory of programs and then plotted facility locations using mapping software (see Chart 12). Researchers found that Rebuilding Lives units are widely dispersed across Columbus and Franklin County. In 2006, only thirty-five percent of Rebuilding Lives units were located in the downtown area zip code 43215 (see map below). More geographic dispersion results in greater acceptance from neighbors as programs are not saturating one particular neighborhood or zone in the county. Wider geographic dispersion also provides more choice for residents in determining where they want to live and the type of neighborhood they prefer.

community shelter board

Rebuilding Lives Program Locations
Columbus and Franklin County, Ohio 2006
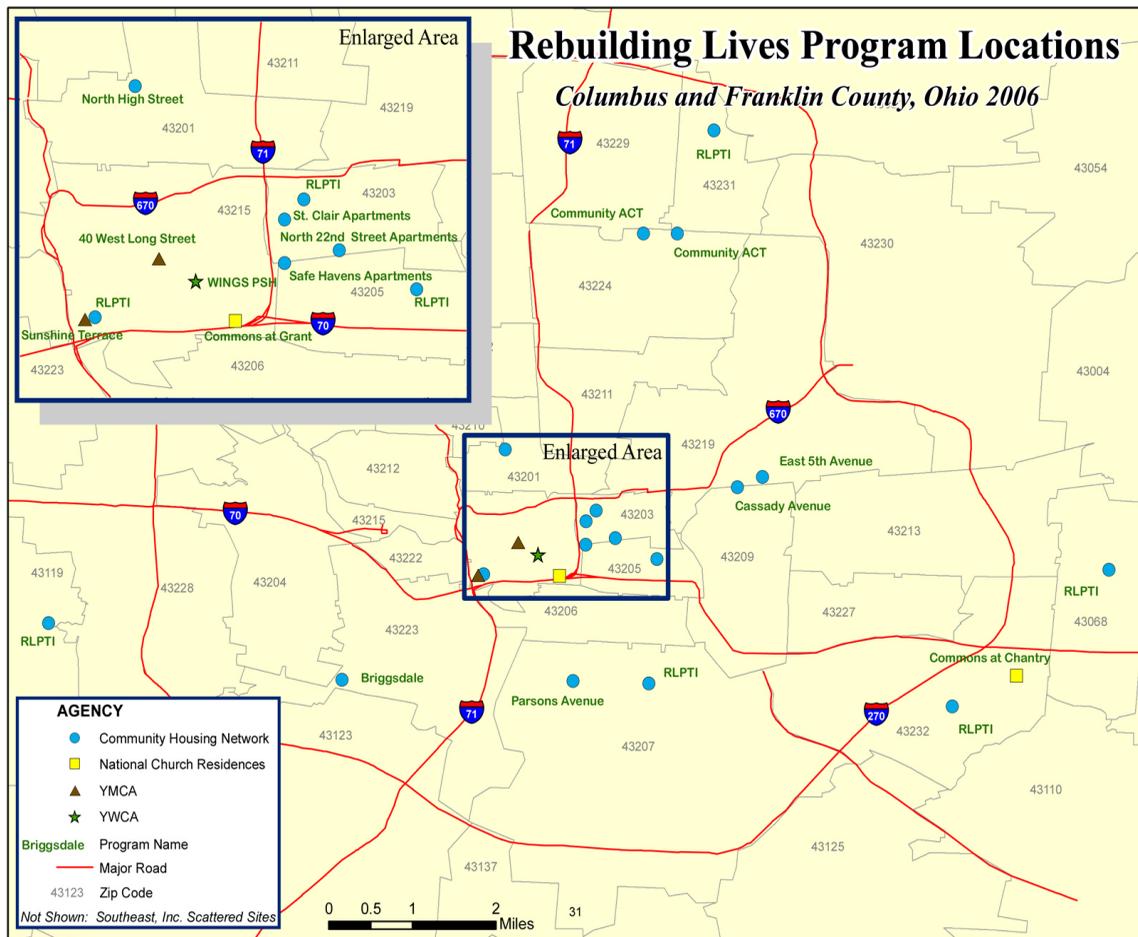
Chart 12: Geographic Distribution of Rebuilding Lives Units in 2006

Costs and Resources for Rebuilding Lives Programs

The Columbus and Franklin County community have directed substantial resources into Rebuilding Lives programs as directed by the Rebuilding Lives Funder Collaborative.

Source	Amount	Percent
Local	$ 3,289,496	40%
State	$ 135,675	2%
Federal	$ 4,858,751	58%

Note: Includes operating and services funds only.

Table 13: Annual Funding Sources for Rebuilding Lives Programs, 2006

Key findings:
- In 2006 alone, $8.3 million in public and private funds supported operating and supportive services expenses at Rebuilding Lives projects. Twenty-seven percent of total funding was from the federal Department of Housing and Urban Development Supportive Housing Program (HUD-SHP) and 19% from the Community Shelter Board.
- Federal sources provided close to 60% of operating and supportive services costs at Rebuilding Lives projects in 2006.
- State funds constituted just 2% of the total Rebuilding Lives financial support.
- In 2006, 57% of Rebuilding Lives units received operating or social services funding from the U.S. Department of Housing and Urban Development (HUD) Supportive Housing Program (SHP).

Researchers also compared the cost of Rebuilding Lives programs to each other and other systems of care and found the following:
- The average overall cost per unit at Rebuilding Lives projects in 2006 was $33/day or $12,093 per year.
- Cost per unit ranged from $6,977 per year ($20/day) at the least expensive program to $33,829 per year ($93/day) at the most expensive program, which serves people with severe mental illness and substance abuse disorders.
- The cost of Rebuilding Lives programs is much lower than comparable costs for institutional programs. For comparison, the average cost of state prison is over $25,000 per year. The cost of inpatient psychiatric hospital care is at least five times higher than the most expensive RL program.

What are the results and outcomes?

Researchers analyzed client data to understand how Rebuilding Lives permanent supportive housing impacted single adults and families since 1998 (see Table 14).

Stay tenure	1-180 days	181-365 days	1-2 years	2+ years
Episodes ending w/ exit from PSH	156 (23.7%)	173 (26.3%)	200 (30.3%)	130 (19.7%)
Exit types				
Successful housing	28.8%	41.0%	46.0%	52.3%
Monthly reported Income (mean)				
At PSH-RL entry	$204.2	$138.4	$244.6	$268.2
At PSH-RL exit	$261.2	$258.7	$439.0	$434.5

Table 14: Correlates between stay tenure, individual characteristics, and exit types among single adults exiting RL-PSH (n=659)

Independent apartment	42%
Unknown	36%
Institution	13%
Streets/emergency shelter	9%

Table 15: Destinations reported by persons exiting RL-PSH (n=659)

Key findings from Table 15:

- The results were primarily positive and showed that Rebuilding Lives programs help people with chronic homelessness retain housing.
    - Over a six year period, 70% of people placed in RL-PSH either retained housing or exited under successful circumstances to other community housing.
    - The prospect for a successful exit to other permanent housing increased with more time spent in supportive housing.
    - Rebuilding Lives programs help residents increase income and access to mainstream benefits, including disability assistance such as SSI and SSDI, Medicaid, and Food Stamps.
    - Over 30% of residents gained access to benefits during their tenancy, indicating the effectiveness of support services in assisting with obtaining benefits.
    - For people who left RL-PSH, income increased substantially compared to income at admission, and the longer people stayed in RL-PSH, the more income they gained upon exiting.

Rebuilding Lives Program Impact on Shelter Utilization

A key function of permanent supportive housing created under the Rebuilding Lives Plan is to move persons who are long-term users of shelter services out of the shelters and into housing where they will have the support necessary to maintain community living. Moving these long-term shelter users to PSH, on one hand, will reduce the demand for and cost of shelter services while, on the other hand, will provide a more humane and stable living arrangement for those persons placed into PSH.

The research team studied the Rebuilding Lives residents and determined that RL-PSH programs successfully target heavy shelter users. Chart 13 shows the effect of Rebuilding Lives housing in reducing shelter use when compared with a matched control group.
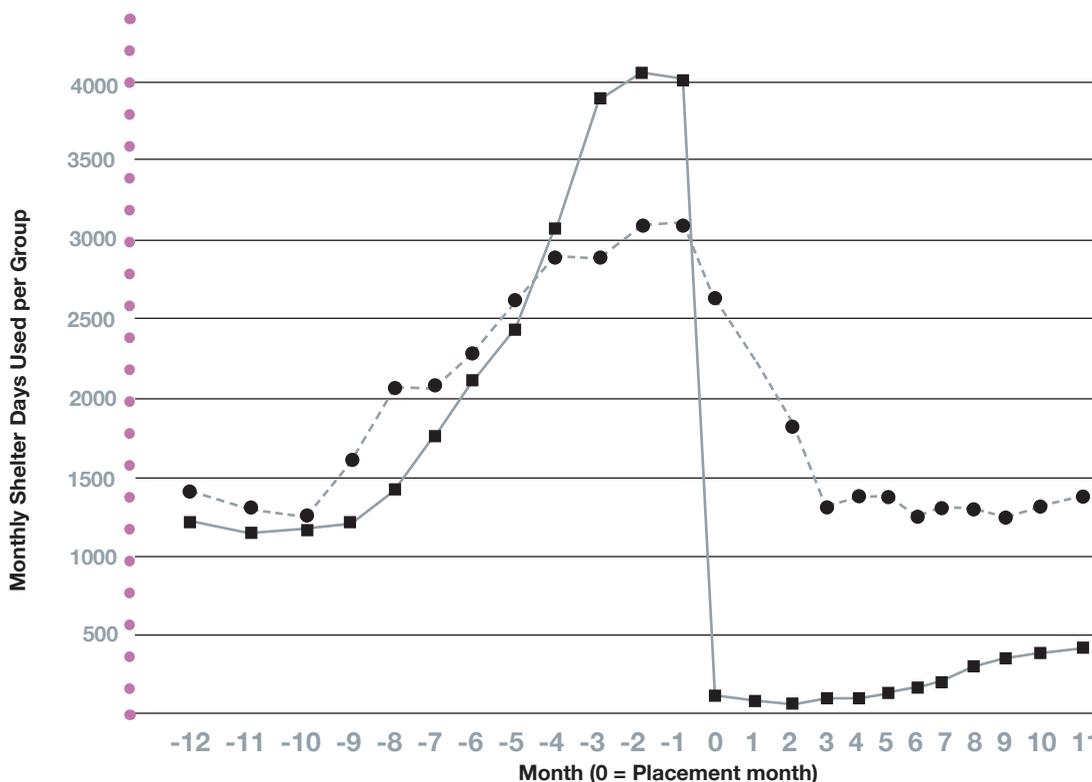
Chart 13: Shelter Use by Rebuilding Lives Residents vs. Control Group

Key finding from Chart 13:
- The average Rebuilding Lives resident used 113 days of shelter during the study period prior to PSH placement vs. only 44 days for a control group with similar shelter use and demographic characteristics who did not have a record of a PSH placement.
- Rebuilding Lives programs reduce the use of shelter for residents significantly. Rebuilding Lives residents have much less subsequent admission to shelters when compared to a control group. Almost half (47.5%) of the control group had a post-placement shelter stay, as compared to only 17.7% of those in the Rebuilding Lives group. Rebulding Lives admission reduces shelter use by 35 days per person, on average.

