



Rebuilding Lives: A Description of Implementation Processes, Successes, and Challenges, and Recommendations for the Future

April 2007

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Executive Summary

■ Background

Since 1999, the Community Shelter Board (CSB) has been working in conjunction with funding agencies, government officials, housing and service providers, community residents, and other local partners to implement Rebuilding Lives, a comprehensive approach to addressing the needs of persons experiencing homelessness in Columbus and Franklin County. The Rebuilding Lives approach originated from a desire on the part of the City of Columbus for a plan to relocate homeless individuals who were being displaced by riverfront developments along the Scioto Peninsula in 1997. In response to the City, CSB established the Scioto Peninsula Relocation Task Force with a charge to find additional stable housing and supportive services so that “no one is left behind while others move forward.” The Task Force’s Rebuilding Lives plan called for:

- The reconfiguration of the men’s emergency shelter system to serve individuals in short-term crisis situations; and
- The development of permanent housing options, along with coordinated supportive services, to serve the needs of chronically homeless men.

Based on this plan, the Rebuilding Lives initiative was launched in 1998. The Rebuilding Lives Funder Collaborative was established, bringing together key community organizations to provide and coordinate funding and set policy for Rebuilding Lives. The men’s shelter system was reconfigured, with the closing of the two shelters in the Franklinton area and the opening of three new facilities. Most importantly, 760 units of permanent supportive housing have been developed, serving formerly homeless men, women, and families.

■ Rebuilding Lives Updated Strategy

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). Designing an updated strategy includes examining the environmental assumptions upon which Rebuilding Lives operates; the lessons learned from implementing Rebuilding Lives; the programs, policies, and systems that have resulted from the original plan; and how the plan’s implementation has served persons experience homelessness in Franklin County. Funding for the project was provided by the Osteopathic Heritage Foundation, the Harry C. Moores Foundation, the Columbus Foundation, and the members of the Rebuilding Lives Funder Collaborative.

■ The Process Description

In 2006, CSB asked Community Research Partners (CRP) to conduct a process evaluation of Rebuilding Lives, as part of a consultant team involved in assessing Rebuilding Lives and developing the updated strategy. The purpose of the process evaluation was to

describe and assess the events, activities, and processes of implementing Rebuilding Lives.¹ The scope of the evaluation included an extensive review of documents and other information provided by CSB and conducting key informant interviews and stakeholder focus groups to gather community perspectives on the initiative.

As the project unfolded, however, it became clear that it was important to CSB to have a voice in telling the story of Rebuilding Lives implementation, not only through providing the documents for CRP to review, but also by assisting CRP in analysis of the documents to assure accurate presentation of the complex array of information.

As a result, CRP's role had shifted from that of an outside evaluator to one of crafting a description or story of Rebuilding Lives implementation, using the voices of those who know the story best—the Community Shelter Board and key community stakeholders. This report, then, is an in-depth description of Rebuilding Lives implementation processes, the successes and challenges of implementation, and stakeholder recommendations for the future of Rebuilding Lives.

Data Collection Methods

Data for the process description were collected from:

- 1) Documents and information provided by CSB;
- 2) Twenty-two, 30-minute telephone interviews with: CSB trustees, Rebuilding Lives funders, Columbus and Franklin County elected officials, and Continuum of Care Steering Committee members;
- 3) Focus groups with 6 groups: emergency shelter program providers; permanent supportive housing program providers; CEOs of Rebuilding Lives service provider and partner agencies; Rebuilding Lives shelter and supportive housing clients; Franklinton community residents; and Columbus Coalition for the Homeless members; and
- 4) Social and demographic indicator data and program data from CRP databases.

■ Format of the Report

The remainder of the Executive Summary provides highlights of the report, in the form of overview “snapshots” of each of the following report sections:

- **Section 2, Status of Rebuilding Lives Plan Goals and Outcomes.** Overview of the status of the goals and major outcomes from the 1998 Rebuilding Lives plan.

¹ CRP is a non-profit research and evaluation center based in Columbus that strengthens Ohio communities through data, information, and knowledge. CRP is a partnership of United Way of Central Ohio, the City of Columbus, the John Glenn School of Public Affairs at The Ohio State University, and the Franklin County Commissioners, and since its formation in 2000, has undertaken over 100 projects in diverse program and policy areas, including affordable housing and homelessness.