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• Rebuilding Lives programs reduced the overall demand for shelter by an estimated 3.4% to 4.4% annually. This impact is likely to have been greater between two and threefold if all of the Rebuilding Lives placements could have been incorporated into the study, or if the time period in which data on shelter use were available was expanded.

What is the overlap with other systems of care?

As for emergency shelters, the researchers analyzed the overlap between the supportive housing programs (RL-PSH) and other mainstream systems of care and the extent to which persons are served by multiple systems.

The data match with the ADAMH, the **Alcohol, Drug and Mental Health Board**, focused on analyzing the ADAMH service use and related costs by tenants for a one-year period preceding RL-PSH placement and a one-year period following placement.

Data-match Key Findings:

• ADAMH services use decreased by 6.1% from pre-admission to post-placement into the RL-PSH unit
• Drastic reduction in substance abuse services
• Increase in outpatient mental health services

The increase in the use of mental health services, mainly for outpatient services, is difficult to interpret in the absence of comprehensive data on inpatient services use.

Franklin County Children's Services (FCCS) data-match studied adults under 30 years of age.

Data-match Key Findings:

• 58% of adult women RL PSH had records of FCCS cases when they were children
• 13% of adult men in RL PSH had records of FCCS cases when they were children

For the **Franklin County Department of Job and Family Services (JFS)** the data-match focused on determining the extent to which the individuals served by RL PSH access the benefits administered by JFS.

Single Adults receiving benefits at entry or initiated while in RL PSH	At Entry	Initiated after entry	Total
Medicaid	17.4%	5.1%	22.5%
Food Stamps	50.5%	17.9%	68.4%
Disability Assistance	24.7%	5.5%	30.2%

Table 16: Single adults admitted into RL PSH receiving benefits

Data-match Key Findings:

- Rates of access to benefits by RL PSH tenants are double compared to rates for single adults in the emergency shelters.
- In general, access rates during tenancy are better but benefits might still be underutilized and represent an opportunity for improvement.

The Columbus Metropolitan Housing Authority (CMHA) administers the Shelter Plus Care program (S+C). For the analysis, S+C housing placements were studied with shelter use one year prior to their S+C housing placement.

Data-match Key Findings:

- Only 41% of S+C residents were found to have a record of stay in an emergency shelter, compared to 64% shelter overlap with tenants in the RL-PSH programs.
- Low post-placement shelter use, at 8%, even lower for families.
- Substantial cross-over between populations accessing S+C and emergency shelters, however less than expected and optimal.

Estimates of Housing Needs

Researchers estimated the need for housing and rent subsidies based upon current levels of demand for shelter and housing by various target population groups. The need for permanent supportive housing, long-term rent subsidies, short-term rent subsidies and one-time relocation assistance was identified. Various assumptions were used to determine unmet need (available inventory versus demand). A full description of the assumptions used can be found in the appendices to this report.

Homeless Single Adults

Permanent Supportive Housing (PSH) - An estimated total stock of 2,700 units of permanent supportive housing targeted to homeless single adults is needed. The current stock consists of about 1,300 targeted PSH units. For the vacancies generated through normal turnover to be sufficient to service new demand, an additional 1,400 units would need to be developed or targeted.

Long-Term Rent Subsidies - An estimated 430 homeless single adults annually require a long-term rent subsidy to end their homelessness. There are currently no long-term subsidies targeted to homeless singles.

Short-Term Rent Subsidies and One-Time Relocation Assistance – An estimated 650 single adults annually require a short-term rent subsidy and/or one-time relocation assistance. Presently, resources exist to serve 550 singles. Additional funding to serve 100 homeless single adults annually is needed.

Homeless Families

Permanent Supportive Housing (PSH) – A total stock of 150 units of permanent supportive housing targeted to homeless families is needed. There are currently about 150 targeted units, so no additional development or targeting is required for the vacancies generated through normal turnover to be sufficient to service new demand.

Long-Term Rent Subsidies – An estimated 135 homeless families annually require a long-term rent subsidy. Presently, resources exits to provide 30 families annually with long-term rent subsidy (up to 18 months)

Short-Term Rent Subsidies and One-Time Relocation Assistance – An estimated 500 homeless families annually require a short-term rent subsidy and/or one-time relocation assistance. Resources exist to provide 470 families annually with short-term rent subsidies and one-time relocation assistance.

Observations and recommendations

Emergency Shelter Services

Continue Doing What Works

Emergency shelter programs consistently meet the basic needs of families, youth, and single adults. Since 1998, facilities and programming has improved significantly:

- A new family center, two new men's shelters, and a new specialized co-ed facility as well as resource centers in all shelters were opened in geographically diverse locations.
- Certification standards have been implemented at all shelters, resulting in higher quality facilities and services.
- Good Neighbor Agreements improved communication with neighbors and civic organizations.
- The Transition Program provides limited "one shot" assistance with rent and other housing costs to increase and expedite successful housing outcomes.
- Exits to stable housing increased, and rates of shelter return are low.

The family shelters moved from being a coordinated network of programs to an organized system of services. These features were particularly important:

- The implementation of a single point of access or "front door" helped many families avoid homelessness and significantly reduced demand for emergency shelter.
- The Family Housing Collaborative effectively places homeless families directly into housing. These effective programs should be maintained and supported.

The adult shelters should be re-organized to create a system with a "front door" to screen, assess, and match of clients to appropriate community resources and services and admit to emergency shelter only those with no other options.

Focus on Preventing Homelessness

A significant number of shelter residents stay in shelter only a few days. Access to community resources to help address their housing crisis could reduce demand on the shelter system.

- A targeted pilot prevention program for families is in early development. It holds promise to further reduce family shelter demand.
- Access to emergency aid should be streamlined and coordinated to facilitate timely access to avert homelessness.

Preventing homeless individuals who are exiting from prisons, jails, hospitals, and other institutional settings from entering shelters should be a high priority. Improved discharge planning in partnership with other systems of care is needed to reduce admissions to shelter.

Increase access and timeliness to receipt of benefits and income

Increasing numbers of adults and families are presenting to the shelter with zero income. While most shelter residents are eligible to receive at least some benefits, very few actually do. Better linkages to employers, job placement services, and mainstream benefits would result in quicker shelter exits. These benefits should include public assistance, food stamps, and healthcare.

Rapid re-housing should occur more frequently

While the rate of positive housing outcomes has steadily increased, exits to stable housing for single men and women are relatively low compared to family households. Households who left shelter to stable housing have significantly lower likelihood of returning to shelter. Reducing the length of time between shelter admission and exit to stable housing should be a priority. This can be accomplished by:

- Increasing the supply of affordable housing
- Continuing to provide housing placement assistance and interim financial assistance
- Increasing the number of permanent supportive housing units for single adults with the most complex needs
- Making longer term rent subsidies available for adults with disabilities

Homeless outreach

Develop collaborative system

Services to homeless people living outdoors are currently provided by multiple programs in a "scatter shot" approach. Collaboration should reduce duplication; result in fewer gaps in coverage; increase accountability for results, and establishment of clearer standards and measures of services delivery and outcomes.

Increase access and timeliness to receipt of benefits and income

The overwhelming majority of people who experience street homelessness have zero income and few receive benefits. Better linkages to employers, job placement services, and mainstream benefits would help resolve street homelessness. These benefits should include public assistance, food stamps, and healthcare.

Rapid re-housing should occur more frequently

Reducing the length of time between outreach engagement and exit to stable housing should be a priority. The rapid re-housing activities described above for emergency shelter are applicable. In addition, long-term outreach clients should be prioritized for expedited permanent supportive housing placement. Some proportion of supportive housing capacity should be available for persons experiencing street homelessness who are willing to move into housing.

Permanent Supportive Housing

Continue Doing What Works

Rebuilding Lives significantly increased the supply of permanent supportive housing and offers a variety of service and housing models. Rebuilding Lives housing programs have been shown to decrease shelter use for residents and increase the amount of income and support residents receive from employment, mainstream benefits, and community-based programs. Seventy percent of Rebuilding Lives tenants successfully retained housing over the five year study period.

Develop More Units

An additional 1,400 units of supportive housing are estimated to be needed for homeless single adults. The current supply of supportive housing for families is estimated as being sufficient unless demand increases.

Create user friendly access and centralize admissions

Simplifying and standardizing the client assessment, application, and housing matching process would make it easier for prospective tenants to locate the appropriate housing program. Because permanent supportive housing is a scarce and valuable resource, prioritizing admission for those with the greatest needs is needed.

Encourage Greater Independence

By helping tenants to "move up" to the most independent housing achievable, new tenants can be served. Incentives for both tenants and programs to facilitate this movement are recommended.

Overarching Recommendations

Advocacy at all levels

There is tremendous competition for scarce public and private resources. Effective advocacy will be necessary to secure adequate resources to implement the recommendations. Fundamental to the long-term success of efforts to reduce and ultimately end homelessness will require that all people obtain sufficient income (jobs and disability benefits), quality education, transportation and health care.

Effective collaborations will be key

Organizations must be successful at collaborating within the Rebuilding Lives system of care as well as externally. Effective partnership with all of the major service systems, including healthcare, mental health and recovery services, criminal justice, public welfare, and child welfare systems will be critical.

Introduction

This chapter describes the goals and strategies developed by the Rebuilding Lives Updated Strategy Steering Committee. The background, planning, implementation, and evaluation for each new strategy are presented on the following pages. Each summary is organized to identify the following:

- Goal
- Strategy
- The logic surrounding the strategy's development and inclusion in the plan,
- Examples of national best practices,
- The target population,
- A description, and
- Planning steps related to conveners, participants, options for the local system, results, timetable/ investment estimate, and evaluation.

The plan also includes several current strategies (planned or implemented) that were identified by the Steering Committee as priorities for continuation and improvement. These strategies are described toward the end of the chapter.

Assumptions

Achieving the goals and strategies in this plan will only be possible under a set of general assumptions about the social, political, and economic environment that affects homelessness.

- Population – The plan assumes that the population of Franklin County will remain stable.
- Political Will – The political will to support the system and programs that meet the needs of individuals and families as outlined in the plan will exist.
- Resources and Funding – Current funding resources will continue to be available and new resources will be made available for programs and services.
- Economy – The local economy will remain relatively stable with slow to moderate growth.
- Partner Agency Strength and Participation – Partner agencies will remain strong and work together to achieve the RL Plan goals.
- Other Systems of Care – Partner systems will remain strong and continue to provide programs and services that support people who are homeless or at-risk of homelessness.

New Strategies

How They Were Developed
More than 80 ideas were initially considered by the Steering Committee and Research Team (Appendix C). These ideas were prioritized by the Steering Committee and then organized into a subset of 18 ideas that were reviewed and discussed by key constituent groups, including provider agency boards and directors, the Rebuilding Lives Funder Collaborative, Citizens' Advisory Council and major philanthropic organizations. Based on this input and further deliberation the Steering Committee identified eleven priority strategies which are organized under the four goals: Access, Crisis Response, Transition, and Advocacy.

Cost / Time Frame

Each new strategy includes a timetable / investment component that shows cost estimates for planning, implementation, and evaluation activities using a five-year time frame. Dollar symbols are used to estimate cost ranges (see table), and when the activities will occur. Estimated costs for each strategy are included in the appendices.

Symbol	Investment Value
$	$0 to $50,000
$$	$50,000 to $250,000
$$$	$250,000 to $500,000
$$$$	$500,000 to $1,000,000
$$$$$	more than $1,000,00

Overview of New Strategies

The new strategies to resolve homelessness in Columbus and Franklin County, Ohio listed below were developed by the RLUS Steering Committee and prioritized in community meetings with key stakeholders. The strategies are organized into four broad goals for system development. The following table lists all of the new strategies at a glance.

Access
Community resources are available to prevent or end homelessness.

1   Coordinate emergency aid from community-based assistance programs.

2   Provide immediate and systematic access to mainstream benefits and services for persons who are homeless and served by the homeless service system.

3   Coordinate and expand access to community-based employment assistance programs.

Crisis Response
Prevent and resolve housing crises as quickly as possible.

4   Develop a single point of contact system, with stronger linkage to community resources, for adults experiencing a housing crisis.

5   Create a collaborative system to better respond to homeless persons who are not accessing shelter, including a coordinated call and dispatch system, common documentation, and shared outcomes for outreach programs.

Transition
Guide exits from homelessness to stable housing.

6   Create a unified system for permanent supportive housing which includes centralized eligibility determination and placement, periodic review of tenant needs, and "move up" incentives to encourage tenants to be more independent.

7   Develop an additional 1,400 units of permanent supportive housing to reach a total inventory of 2,700 single adult/couple units and 150 family units for disabled adults and families who have experienced long-term homelessness.

8   Develop 430 longer-term rent subsidies for homeless single adults to meet annual need.

9   Transition Tier II shelter from a fixed unit approach to a flexible supply of housing with interim supports.

Advocacy
Leverage public policy to work toward ending homelessness.

10   Launch a campaign for increased resources for affordable and supportive housing as well as rent subsidies for persons who are homeless or at risk of homelessness.

11   Advocate with other systems to improve and increase housing placements for people returning to the community from domestic violence shelter, institutional or residential settings.

Access – Community resources are available to prevent homelessness.

Coordinate Emergency Aid
Coordinate emergency aid from community-based assistance programs.

Logic:
Columbus and Franklin County currently have a variety of emergency aid and housing assistance programs that could be better organized, coordinated, and leveraged to reduce duplication and help prevent homelessness.

Best Practices:
Winston-Salem, North Carolina has been able to leverage significant resources for emergency assistance. Four local agencies—Crisis Control Ministries, Sunnyside Moravian Ministry, the Salvation Army, and Forsyth County Department of Social Services — provide emergency financial assistance to individuals and families to help prevent homelessness. Agencies use an internet-based network to share information on funding provided for rent, utility bills, automobile repairs, and healthcare bills. Federal TANF dollars were used to pay back rent to the local housing authority or private landlords (this program was subsequently discontinued).

Philadelphia's Housing Support Center coordinates housing and service resources from various City social service departments through one central gateway. Pulling together resources such as Family Unification Program Vouchers, TANF dollars, and other mainstream and homeless program funds, the Center serves as a "one-stop shop" for housing resources -- providing both prevention and back-door mechanisms to decrease the actual number of people experiencing homelessness while helping to reduce the length of time others have to remain homeless. The Center serves mainly families experiencing or at risk of homelessness. The Center also accommodates people who do not fit neatly into other housing program models, such as those facing barriers to being housed by public housing authorities due to former criminal convictions or substantial debt.

Target Population:
Individuals and families with very low income and assets who are at risk of homelessness and need financial assistance or material support to help avoid homelessness.

Description:
To make the most efficient use of resources, avoid duplication, and increase efficiency for consumers, a coordinated system for emergency assistance will be developed. Key features may include:

- Common method of eligibility determination, assessment of need, and referral to emergency aid programs.
- Priority given to families and individuals with the greatest need.
- Limits are placed on the frequency and level of assistance provided.
- Common database system to document contacts and assistance provided.

Convener:
United Way of Central Ohio or Franklin County Job and Family Services.

Participants:
FirstLink, Mid-Ohio Food Bank, local providers of emergency assistance.

1. Form working group comprised of emergency aid program providers to review current system and develop plan for coordination.
2. Review intake system, need and eligibility criteria, level of assistance provided, and frequency of assistance.
3. Establish process for prioritizing persons with the greatest and most immediate needs.
4. Determine communication methods between agencies.
5. Review available database programs and select program with best fit.

Options for the Local System:

• Single point of access to emergency assistance, with one agency providing intake and assessment of need for persons who are homeless or at-risk of homelessness. Coordinating agency refers clients to emergency assistance programs using vouchers or electronic process.
• Multiple points of access to emergency assistance, with existing agencies using a common intake and assessment process and sharing information as needed.

Result:
Emergency aid is better organized, coordinated, and leveraged to help prevent homelessness.

Timetable / Investment Estimate

Activity	Year 1	Year 2	Year 3	Year 4	Year 5
Planning	$	$			
Implementation*		$$	$$	$$	$$
Evaluation		$	$		

* Costs are for coordination only and do not reflect cost of providing emergency aid.

Evaluation:
Evaluation will depend on the data available through the community-based prevention systems. The primary priority would be to develop a set of common data elements that can be tracked by all providers. Periodic data merges can determine if the individuals and families have been seen by these programs, with a goal of increasing proportions of emergency shelter entrants having been screened through the community-based emergency assistance system. In the case of those served but still seeking shelter, characteristics should be determined of those households for whom additional resources may be required to avoid shelter entry. The goal is that most if not all households presenting to shelter should have been seen by a community-based prevention provider prior to shelter contact, or very soon after contact (as a diversion strategy).

Access – Community resources are available to prevent homelessness.

Increase Access to Benefits and Income
Provide immediate and systematic access to mainstream benefits and services for persons who are homeless and served by the homeless service system.

Logic:
Many homeless individuals and families do not have income, healthcare benefits or other resources to meet their basic needs. Homeless persons would benefit from stronger linkage to mainstream benefits and systems of care (Social Security, Medicaid, Veterans benefits, TANF, Food Stamps, Disability Assistance, etc). Outcomes and incentives should be developed for homeless service providers to link these individuals to mainstream benefits and services.

Best Practices:
The Benefits Bank (TBB) connects communities to resources by providing a practical technological solution to the complex and cumbersome process of gaining access to tax credits and public benefit programs like Food Stamps and Medicaid. Developed for use by a wide range of community based and government agencies, TBB can be part of a community-wide response to poverty for low income residents. Trained counselors use TBB to assist clients with federal tax returns and state tax returns as well as applications for a range of federal and public sponsored health and social service benefits. TBB is free for clients.

The Maryland SSI Outreach Project in Baltimore helps homeless mentally ill people become enrolled in the Supplemental Security Income (SSI) program by providing outreach, help with record gathering and application completion, and advocacy. The SSI Outreach Project is geared toward severely mentally ill people who are living on the streets. In addition to the street outreach done by the staff, the SSI Outreach Project takes referrals from all over the city. In Columbus, the RLPTI program adopted the Maryland SSI Outreach model to expedite access to Social Security, Medicaid, and other benefits.

Target Population:
Homeless individuals and families served by shelters, outreach programs, direct housing, and permanent supportive housing.

Description:
Homeless programs will use a common method of assessing need and eligibility for mainstream benefits and services. Program participants are routinely linked to all programs they are eligible for. Key features may include:

- Agencies share a common method of assessment and linkage to mainstream benefits and services.
- Outcomes and incentives for linkage to benefits and services correspond to decreasing length of stay in shelter and street homelessness.
- Periodic matches of HMIS data with mainstream social welfare systems are conducted. Programs use common method of tracking outcomes.

Convener:
Community Shelter Board.

Participants:
Franklin County Job and Family Services, Social Security Administration, Veterans Services Commission, AD-AMH board, healthcare providers, shelter providers, client advocates such as Legal Aid Society, Mental Health Association, NAMI, COHHIO, State Benefits Bank Director, Columbus Coalition for the Homeless, and other benefit providers.

1. Explore the use of "The Benefits Bank" program to screen for eligibility for routine benefits.
2. Train homeless program staff on mainstream benefits, application processes, etc., and tools to assist with benefits acquisition.
3. Mainstream benefit and service providers meet with homeless service providers on a regular basis to improve efficiency of referral and services.

Options for the Local System:

- Establish a single point of contact within each mainstream benefit or service system to focus on people referred by homeless service programs.
- Staff member(s) within each homeless service program are trained and able to advocate and assist with application to mainstream benefit programs and/or services and provide assistance with recertification as appropriate.

Result:
Homeless persons have more income and better access to healthcare.

Time Table / Investment Estimate

Activity	Year 1	Year 2	Year 3	Year 4	Year 5
Planning		$	$		
Implementation*			$ to $$$$	$ to $$$$	$ to $$$$
Evaluation			$	$	

* Costs are for coordination only and do not reflect cost of providing emergency aid.

Evaluation:
HMIS data should capture the proportion of persons for whom a "benefits screen" has been conducted subsequent to shelter admission. Additional measures should investigate the change in the proportion of persons receiving mainstream benefits subsequent to rates of receipt upon intake as well as effect on their income level from entry to exit.

Access – Community resources are available to prevent homelessness.

Coordinate and expand access to community-based employment assistance programs.

Logic:
Employment is the responsibility of the whole community. Jobs and jobs with support are key to preventing and eliminating homelessness. For many it is more than just finding employment but it is also job support – coaching individuals on how to do a job well and how to maintain that employment.