- **Section 3, Structure and Processes.** Facilities developed as part of Rebuilding Lives; the Rebuilding Lives administrative structure; and the processes put in place to implement Rebuilding Lives.
- **Section 4, Successes and Best Practices.** Successes and best practices of Rebuilding Lives implementation and the best practices represented by Rebuilding Lives.
- **Section 5, Implementation Challenges.** The status of the contextual assumptions upon which the 1998 Rebuilding Lives plan was based, as well as other challenges that emerged during implementation over the last seven years.
- **Section 6, Franklinton Residents Focus Group.** Summary of the focus group that was conducted with residents of Franklinton neighborhood.
- **Section 7, Stakeholder Recommendations.** Interview and focus group participant recommendations for improvements to Rebuilding Lives.

The report also includes a number of appendices, which are not summarized in the Executive Summary.

Status of Goals and Outcomes

Section 2 of the report provides an overview of the current status of the goals and key two-year outcomes from the 1998 Rebuilding Lives plan. CRP and CSB reviewed documents to identify data that provide an indication of their status. Illustrative stakeholder comments from the focus groups and interviews that relate to the goals and outcomes are also included.

Focus group and interview participants perceived that the goals of the Rebuilding Lives strategy are to: 1) address homelessness by providing housing alternatives for homeless individuals; 2) provide supportive services; and 3) help homeless persons overcome barriers to self-sufficiency. Stakeholders generally perceived that the goals of Rebuilding Lives have not changed over time, although they did note that it now includes permanent supportive housing for women and families.

Structure and Processes

Implementation of Rebuilding Lives is dependent on a complex interrelationship of organizations, systems, and procedures that address: 1) facilities; 2) administration; and 3) implementation processes.

■ Snapshot: Rebuilding Lives structure

Facilities

- **Men's shelter system reorganized.** The men's emergency shelter system was reorganized through the closing of The Open Shelter, the relocation of Volunteers of America men's shelter, and the development of a new inebriate shelter, operated by Maryhaven, and a new men's shelter, Faith Mission on 8th. In 2007, the year-round bed capacity of the men's shelter system was 417, down from 476 in 1997.
- **Permanent supportive housing developed.** Since the implementation of Rebuilding Lives, 760 new permanent supportive housing units, within 16 programs, have been brought on line, primarily for single adult men and women.

Administrative structure

- **Community Shelter Board as lead agency.** CSB is the lead agency for the implementation of Rebuilding Lives. CSB's roles include: 1) educating public officials and the community about supportive housing; 2) chairing the Funder Collaborative and the Continuum of Care Steering Committee, 3) providing technical assistance and capacity-building for project sponsors; 4) coordinating partnerships; 5) monitoring and evaluating programs; 6) maintaining the Homeless Management

Information System; and 7) securing and pooling program funding.

- **Rebuilding Lives Funder Collaborative coordinates funding and policy.** The Collaborative is a partnership of 22 key public and private organizations with overall responsibility for implementation of Rebuilding Lives. Members provide funding and other resources, individually from their respective organizations, and through pooled funding, for supportive housing program development and operations. The Collaborative: 1) approves funding for programs, 2) establishes common goals and outcomes; 3) develops policies; and 4) establishes a multi-year funding strategy.
- **Continuum of Care Steering Committee applies for HUD funding.** The Steering Committee is the planning body that annually prioritizes over \$6 million in HUD funding, which is used to fund supportive housing projects. The Steering Committee coordinates the HUD Continuum of Care grant application and project evaluation process for Columbus and Franklin County.
- **Corporation for Supportive Housing provided technical assistance.** CSH, a national nonprofit organization that works to expand permanent supportive housing, established an Ohio office in October 1999 to support implementation of Rebuilding Lives. CSH provided technical support to the Funder Collaborative, and technical assistance, capacity-building, and finance packaging assistance for project developers. In 2004, CSH's role in Rebuilding Lives ended, and CSB assumed all administrative and technical assistance that was previously handled by CSH.
- **Partner organizations develop and operate supportive housing programs.** Nonprofit partner organizations develop and manage permanent supportive housing and provide supportive services for residents. Key Rebuilding Lives partner agencies include: Community Housing Network, Maryhaven, National Church Residences, Southeast, Inc., YMCA of Central Ohio, and YWCA Columbus.

Implementation processes

- **Admission processes: emergency shelter.** Admission to adult emergency shelters occurs 24 hours a day, seven days a week, on a first-come, first served basis. Residents are expected to sign a resident agreement and work on a plan for transitioning to a more stable living situation.
- **Admission processes: supportive housing.** Admission to permanent supportive housing requires documentation that a person: 1) meets the definition of "homeless"; 2) is experiencing long-term homelessness; and 3) is disabled. Admission policies include allowances for poor credit history, lack of income, and unaddressed mental health and/or substance abuse issues, which may exclude homeless persons from admission to other housing facilities. All programs are relapse tolerant and, with one exception, do not have sobriety as a condition of admission. A

given program's funding source may impose additional admission requirements.