Target Population:
Individuals and families who experience homelessness – both individuals with few barriers (may have skills/education) and the more chronically disabled population.

Description:
To develop a systematic access points to existing programs and available jobs. New programs may be created if needs cannot be met through existing programs.
Key features may include:

- Access to jobs that pay a living wage
- Job training
- Creation of jobs
- Supportive employment
- Education
- Elimination of barriers to employment (appropriate clothing, transportation, childcare, identification, criminal background)

Convener:
Goodwill or COVA or COWIC

Participants:
DJFS, Bureau of Vocational Rehabilitation, homeless services providers, ADAMH, Central Ohio Workforce Investment Corporation, mental health providers, addiction services providers, Columbus Chamber, Columbus State, local boards of education, Community Shelter Board, Labor Representatives/Unions

1. Form working group comprised of providers, organizations that provide employment support services, educational institutions, and labor representatives to review need and current services available.
2. Assess need for specialized employment strategies or programs to effectively serve homeless persons
3. Identify opportunities for coordination and/or expansion of services.
4. Develop plan for moving forward.
5. Determine communication methods and referral mechanisms between agencies.
6. Determine methods for tracking/evaluating outcomes.

Options for the Local System:

- Single point of contact for individuals to get employment – matching needs and skill sets. "Case management" system for those who cannot navigate barriers themselves, such as appropriate clothing, identification, transportation, childcare, criminal backgrounds.
- Educating employers about available workers served by homeless system and creating a pool of employers willing to hire.
- Connecting individuals to adult literacy programs
- "Employment Agency" focused on homeless individuals.
- Day labor agency which pays living wage, offers fair labor practices and focuses on homeless individuals

Result:

More adults are employed and receive increased income. Improved access to community based vocational and educational programs. There is a real system to support staff working in homeless programs to help clients achieve greater economic independence.

Timetable / Investment Estimate

Activity	Year 1	Year 2	Year 3	Year 4	Year 5
Planning	$				
Implementation*	$$	$$	$$	$$	
Evaluation	$	$			

* Costs are for coordination only and do not reflect cost of providing employment services.

Evaluation:

HMIS measures will investigate the change in the proportion of persons employed at entry in the system and exit from the system as well as percentage of change in income levels from entry to exit. Additional measures could track the success of the program by evaluating participation of the population served and the outcomes of their participation.

community**shelter**board

Crisis Response - Prevent and resolve housing crises as quickly as possible.

Single Point of Contact for Adult Shelter
Develop a single point of contact system, with stronger linkage to community resources, for adults experiencing a housing crisis.

Logic:
There is currently no coordinated system for assessment, triage, diversion, or shelter intake for single adults experiencing a housing crisis in Franklin County. A single point of contact system can provide better assessment and linkage to community-based services, emergency shelter, community-based housing, and permanent supportive housing. A coordinated system allows for more efficient data collection and tracking, better organized shelter resources, and more efficient staff functioning. Persons with multiple episodes of homelessness will be more readily identified and directed to more intensive assistance and appropriate permanent housing.

Best Practices:
New York City's Department of Homeless Services (DHS) operates a large and comprehensive shelter system for single adults. To enter a shelter, homeless single adults must first visit an intake center, which provide intake, assessment, triage, and diversion options. There is one intake center for men and three intake centers for women. The "311" telephone service provides directions and information about the intake centers. Upon arriving at an intake center, trained social services and professional staff assess each person's unique needs and assign them to shelters with expertise in addressing those needs.

The YWCA Family Center serves as an effective local model for a single point of access to shelter system with emphasis on linking families to community-based prevention assistance. Since 1998, the number of families served in emergency shelter has dropped from a high of 1,217 families annually to approximately 700 annually. This model provides greater focus on rapid re-housing for families admitted to shelter while ensuring families with greater challenges don't needlessly cycle between shelter programs.

Target Population:
Single adults who experience a housing crisis.

Description:
A centralized point of contact system will be implemented for single adults experiencing a housing crisis in Franklin County to ensure more efficient and effective assessment, triage, and emergency shelter diversion and intake. The system will encompass all seven single adult emergency shelters. Implementation may occur in phases to allow for quality control, evaluation and improvement prior to system-wide implementation. Key features may include:

- User-friendly interface for single adults experiencing a housing crisis and their advocates;
- Well trained and supervised assessment and triage staff;
- Centralized assessment and eligibility determination process;
- Facilitated linkage to community-based homelessness prevention assistance programs for persons not in need of immediate emergency shelter;
- Facilitated linkage to other housing and service systems, such as ADAMH, youth services, CHOICES, or other institutional systems of care, as appropriate;
- Coordinated access to seven emergency shelters for single adults;
- Facilitated linkage to more intensive housing planning and placement assistance for persons with greater barriers to stable housing;
- Centralized data collection through the Homeless Management Information System.

Convener:
Community Shelter Board.

Participants:
Rebuilding Lives Funder Collaborative, Continuum of Care
Steering Committee, shelter providers, and advocates.

1. Form working group composed of client advocates (Columbus Coalition for the Homeless, Legal Aid, Mental Health Association, NAMI, COHHIO), outreach workers, Citizens Advisory Council, emergency shelter providers, Rebuilding Lives Funder Collaborative and Continuum of Care Steering Committee.
2. Review emergency shelter provider eligibility and admission criteria, documentation requirements, and current practices. Seek legal consultation as needed.
3. Conduct focus groups with emergency shelter clients and client advocates.
4. Continue best practices research.
5. Develop project goals, objectives, timeline and budget.

Options for the Local System:
- Single physical location, apart from emergency shelter facilities, serving as single point of contact and where walk-in and phone requests for assistance are received and processed.
- Multiple locations where virtual access (via phone or other means) to single point of contact system is provided.
- Combination of single physical location and virtual access to single point of contact system.

Result:

Fewer adults experience homelessness, easier access to resources for adults, reduced frustration for community trying to help homeless people, and increased efficiency for the sheltering system.

Timetable/ Investment Estimate

Activity	Year 1	Year 2	Year 3	Year 4	Year 5
Planning	$	$			
Implementation*		$$$$	$$$$	$$$$	$$$$
Evaluation		$	$		

** Investment for implementation will involve re-direction of existing resources and new resources.

Evaluation:

Evaluators should assess whether or not a central intake system is established for single adults, and the barriers and facilitative factors associated with planning and implementation. After implementation, evaluation should focus on assessing the operational efficiencies of the new model, the changes in diversion and admission rates in the central intake system, the changes in the service levels and general outcomes for the population served, and any cost efficiencies developed.

Crisis Response - **Prevent and resolve housing crises as quickly as possible.**

Collaborative Outreach System
Create a unified system to better respond to homeless persons who are not accessing shelter, including a coordinated call and dispatch system, common documentation, and shared outcomes for outreach programs.

Logic:
There is currently no unified system for assessment, intake, outreach services, or referral to housing and support services for homeless persons not living in shelters. A more unified approach to outreach will improve efficiency, housing outcomes, and linkage to support services. Establishing a call center and dispatch system will help make sure outreach programs are responsive to individual needs and community concerns. Common documentation and outcomes will help evaluate outreach program scope and effectiveness.

Best Practices:
Philadelphia's Project H.O.M.E. Outreach Coordination Center (OCC) was developed in 1998 as part of the city's commitment to develop systematic approaches to ending street homelessness. Its innovative aspects include:

- Single entity coordinating outreach teams and agencies 24/7;
- Hotline to respond to individual and community concerns;
- Daytime rather than nighttime outreach;
- Direct access to safe havens and other low demand housing;
- Full cooperation from city health, mental health, and substance abuse agencies;
- Comprehensive database.

New York's Manhattan Outreach Consortium includes seven agencies that came together using the "housing first" model, with Goddard Riverside as the lead agency and the Center for Urban Community Services (CUCS) providing technical support and training. Agency contracts with the city are performance-based using housing outcomes. Agencies use a common database to reduce duplication, and respond to "311" calls for assistance.

Target Population:
Single adult homeless individuals who are not accessing shelter, including those living in homeless encampments, on the street, or other places not meant for human habitation.

Description:

"Street" homeless individuals and the community will have a single point of contact for outreach services. Providers use a unified approach to outreach services, with a focus on housing and linkage to supportive services. Key features include:

- Single telephone number to call for assistance.
- Outreach services available 24/7;
- Rapid response to requests for assistance;
- Coordination with city safety forces;
- Providers use common method of documentation;
- Performance-based contracts with outcomes that focus on housing and linkage to supportive services.
- Faith-based providers and other material assistance providers provide support for achieving outcomes.

Convener:

City of Columbus.

Participants:

Outreach provider agencies, CSB, faith-based groups, public and private funders.

1. Convene outreach providers and funders into a planning group, along with client advocates (Columbus Coalition for the Homeless, Legal Aid, Mental Health Association, NAMI, COHHIO, etc.).
2. Conduct focus groups with outreach clients and advocates.
3. Continue best practices research.
4. Develop project goals, objectives, timeline and budget

Options for the Local System :

- Single coordinating entity with centralized call center and dispatch, perhaps tied to the new single point of access to shelter for single adults. Outreach response provided by contract outreach providers.
- Multiple outreach provider entities work under a coordinated system. Providers share call and dispatch responsibility on a rotating basis.

Result:
Improved access to resources for adults living on the streets, fewer adults experience long-term street home-lessness, reduced frustration for community trying to help homeless people, and better deployment of outreach resources – less duplication of effort and greater coverage of Franklin County.

Timetable/ Investment Estimate

Activity	Year 1	Year 2	Year 3	Year 4	Year 5
Planning		$	$		
Implementation*			$	$	$
Evaluation			$	$	

* Significant resources will be redirected to achieve cost efficiencies.

Evaluation:
Evaluators should assess whether or not a centralized call center and dispatch system is created and linked to the HMIS system, and the barriers and facilitative factors associated with implementation. After implementation, evaluation should focus on assessing the operational efficiencies of the new model, the changes in the service levels and general outcomes for the population served, and any cost efficiencies developed.

Transition - Guide exits from homelessness to stable housing

Unified Supportive Housing System
Create a unified system for permanent supportive housing which includes centralized eligibility determination and placement, periodic review of tenant needs, and "move up" incentives to encourage tenants to be more independent.

Logic:
The current process of determining who gains access to supportive housing is not well organized. There is no common method for application, screening and placement for potential residents. Multiple referral procedures and waiting lists are maintained by different organizations that operate supportive housing. As a result, success in gaining access to supportive housing varies among eligible individuals and the outreach and shelter programs that seek to help them. Additionally, some permanent supportive housing is not fully utilized on a consistent basis.

Some tenants stabilize after living in supportive housing for a period of time and can move to a more independent and less expensive housing setting. The homeless services system should create incentives for both clients and providers to move stable residents to more independent living. In order to meet demand, annual turnover rates should approximate 26% overall with a majority of turnover related to "graduation" to more independent housing.

"We need less bureaucracy and red tape in the housing system, and not so many agencies involved. We need a more equitable system and more accountability for programs and residents."

Consumer focus group, ADAMH 2007 Strategic Plan for Housing

Best Practices:
In **New York City, the Department of Homeless Services (DHS)** is the lead agency for coordinating permanent supportive housing. DHS contracts with a private consortium of housing and service providers to operate supportive housing programs, some of which are specialized programs. DHS has a matching process when buildings open. The buildings provide criteria about their intended target population, and DHS refers people who are a good match for the program. DHS defines chronically homeless persons as being in shelter for 2 of the last 4 years, or continuously "street" homeless for one year, and places them on a priority list for housing. The system has 8,500 units with a turnover rate less than 10% per year.

Target Population:
Single adults, couples, and families with children that experience long-term homelessness and have at least one household member who has a chronic disability or disabling condition.

Description:

To ensure more efficient and targeted use of supportive housing, a centralized eligibility determination and placement system will be implemented. Key features may include:

- User-friendly interface for prospective tenants and their advocates;
- Centralized list of supportive housing options;
- Unified application, assessment, eligibility determination for prospective tenants;
- Prioritization for upcoming vacancies with preference given to people with the most significant supportive housing needs;
- Matching client assets and needs to appropriate program;
- Linkage to other housing systems, such as ADAMH, youth services, and institutional systems of care;
- Provider options for tenant selection and receipt of completed and documented applications for consideration;
- External advocate support for applicants to secure appropriate documentation (i.e. shelter staff, outreach workers, community organizations, etc.);
- Data needs supported by HMIS;
- All supportive housing units are fully and consistently utilized.

To promote recovery and support community re-integration, a centralized utilization review system will be implemented. Key features may include:

- Periodic review of client stabilization indicators (income, service needs, etc.)
- Referral and linkage to other affordable housing options
- "Transition-in-place" options in buildings which also provide units that are not designated for the RL program
- Transition supports such as rent subsidies and interim case management for relocation to more independent housing
- Assessment of support services based on tenant access and need, scale services up or down depending upon need

Convener:

Community Shelter Board

Participants:

Outreach provider agencies, CSB, faith-based groups, public and private funders.

Rebuilding Lives Funder Collaborative, Continuum of Care Steering Committee, and supportive housing providers.

1. Form working group composed of client advocates (shelter staff, outreach workers, and community organizations), advocates (Columbus Coalition for the Homeless, Legal Aid, Mental Health Association, NAMI, COHHIO, etc.), representatives from Citizens Advisory Council, all supportive housing providers, and representatives from Rebuilding Lives Funder Collaborative and Continuum of Care Steering Committee.
2. Review supportive housing provider tenant selection and eligibility plans, documentation requirements, and current practices. Seek legal consultation as needed.

3. Conduct focus groups with current tenants and client advocates.
4. Continue best practices research.
5. Develop project goals, objectives, timeline and budget.
6. Pilot key features with new permanent supportive housing projects opening in 2008 and 2009.

Timetable/ Investment Estimate:

Activity	Year 1	Year 2	Year 3	Year 4	Year 5
Planning	$	$$			
Implementation	$$	$$	$$	$$	$$
Evaluation	$	$	$	$	

* Pilot program for Years 1 and 2 only for new PSH projects coming on line. Full implementation Year 3 for all PSH projects.

Result:

Fewer adults and families experience long-term homelessness. More units available, easier access to sup-portive housing for prospective tenants, one application process, better targeting of scarce housing resource. People with the greatest needs have priority for housing. There is a real system and flow to the supportive housing program.

Evaluation:

Evaluators should assess whether or not a centralized application, screening and placement process is put in place to manage the supply and utilization of supportive housing programs. After implementation, evaluation should focus on assessing the operational efficiencies of the new model, the changes in the service levels and general outcomes for the population served, and any cost efficiencies developed. Measures of client need and the intensity of support services provided for given units should be set to the same metric, so that differentials can be calculated for any given program and for the system over time. Gaps in need and services intensity provided should narrow over time as a result of utilization review.

Transition - Guide exits from homelessness to stable housing

Increase Supportive Housing Units
Develop an additional 1,400 units of permanent supportive housing to reach a total inventory of 2,700 single adult/couple units and 150 family units for disabled adults and families who have experienced long-term homelessness.

Logic:
The current stock consists of 1,100 single adult/couple units and 150 family units. Only a portion of the units (about half) are currently dedicated to disabled persons/families that have experienced long-term homelessness. As permanent supportive housing is a limited and costly resource, it should be reserved for clients who consume the most shelter resources and those with the most intensive serve needs.

In order for the stock to be sufficient to service new demand, an additional 1,400 units are projected to be needed. The number of units assumes that shelter demand remains constant, thus, a two-phase development plan would allow for adjustment in the development goals based on future demand. Since permanent supportive housing has been demonstrated to reduce shelter demand, more units developed and targeted should help reduce future supportive housing demand. Additionally, other parts of the RL Plan should prevent homelessness and reduce shelter demand.

Best Practices:
Rebuilding Lives Permanent Supportive Housing – Local efforts in Columbus and Franklin County to develop supportive housing under the original Rebuilding Lives Plan have been very successful. A diverse group of funders and housing developers have created of 772 new units of permanent supportive housing dispersed throughout Franklin County, with 175 additional units under development (as of January 2008). Programs are designed to serve people who have experienced long-term homelessness with a variety of special needs, and all programs are relapse-tolerant to serve persons with substance abuse and addiction issues.

More than 70% of permanent supportive housing tenants have been able to achieve a successful housing outcome over a five-year period. Fewer than 9% of Rebuilding Lives tenants have returned to shelter or homelessness. Rebuilding Lives programs reduce demand for shelter by up to 5% per year, and are much less costly than institutional placements, resulting in additional savings for the community.

HeadingHome Minnesota - A broad coalition of business, nonprofit and faith leaders recently announced a private-sector commitment to raise $60 million for housing for homeless persons. Over one-quarter of the total - $16 million - already has been pledged, with the balance to be raised by 2010. HeadingHome Minnesota will act as an umbrella partnership that will integrate the State Business Plan and four regional HeadingHome programs in Hennepin, Ramsey and St. Louis Counties and Southeast Minnesota which have developed 10-Year Plans.

HeadingHome Minnesota's efforts will emphasize three long-term solutions: prevention, supportive housing, and outreach through a coordinated 24/7 system for those living on the streets to reduce the impact of homelessness on the community. The original Minnesota Business Plan to End Long-Term Homelessness released a "recalibration" report, which reviewed all plan assumptions and experiences to date, finding that the Plan is working. By marshaling resources, directing them to the strategies of the plan and remaining focused on results, the Plan has exceeded its initial goal to create 1,000 permanent supportive housing opportunities for people experiencing long- term homelessness.

The report also noted the important role of leadership, identifying the actions of the cities of Duluth, Minneapolis, and Saint Paul which have joined with their corresponding counties of Saint Louis, Hennepin, and Ramsey to develop plans to end all homelessness in their communities. Twenty counties in southeastern Minnesota have done likewise. The plans are aligned to accomplish a common goal and are gaining commitment from the public and private sectors, as evidenced in the increase in state funds proposed by the Governor and appropriated by the legislature for the 2008-09 biennium, as well as new commitments from the philanthropic community.

Target Population:
Single adults, couples, and families with children that experience long-term homelessness and have at least one household member who has a chronic disability or disabling condition.

Description:
Building on the successful implementation of Rebuilding Lives, additional units will be derived from a mix of newly constructed housing developments, renovation of vacant/under-utilized apartments, and leasing of available private or public units. A rolling five year strategic approach is recommended to provide an opportunity to adjust long-term development goals. The initial five-year timeline below proposes leased units in Year 1 and Year 2 with units requiring capital investment being brought on in Year 3 and beyond. A demand analysis should be conducted after each year to refine future development goals.

Convener:
Community Shelter Board

Participants:
Rebuilding Lives Funder Collaborative, Continuum of Care Steering Committee, funding sources, and supportive housing developers/providers.

1. Rebuilding Lives Funder Collaborative will update financing options and potential funding sources as well as revise the RLFC funding process, as needed.
2. Streamline local funding process by creating a single application for RLFC, CoC, and other local funding sources for PSH projects.
3. Develop reporting and evaluation schedule.
4. Supportive housing developers/providers to develop project concepts, secure funding, implement project development plans, and operate housing.

"What we need is triage and management. The single point of entry alone would be a quick fix, but would not address the root of the problem. We need accessibility across a continuum of housing and support services with new options and resources available."

Clinical Director's focus group, ADAMH 2007 Strategic Plan for Housing, July 18, 2007

Timetable/ Investment Estimate:

SAMPLE Unit Development Timeline

Housing Type	Year 1	Year 2	Year 3	Year 4	Year 5	Total New Units
New Construction/Renovation	0	0	60	60	120	240
Lease - community case management model	40	60	60	80	80	320
Lease - treatment team model	0	0	100	0	100	200
Totals	40	60	220	140	300	760

Table 17: Initial Five Year Plan for Permanent Supportive Housing Development

Note: Demand analysis to be conducted at end of Year 1 to determine appropriate number of additional units to be developed. Each year an updated five year plan will be created

Housing Type	Current Development Cost per Unit	Current Annual Operating Costs per Unit*
New Construction/Renovation	$ 131,143	$ 11,000 – 12,000
Purchase / Renovation	$ 68,421	$ 11,000 – 12,000
Lease - community case management model		$ 8,053
Lease - treatment team model		$ 11,708

Table 18: Per Unit Cost Estimates for Permanent Supportive Housing

* Operating costs include both building operations and supportive services

Housing Type	Total New Units	Ongoing Costs
New Construction/Renovation	240	$2,696,833
Purchase / Renovation	320	$2,576,960
Lease - community case management model	200	$2,341,600
Lease - treatment team model	200	$2,341,600
Totals	760	$7,804,960

Table 19: Total Estimates for Permanent Supportive Housing

Description:

Resources for capital development: Sources used to date include HUD Supportive Housing Program, Afford-able Housing Trust of Columbus and Franklin County, HOME funding through City of Columbus and Franklin County, State of Ohio – ODMH capital and OHFA, Low-Income Housing Tax Credits, Federal Home Loan Bank Affordable Housing Program, corporate and individual donors, as well as, loans from investors/lenders. In-creased investment from these sources as well as new sources will be required to implement the plan.