- **Linking clients to supportive services.** Clients are linked to services through case management and referral services at emergency shelters and supportive housing facilities. Services include mental health services, medical, vision and dental care; alcohol and drug treatment; acquiring benefits; and employment assistance. Street outreach links persons living on the land to services.
- **Good Neighbor Agreement.** The Good Neighbor Agreement process was initiated in 2001, and is a requirement of all emergency shelter and supportive housing providers. The process requires developers to gain community support for the project and execute a written agreement with community stakeholders to guide their future relationship.
- **Outcomes-based funding.** CSB's outcomes-based funding model measures compliance with 17 performance standards and monitors the progress of emergency shelter and permanent supportive housing programs. Performance is tracked by CSB through HMIS data and service and financial reports from program providers, and reported in CSB evaluation reports.
- **Program Certification Process.** Shelter Certification Standards were implemented by CSB in 2000. The standards, which monitor performance in 11 program areas, were later modified to apply to permanent supportive housing. A review team conducts site visits and reviews targeted standards, with a full review every 3 years. As of April 2006, all CSB partner agencies were in compliance with the standards.

■ Stakeholder perspectives: structure

The role of administrative organizations and structures

- The **Community Shelter Board** is the Rebuilding Lives leader, convener, coordinator, and planner.
- The roles of the **Rebuilding Lives Funder Collaborative** are: pooling resources, bringing community leaders together, reviewing and approving Rebuilding Lives project proposals, and developing and revising Rebuilding Lives policies and procedures based on CSB recommendations.
- The **Continuum of Care Steering Committee** is a vehicle for funding supportive housing programs.
- The success of Rebuilding Lives has been heavily dependent upon the input, resources, and collaborative efforts of the community and **partner agencies**.

Emergency shelter admission process

- There is no centralized intake process for the adult system, as there is with the family system.
- Emergency shelter facilities are easy to find.

- It can be difficult to be admitted to women's shelters because of limited capacity.

Permanent supportive housing admission process

- Clients indicated some frustration with the amount of time it took to be placed in supportive housing (with reports of placement taking anywhere from weeks to months).
- Clients also expressed satisfaction with the admissions process, which was perceived as occurring relatively quickly once an application for housing was completed.

The Good Neighbor Agreement

- A success of Rebuilding Lives has been the use of the Good Neighbor Agreement process to garner community input and support.
- The Good Neighbor Agreement process can disempower neighborhood residents, who feel that they have no part in deciding if a facility will be located in their neighborhood, and it is a tool to silence opposition.

Program accountability

- Rebuilding Lives programs are held accountable by the performance standards created by CSB.
- Program accountability occurs through periodic reporting from shelters and permanent supportive housing providers, and the monitoring and evaluation of these organizations by CSB and other funders.

Successes and Best Practices

There have been many successes in the implementation of Rebuilding Lives, not only for homeless persons, but for the homeless service system and the broader community. Some of these successes are also examples of best practices that have received both local and national recognition.

■ Snapshot: successes and best practices

Meeting short-term shelter needs

- Rebuilding Lives implementation has produced the following successes in meeting short-term shelter needs: 1) opening the Engagement Center at Maryhaven; 2) opening Faith Mission on 8th Avenue, replacing The Open Shelter; 3) relocation of the Volunteers of America men's shelter; 4) implementing Program Certification Standards; 5) establishment of Resource Centers at all shelters; and 6) fewer shelter admissions and improved rates of positive housing outcomes for shelter clients.

Meeting long-term permanent supportive housing needs

- Rebuilding Lives has resulted in the development of 760 new units of permanent supportive housing dispersed throughout Franklin County, with 90 additional units under development
- All programs are relapse tolerant, and with one exception, programs do not have sobriety as a condition of admission.
- Eighty-seven percent of permanent supportive housing tenants have been able to achieve a successful housing outcome; fewer than 7% have returned to shelter.
- The Rebuilding Lives PACT Team Initiative brought together seven public and non-profit agencies to integrate behavioral health, physical health care, veteran's services and housing for 139 chronically homeless people with severe mental illness.

Expedited benefits acquisition

- RLPTI provided the impetus for the establishment of a coordinated application process for homeless persons by the local Social Security Administration office and the Bureau of Disability Determination, providing homeless adults with greater access to mainstream benefits.

Community involvement

- CSB has used a number of strategies to ensure that the community is involved in, and aware of, the development and implementation Rebuilding Lives. These include: 1) the Citizen's Advisory Council; 2) Community Report Cards; 3) community forums and presentations; and 4) Good Neighbor Agreements.