Resources for services and operations: Sources used to date include rent paid by residents, HUD Section 8 rent subsidy, public housing operations, State of Ohio – ODMH and ODOD, ADAMH Board – levy and Medic-aid, Community Shelter Board and its funders: City of Columbus, Franklin County, United Way of Central Ohio, local foundations, corporations and individual donors, and sponsor generated donations. Increased investment from these sources as well as new sources will be required to implement the plan. Re-direction of resources may also be effective. Increased utilization of Medicaid and other mainstream resources should be considered as a primary strategy to support services costs. Existent projects should also be incentivized or required to access Medicaid and other mainstream resources; this would free up resources for new projects.

Result:

Fewer adults and families experience long-term homelessness as more units are available.

Briggsdale supportive housing developed by Community Housing Network

Evaluation:

Evaluators should monitor and track the number of units created as a result of new supportive housing initiatives. Various outcomes to measure the utilization of the new units should be put in place. The effect on demand for the emergency shelter system should be evaluated as well.

Transition - Guide exits from homelessness to stable housing

Provide Rent Subsidies for Single Adults
Develop 430 longer-term rent subsidies for homeless single adults to meet annual need.

Logic:
The most effective way to end homelessness is to make sure individuals have adequate income and/or rent subsidy to pay for community-based housing. Providing longer-term rent subsidy for single adults with more frequent episodes of homelessness and longer-term stays in shelters will help people avoid shelters and establish a permanent home in the community.

Best Practices:
New York City's Housing Stability Plus program was designed to replace two major programs that provided permanent housing to homeless families -- EARP/Section 8 and priority for NYCHA public housing apartments. DHS officials created the new program because the supply of federal Section 8 vouchers was drying up, and because some families and individuals were using shelters on a frequent or long-term basis. The main feature of Housing Stability Plus is a five-year rent subsidy which goes down in value 20% a year. The rent subsidy is offered to three groups of people:

"There should be a "step-down" rent subsidy for people as they get sober and start to earn more money. Right now they cut everything once you start making "legal" money. The whole point of recovery is to get out of the system, but they shouldn't cut all the benefits right away."

Consumer focus group, ADAMH 2007 Strategic Plan for Housing, July 18, 2007

- Homeless families in shelter with an active public assistance case,
- Chronically homeless single adults and adult families in shelter who qualify for Safety Net assistance, and
- Public assistance-eligible parents who are waiting for housing in order to reunite with children in foster care.

The amount of the new supplement is based on the size of the public assistance case and has a ceiling amount. Each year the supplement declines by 20% of the first year's supplement. The program is funded by federal, state and city money and costs about $60 million a year.

Target Population:
Single adults (including couples) that experience long-term homelessness but do not have a chronic disability or disabling condition.

Description:
Long-term rent subsidy will be available for single adults who use shelters on an episodic or long-term basis but do not need the structure of supportive housing to live successfully in the community. Key features of the program may include:

- Eligibility criteria clearly identifies potential recipients;
- Referrals come only from selected shelter and outreach programs;
- A single managing entity receives applications, conducts assessment, determines eligibility, and manages subsidy payments;
- Clients have a choice of apartment units;
- Subsidy is longer-term (>one month) but time-limited, and decreases over time.
- Support services are time limited and designed to increase employment and income.

Convener:
Community Shelter Board.

Participants:
Shelter, outreach, and housing providers, public and private sector property management firms.

1. Conduct further study of episodic and long-term shelter stayers to determine characteristics of persons who would benefit most from the program. Continue best practice research.
2. Form working group of shelter, outreach, and housing providers to determine program characteristics, including eligibility criteria, selection process, utilization review, length of assistance, and desired outcomes.
3. Develop goals, objectives, timeline, and budget for long-term rent subsidy.
4. Explore support service linkages needed for ongoing services, especially for employment and income development.

Options for the Local System:

- Single managing entity accepts applications, reviews eligibility and need for subsidy, determines who receives subsidy, manages leases and monthly rent payments, etc. This entity may be a supportive housing program provider or property management firm. Selected shelters and outreach programs work with the managing entity under an agreement that spells out eligibility and referral criteria.
- Shelter providers are designated as managing entities, and receive an annual allocation of rent subsidies based on the number of homeless persons they serve. Shelters use rent subsidy as a tool to help manage shelter use, and work with outreach providers to serve "street" homeless adults.

"It's really helpful to have a pot of flexible rent-subsidy money that allows agencies to broker with private landlords to provide additional housing. This program has been so successful at Community Housing Network that there is actually a waitlist of landlords."

Clinical Director's focus group, ADAMH 2007 Strategic Plan for Housing, July 18, 2007

Result:

Fewer adults experience long-term homelessness – more units are available, easier access to affordable housing for prospective tenants.

Timetable / Investment Estimate:

Activity	Year 1	Year 2	Year 3	Year 4	Year 5
Planning		$	$		
Implementation*			$$$	$$$$	$$$$$
Evaluation			$	$	$

* Longer-term rent subsidy will be phased in. Implementation will begin subsequent to the single point of contact for adult shelter and unified supportive housing system.

Evaluation:

Evaluators should assess the success in establishing the additional longer-term subsidies. Effectiveness of targeting should also be measured by assessing who is attaining this type of assistance and the effect of the assistance on shelter demand. Eligibility or targeting profiles should be created for each of the programs, as well as enrollment statistics for actual enrollees compared to targeted priorities.

Transition - Guide exits from homelessness to stable housing

Tier II Family Shelter Conversion
Transition Tier II shelter from a fixed unit approach to a flexible supply of housing with interim supports.

Logic:

The family shelter system emphasizes efficient use of resources, close collaboration among partner agencies, streamlined admission, and quick re-housing of families with appropriate supports. The model centers on a "front-door" approach to shelter admission, with a single shelter — the YWCA Family Center — managing all initial requests for shelter and providing emergency shelter when safe, alternative housing is not available.

"Tier II" shelters serve families who cannot be quickly re-housed in permanent or transitional housing due to various barriers. Two agencies provide a total of seventy (70) Tier II shelter units for families. While in Tier II shelter, families work on securing income, budgeting, parenting and family issues, and other concerns inhibiting long-term housing stability. Shelter may be provided for up to three months while families receive services and address barriers. Families in Tier II shelter are required to eventually move out of the shelter unit and into other permanent or transitional housing.

If families were not required to move, it would save time for staff and disruption for the family. Converting Tier II shelters to permanent housing with transitional support would achieve these efficiencies. Tier II providers and property owners in the community have indicated an interest in this approach, and Tier II providers would likely be able to reduce operating costs related to apartment turnover and maintenance while still providing supportive services through conversion of Tier II units that are master-leased. The conversion would occur in the form of a "rolling stock" approach, where the Tier II provider initially master leases the unit, allowing families who otherwise may not qualify for housing to be placed, with the assisted family eventually assuming the lease following a brief period. This would allow capacity to flex up or down according to need.

Best Practices:

Evidence from the **Family Housing Collaborative** and other similar programs (**e.g. Beyond Shelter** in Los Angeles, **Rapid Re-Housing Program** in Hennepin, Minnesota) shows that direct housing with transitional supports is successful at stabilizing families and preventing a return to homelessness. The primary benefit of this model is that families can end their shelter stay quickly and remain in their own housing when services are terminated, avoiding further relocation and disruption in children's schooling, employment, services, etc. Direct housing programs also benefit families by helping to procure housing in the private market through existing landlord relationships and, in many cases, facilitating access to housing that families with poor credit or rental histories or insufficient income may not otherwise be able to access.

Target Population:

Homeless families who remain in shelter longer than two weeks.

Description:

To ensure more rapid housing placement with stabilization support, Tier II shelter units will be converted to a "rolling stock" direct housing model for families who require transitional assistance to exit shelter and stabilize in the community. Implementation may occur on a pilot basis, with a limited number of Tier II units converted initially in order to allow for quality control, evaluation and improvement. Key features of Tier II conversion may include:

- "Rolling stock" units initially leased by Tier II provider then transferred to family;
- Transitional services that taper off as family stability increases;
- Individualized service delivery, with intensity, frequency and duration determined based on needs of family;
- Reduced maintenance and operational costs.
- Flexible capacity based on system needs.

Convener:

Community Shelter Board.

Participants:

Homeless Families Foundation, Volunteers of America, private property owners.

1. Form working group composed of family system providers, landlords, client advocates, and the State of Ohio Department of Development.
2. Review current inventory and options for conversion. Seek legal consultation as needed.
3. Conduct focus groups with family shelter clients and client advocates.
4. Continue best practices research.
5. Develop project goals, objectives, timeline and budget.

Option for the Local System:

- Tier II shelter providers gradually convert units to rolling stock model. Agreements and partnerships with supportive local landlords initiated and strengthened.

Timetable / Investment Estimate

Activity	Year 1	Year 2	Year 3	Year 4	Year 5
Planning	$	$	$		
Implementation*			*	*	*
Evaluation			$	$	

* Note: redirected resources as units phase in.

Results:

Homeless families experience greater housing success and their children are more stable.

Evaluation:

Evaluators should measure the proportion of transitional rental assistance units that are sustained or expanded over time, and the roll-over of subsidies to other units. Evaluation should also focus on the change in outcomes for the households served by this type of program versus the Tier II model, as well as operational and cost efficiencies developed.

Advocacy - Leverage public policy to work toward ending homelessness.

Affordable Housing Campaign
Launch a campaign for increased resources for affordable and supportive housing as well as rent subsidies for persons who are homeless or at risk of homelessness.

Logic:
Affordable housing is one of the most important keys to ending homelessness. Creating more affordable housing units and rent subsidies for people who lack adequate income to pay for housing will prevent homelessness. The homeless service system is in a unique position to understand the needs of homeless and at-risk individuals, and to help advocate for housing and subsidy to meet those needs.

Best Practices:
During the New York City mayor's race in 2001, an unusually diverse **Housing First!** coalition that included tenants, developers, and bankers came together to urge the next mayor to tackle the issue of affordable housing. Mayor Michael R. Bloomberg went on to do just that with his New Housing Marketplace plan, which included a $3 billion commitment to produce and preserve 65,000 units over five years. Now that same coalition, Housing First!, is trying to repeat its success with the state governor.

Representatives of the coalition, which includes church-based groups, labor organizations, housing advocates and organizations that work with the homeless, took their concerns to every gubernatorial candidate and state legislator. The message is that the high cost of housing is threatening the state's economic health, and they want a program of unprecedented size and scope to generate moderately-priced housing. The coalition wants the governor to commit $13 billion over 10 years to create and preserve 220,000 units of housing for low-to middle-income residents.

Target Population:
State and local government, housing developers, rent subsidy providers, and funders with the potential to influence policy and funding related to affordable housing and rent subsidy.

Description:
A broad-based campaign to increase the supply of affordable housing and access to rent subsidies in Franklin County. Key features may include:

- Broad-based involvement by low-income individuals and families, churches, nonprofit organizations, philanthropic/business leaders, other housing advocates with housing developers, bankers, and financers;
- Strategies combining housing and economic development that draw interest from both public and private sector;
- Clear targets for affordable housing, rent subsidy, and economic development presented to key public officials;
- Draft legislation and policy papers created for each phase of the advocacy campaign.

Convener:
City of Columbus

Participants:
Grass-roots advocates (homeless individuals and families, low-income individuals and families, churches, civic groups, etc.), homeless advocates and service agencies, housing developers, housing advocates (B.R.E.A.D., Columbus Coalition for the Homeless, CSB, Legal Aid Society, etc.), housing developers/builders, local government leaders.

1. Form coalition to guide advocacy efforts.
2. Review existing needs assessments for affordable housing in Columbus. Develop targets for affordable housing development and rent subsidy. Integrate affordable housing production with broader community development activities.
3. Create a strategy to influence key decision makers.
4. Develop public relations plan to support strategies and build community support.
5. Identify opportunities and strategies for national and local philanthropy and private sector partners to support and sustain affordable housing advocacy.

Result:
Real progress toward ending homelessness.

Timetable / Investment Estimate

Activity	Year 1	Year 2	Year 3	Year 4	Year 5
Planning	$	$	$	$	$
Implementation*			*	*	*
Evaluation		$	$		

* Note: Resources determined by advocacy plan.

Evaluation:
Evaluators should establish benchmarks for increases in affordable housing and rent subsidy opportunities. In each case (trust fund, tax credits, state or TANF subsidies), a set of targets and timelines should be established, and progress measured in meeting these benchmarks over time. Barriers and facilitating factors associated with implementation should also be assessed as well as the overall effect on the shelter system demand.

"I wish people would petition to get some votes for housing… we need more advocates and better ones for the housing and shelter system."

Consumer focus group, ADAMH 2007 Strategic Plan for Housing, July 17, 2007

Advocacy - **Leverage public policy to work toward ending homelessness.**

Re-entry Housing Advocacy
Advocate with other systems to improve and increase housing placements for people returning to the community from domestic violence shelter, institutional or residential settings.

Logic:
Systems that have responsibility for housing people in institutional or residential settings (state prison, county jail, psychiatric hospitals, substance abuse/detox, physical rehab, youth services, domestic violence shelter, etc.) must have a clear plan and provide assistance to make sure people exiting their facilities do not leave to homelessness. Assistance should include assessment of individual needs prior to exit, housing placement, enrollment in benefit and entitlement programs, and linkage with support services in every case. Initial research should document the number of persons who enter shelter or are on the street after leaving institutional and residential settings.

Best Practices:
Massachusetts Re-entry Initiative – The Massachusetts prison system assesses offenders' needs for housing, substance abuse, mental health, and employment, then addresses these needs by developing individual program participation plans. A state grant provides housing-related services and employs 6 full-time housing specialists to work with prisoners with pending releases, as well as 18 housing case managers (one per prison) to work with prisoners on an ongoing basis.

Target Population:
Persons returning to the community from institutions and residential-based programs, including domestic violence shelter, that do not have housing available or identified.

Description:
Direct advocacy efforts that result in institutional and residential providers' agreement that they will not discharge people to shelters or homelessness. Key results may include:

- Policies that prohibit discharge to shelter or homelessness for persons re-entering the community from institutions or residential programs;
- Programmatic initiatives (e.g. housing placement assistance, step-down housing) to assure housing placement and stabilization needs are met;

Convener:
Corporation for Supportive Housing.

Participants:
Ohio Department of Rehabilitation and Corrections, Ohio Department of Mental Health, Franklin County Jail, Franklin County Children's Services, Community Shelter Board, long-term healthcare and rehabilitation providers, CHOICES, etc.

1. Review current discharge planning and housing placement policies for institutional and residential providers and examples of best practices from other communities and states.
2. Form coalition to guide advocacy efforts.
3. Create a strategy to influence key decision makers.
4. Develop communications plan to support strategies and build community support.
5. Identify opportunities and strategies for local and state partners to support and sustain advocacy.

Options for the Local System:
- Coalition conducts individualized advocacy effort with each system and provider.
- Coalition conducts broader system campaign and focuses on individual systems and providers selectively.

Result:
Shorter length of stay, better housing outcomes, and less recidivism for institutional providers. Decreased demand for shelter from the homeless service system.

Time Frame / Investment Estimate

Activity	Year 1	Year 2	Year 3	Year 4	Year 5
Planning		$	$		
Implementation*			$$	$$	$$
Evaluation			$	$	

* Cost for advocacy only. Implementation costs will vary dependent on option developed.

Evaluation:
Evaluators will review HMIS records to determine the number of persons entering shelters from institutions or residential programs and establish benchmarks. Evaluators will also review income and other supports available to these individuals at time of admission to shelter. These initial benchmarks will be measured over time as institutional and residential providers begin bringing housing liaisons and case managers on line. Cost offsets should be estimated where possible.

Strategies to Continue and Improve

Strategies to continue and improve are from successful programs developed under the original Rebuilding Lives Plan, or from effective programs developed by CSB and partner agencies to resolve homelessness in Columbus and Franklin County. These strategies are currently either in planning or implementation and will continue to receive priority.

Access
Community resources are available to prevent or end homelessness.

Implement Stable Families Pilot to decrease family homelessness and prevent school mobility among homeless children.

Continue and improve Resource Specialist and Resource Center services provided in shelters.

Crisis Response
Prevent and resolve housing crises as quickly as possible.

Continue using the YWCA Family Center as a single point of access, triage, and diversion for the family shelter system.

Limit adult shelter capacity to the smallest appropriate level.

Transition
Guide exits from homelessness to stable housing.

Continue to provide direct housing through the Family Housing Collaborative.

Continue to provide direct client assistance through the Transition Program.

Concluding Observations

The Plan represents a comprehensive approach to resolving homelessness in Columbus and Franklin County. Some strategies are likely to be more simple to accomplish, and may only require redirection of existing resources. Other strategies will require more substantial amounts of energy and funding, for example, strategies that call for new supportive housing and rent subsidies. All of the strategies are practical, however, and most have either been accomplished already or are in progress in other parts of the nation, as seen in the "Best Practice" sections for each strategy. A list of "Best Practice" programs reviewed is included in Appendix D.

Actual costs, timeframes, and phases in development are likely to differ somewhat from estimates provided here. The way the plan unfolds in reality will depend upon recommendations from planning teams and how proposals are structured by provider agencies and other community partners. A more detailed estimate of costs by strategy is provided in Appendix E.

System providers and partners are the backbone of the plan and its greatest strength. The planning process for each strategy will seek out as much input from provider agencies and system providers as possible. The providers have the expertise to develop the programs and strategies called for in the RL Plan. Providers and partners have very deep pools of talent and knowledge, and will be one of the most important sources for planning and implementation ideas. The RL Plan also calls for further investigation of best practice programs and visits to the most promising programs when needed.

The RL Plan places confidence in all of the conveners, collaborators, providers, and partners in Columbus and Franklin County. While the plan may seem ambitious at first, we believe the true value will become evident as homelessness declines along with the associated costs to the community.

Implementing the RL Plan

Moving Forward

This chapter describes how the Rebuilding Lives Plan (RL Plan) can move from the concept stage to implementation and the importance of streamlining the local system to make it easier to generate, allocate, and manage resources. Roles and responsibilities of groups that are important for moving the plan forward are listed, including the critical role of homeless service provider organizations. Finally, the chapter provides a timetable with milestones for planning and implementation.

Rebuilding Lives Funder Collaborative (RLFC) Role

The RLFC will provide stewardship for all strategies developed under the new RL Plan. The RLFC will continue its current functions, coordinate activities for the new plan, promote collaboration to achieve goals and strategies, and secure resources for programs and projects. The RLFC will not serve as the convener for the plan's strategies, but will provide stewardship and oversight for the overall plan.

Rebuilding Lives Funder Collaborative

Strategy 1 ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ **Strategy 11**

Conveners

Roles:
- **Form planning group**
- **Identify resources for planning**
- **Report progress to RLFC**
- **May (or may not) serve as lead implementing agency**
- **Suggest resources for implementation**
- **Assist RLFC with securing resources**
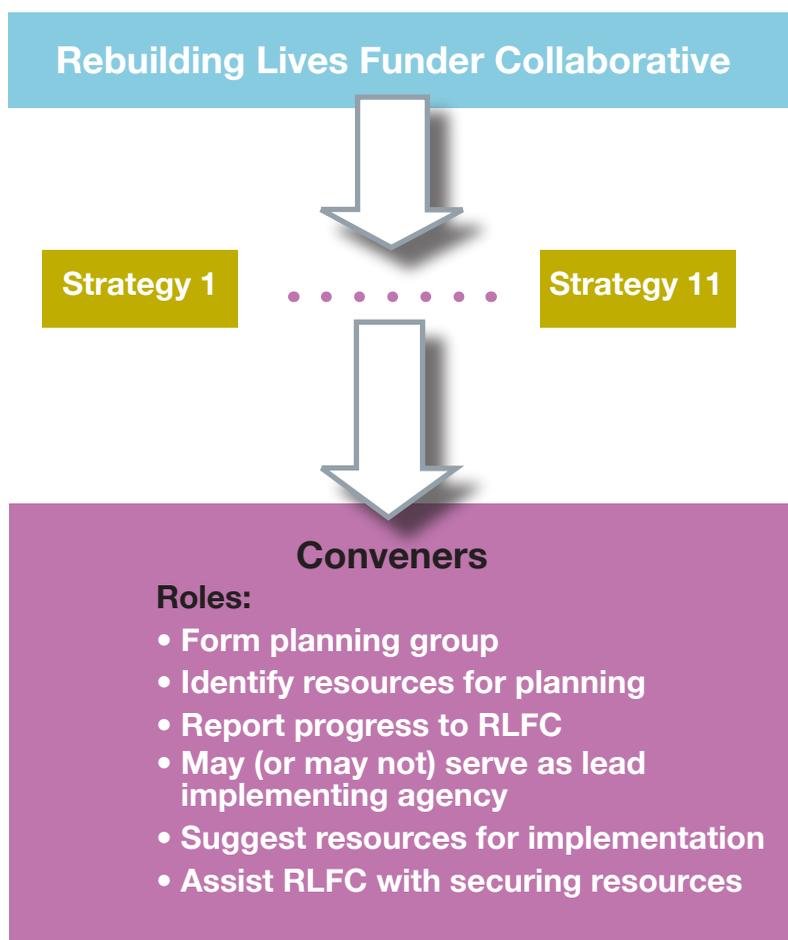
Figure 2: Plan Oversight

Provider Agency Role

Provider agencies have been the cornerstone of success for the original RL Plan, and are even more important to the success of the updated RL Plan. Provider agencies have created a broad range of nationally recognized, quality programs and services that help resolve homelessness for thousands of people each year. Columbus and Franklin County are fortunate to have a high level of commitment among its homeless service provider agencies. A collaborative, streamlined system with clear goals and objectives will result in continued success for provider agencies. Provider agency roles will include the following:

- Continue to develop and implement high-quality programs and services
- Work together with conveners, collaborators, and funders to build support for programs
- Share and implement best practices and collaborate with other providers
- Work together with funders to evaluate programs and engage in quality improvement activities
- Participate in advocacy efforts

Community Shelter Board Role

The Community Shelter Board will be the primary organization supporting all of the groups involved with moving the RL Plan forward. CSB has the experience required to conduct this effort and has been successful with engaging the community to implement the original RL Plan.

Under the new plan, in addition to its roles as a convener of some of the RL Plan strategies, CSB will:

- Chair the Rebuilding Lives Funder Collaborative
- Provide program and system level evaluations
- Communicate the plan progress to the community, including an annual Report Card

Throughout the implementation of the RL Plan, evaluation efforts will assess the degree to which the plan is executed and will track the success of each strategy. The Homeless Management Information System (HMIS) will be used as the primary data source. Once implemented, the upgraded HMIS will be used for enhancing data collection activities related to the RL Plan. It will also be used as a monitoring, outcomes measurement and performance-based contracting tool across systems and to inform the community about the progress of the RL Plan.

Key Collaborators

The following table provides a brief look at the key collaborators in the RL Plan:

	Convene strategy	RLFC Member	Commit resources for operations and services	Commit resources for capital projects	Participate in planning process	Advocate for public policy	Provide leadership for business and community support
ADAMH Board	X	X	X	X	X	X	X
Advocacy groups					X	X	X
Central Ohio Workforce Investment Corporation	X	X	X		X	X	X
Citizen's Advisory Council				X	X		
City of Columbus	X	X	X	X	X	X	X
Columbus Coalition for Homeless					X	X	X
Columbus Public Health			X		X	X	
Columbus Medical Association Foundation		X	X		X	X	X
Columbus Metropolitan Housing Authority		X	X	X	X	X	
Community Shelter Board	X	X*	X	X	X	X	X
Corporation for Supportive Housing	X	X	X		X	X	
COVA	X						
Franklin County Commissioners		X	X	X	X	X	X
Franklin County Children's Services		X	X		X	X	X
Franklin County Job & Family Services	X	X	X		X	X	X
Franklin County Office on Aging		X	X		X	X	
Franklin County MR/DD		X	X		X	X	
Goodwill Columbus	X						
Health / Social Services Providers		X	X				
Homeless Services/Housing Provider Agencies		X	X	X	X	X	
Mid-Ohio Regional Planning Commission		X	X		X	X	X
Ohio Capital Corporation for Housing		X	X	X	X	X	X
Osteopathic Heritage Foundation		X	X	X	X	X	X
Philanthropic groups			X	X	X	X	X
The Affordable Housing Trust for Columbus and Franklin County		X		X	X	X	X
The Columbus Foundation	X	X	X	X	X	X	
United Way of Central Ohio	X	X	X	X	X	X	X
Veterans Service Commission	X	X			X	X	

* Chair

Table 20: Key Collaborators and Roles

Streamlining the Funding System

The Current System - The current system requires providers to engage with three separate but related local entities in order to receive funding:

- Community Shelter Board
- Rebuilding Lives Funder Collaborative
- Continuum of Care Steering Committee

The Continuum of Care Steering Committee (CoC) is the local planning body that prioritizes over $7,000,000 in funding each year from the U.S. Department of Housing and Urban Development (HUD) for local homeless and housing programs. A significant number of Rebuilding Lives supportive housing programs receive funding through the CoC process.

Each group has its own administrative requirements and procedures, resulting in a complex and cumbersome process for partner agencies and funders who want to develop and operate programs. Supportive housing projects often have to prepare three separate applications, and a considerable amount of time and energy is tied up in meetings with agency staff and community leaders between the three separate groups. The Community Research Partners process evaluation found that implementing the original Rebuilding Lives plan has been complicated by "conflicting visions, regulations, policies, and priorities." To address these challenges and simplify the funding process, a more streamlined system is needed. The three major funding processes should be streamlined into a more unified system.

There are indications that a more unified local funding system would be supported at the federal level. The Community Partnership to End Homelessness Act of 2007 (see text box) is being considered by Congress to shift much of the responsibility for HUD's homeless assistance funding to the local level.

Community Partnership to End Homelessness Act

Currently being considered by the US Congress, this bill would shift responsibility for HUD's homeless assistance programs more to the local level. The goal is to create centralized, flexible, performance-based, and accountable funding at the local level.

The bill would create "Collaborative Applicants" with greater responsibility for overseeing homeless programs at the local level. Collaborative Applicants could become Unified Funding Agencies, with responsibility for receiving funds directly from HUD and distributing it to project sponsors.

HUD programs like Supportive Housing and Shelter Plus Care would be consolidated to reduce the administrative burden caused by different program requirements.

Next Steps for Planning and Implementation

The first step will be to seek community endorsements of the plan. The Rebuilding Lives Funder Collaborative will lead these efforts as it shares the plan recommendations with key community stakeholders.

The table on the following page provides a chronological overview of planning and implementation steps for each new strategy using a two-year time frame.

Activity	Year 1	Year 2	Future	Convener
Conveners establish work plan and budget	■			
Funds sought and secured for each strategy, as needed to support planning	■			Rebuilding Lives Funder Collabrative
Update 5-Year Plan		♦	♦	
Community Report Card Issued		♦	♦	
Strategy 1: Coordinate Emergency Aid				UWCO and FCDJFS
Planning	■	■	■	
Pilot Implementation		■	■	
Community Implementation			■	
Strategy 2: Increase Access to Benefits and Income				Community Shelter Board
Planning			■	
Pilot Implementation			■	
System Implementation			■	
Strategy 3: Employment				Goodwill Columbus or COVA or COWIC
Planning		■	■	
Pilot Implementation		■	■	
Community Implementation			■	
Strategy 4: Single Point of Contact for Adult Shelter				Community Shelter Board
Planning	■	■		
Pilot Implementation		■		
Shelter System Implementation			■	
Strategy 5: Collaborative Outreach System				City of Columbus
Collaborative Planning			■	
Collaborator Implementation			■	
Strategy 6: Unified Supportive Housing System				Community Shelter Board
Planning	■	■		
Pilot Implementation	■	■		
System Implementation			■	
Strategy 7: Increase Supportive Housing Units				Community Shelter Board
Leased Units Begin to Become Operational	■	■		
Developed Units Begin to Come On-line			■	
Strategy 8: Provide Rent Subsidies for Single Adults				Community Shelter Board
Planning		■		
Pilot Implementation			■	
System Implementation			■	
Strategy 9: Tier 2 Family Shelter Conversion				Community Shelter Board
Collaborative Planning		■		
Collaborator Implementation		■	■	
Strategy 10: Affordable Housing Campaign				City of Columbus
Campaign Planning		■		
Campaign Implementation			■	
Strategy 11: Re-entry Advocacy				Corporation for Supportive Housing
Planning		■		
Strategy Implementation			■	

Table 21: Implementation Overview

As the Steering Committee concluded its work, the national and local economy was seriously weakening. These economic realities will both increase the need for services and approaches described in the plan and make it even more difficult to secure the resources necessary to implement the plan.

Moving Forward Together

Nearly 10 years ago, community leaders welcomed the introduction of Rebuilding Lives with remarkable financial and political support. Since that time, Rebuilding Lives has achieved a decade of successes, including a drop in family homelessness and a reduction in the use of shelters. Although the problems of the people we serve are complex, thorough research of their needs has produced invaluable insights to guide improvements in the homeless service system in Franklin County.

The new Rebuilding Lives blueprint is bold yet realistic. It is designed to improve access to community resources to prevent homelessness; respond to short-term housing emergencies; help families and individuals transition from homelessness to stable housing and independent living; and, advocate for adequate affordable and supportive housing. All 11 strategies recommended in this Report are tied to specific results to which the Community Shelter Board and homeless-serving agencies will be accountable as good stewards of public funding and private philanthropy.

The Community Shelter Board is grateful for the participation of more than 100 people who worked earnestly and intensely for more than a year to produce the Rebuilding Lives plan. The original plan noted that success "requires the time, resources and effort of many organizations and individuals to get there." These statements remain true today. We invite you, as community leaders, to invest in Rebuilding Lives and stand up once again on behalf of those in this community who need a place to live and the stability to set their lives in new and better directions.

New Rebuilding Lives Plan - List of Appendices

Appendix	Item
A	Franklin County Adult & Family Emergency Shelter System
B	Footprint for Service Data
C	Strategy Ideas
D	Best Practice Summaries
E	Estimating Need for Housing Supports
F	Related Reports & Materials • Emergency Shelter Utilization Report • Emergency Shelter Inventory Report • Permanent Supportive Housing Utilization Report • Permanent Supportive Housing Inventory Report • Outreach Utilization Report • Outreach Inventory Report • Integrated Utilization Report • System Data Match with Alcohol, Drug Abuse and Mental Health (ADAMH) Board of Franklin County • System Data Match with Franklin County Children's Services • System Data Match with Franklin County Department of Job & Family Services • Rebuilding Lives: A Description of Implementation Processes, Successes, and Challenges, and Recommendations for the Future

Thank you

The following is an "Honor Roll" of the many people who committed their time, energy, and ideas over the two-year planning process. We look forward to working together to rebuild lives and achieve the vision of ending homelessness in our community. The names of Rebuilding Lives Updated Strategies Steering Commitiee members appear in black.

A copy of all the Rebuilding Lives Reports are available from the Community Shelter Board at www.csb.org or 614.221.9195.

Rebuilding Lives

While we can look back to our progress with pride, we realize that our work is far from finished. Nor will it be until we can achieve the vision that led to the foundation of the Community Shelter Board: *"No one should be homeless, for even one night, in Columbus."*

Letter to the Community Shelter Board, September 15, 2006, from the City of Columbus, Franklin County Commissioners, and United Way of Central Ohio

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