Nationally recognized best practices

- CSB has been recognized nationally, with awards and in publications, for its best practices in implementation of Rebuilding Lives.

■ Stakeholder perspectives: successes and best practices

Effective use of resources

- Rebuilding Lives has produced new funding for homeless services and resulted in more cost-effective and coordinated use of resources.

Improved and expanded homeless services

- Rebuilding Lives has created more options and improved services for homeless services, particularly supportive housing options, and the number of units has increased.
- Rebuilding Lives has produced a more coordinated and consolidated system for providing shelter, housing, and services for persons experiencing homelessness.

- The improved homeless service system has resulted in better housing outcomes and housing stability for persons who are homeless, and clients rights have grown.

Specific programs

- The Commons at Grant, Sunshine Terrace, Chantry Place, CHN scattered site housing, and the Maryhaven Engagement Center are examples of the success of Rebuilding Lives.

Successful administrative structures and processes

- The Funder Collaborative is a critical component of Rebuilding Lives and should continue.
- Community involvement is a generally successful component of the Rebuilding Lives strategy, which has helped to address potential concerns of residents and neighborhoods that might be impacted by shelter and supportive housing facilities.
- Good progress has been made against the NIMBY syndrome by emphasizing that grantees need to involve neighbors through a Good Neighbor Plan.
- There are strong performance measurement and accountability processes associated with Rebuilding Lives.

Rebuilding Lives best practices

- Rebuilding Lives best practices identified by stakeholders include Housing First, the Reach Out Program, the Stages of Change model, and the Assertive Community Treatment (ACT) model.

Implementation Challenges

A number of challenges arose during the implementation of Rebuilding Lives that had to be addressed in order to achieve the goals of the plan.

■ Snapshot: implementation challenges

Status of contextual assumptions from the 1998 plan

- **The local economy remains strong.** While the number of persons employed in Franklin County has increased from 1999 to 2005, the adjusted median household income decreased and the poverty rate increased. Unemployment remains relatively high at 5.3%, and City of Columbus income tax revenues, adjusted for inflation, are below 1999 levels.
- **The number and characteristics of homeless men does not very significantly from recent trends.** While the population of homeless men is older than in the past, the characteristics of the population have generally not changed.
- **All existing supportive housing options for single men remain in place.** A CSB permanent supportive housing

inventory report indicates that the units available to single men in 1998 were still operational in 2006.

- **All supportive housing developed under the 5-year plan is used for homeless men.** Units brought on-line through Rebuilding Lives primarily provide supportive housing options for single men and single women, with some units for families.
- **The supply of general affordable housing is maintained and created as recommended.** While the number of public housing units decreased from 1997 through 2002, Section 8 vouchers have increased.

Failure to meet 5-year development goals

- In 2003 there was consensus that the original goal of creating 800 units in five years would not be achieved due to the local economy. The Funder Collaborative held a summit where they reaffirmed their commitments to Rebuilding Lives and to the operation of existing units and charged CSB with continuing to implement Rebuilding Lives.

Closing The Open Shelter and relocating the VOA men's shelter

- Closing The Open Shelter and relocating the Volunteer of America's men's shelter created controversy. Opponents felt that the closures would leave homeless persons in the downtown areas without access to services and that the plan was not people-centered or cost-effective.

Community resident concerns

- Neighbor opposition was an obstacle for both shelter and supportive housing development. Two of the four shelter developments received support, while two encountered significant initial opposition, but were able to achieve a Good Neighbor Agreement prior to opening. All three new construction supportive housing programs encountered significant neighbor opposition. Neighbor support and opposition varied across the supportive housing programs developed through renovation.

Provider concerns

- Homeless service providers had varying viewpoints and philosophical perspectives regarding how best to serve the homeless population. Some questioned the Rebuilding Lives approach, which encouraged programs to be relapse tolerant and not require sobriety as a condition of admission.

Housing needs of women and families

- Critics of the Rebuilding Lives plan felt that it did not address a growing population of homeless women and children.

Real estate acquisition

- The greatest real estate challenge was identifying reasonably priced vacant land that was accessible to public transit and other

services. Zoning and land use restrictions also presented challenges, particularly in suburban jurisdictions.

Securing stable funding

- The availability of stable funding for ongoing services and operations of permanent supportive housing facilities is an ongoing issue. Concerns have arisen regarding the long-term sustainability of programs and services, and there is a need for creative funding solutions.

■ **Stakeholder perspectives: implementation challenges**

The local economic downturn

- The downturn in the economy has created funding challenges for Rebuilding Lives. Tough economic times make it hard to find money.

Funding issues

- There are ongoing challenges in having sufficient funds, particularly government resources, for Rebuilding Lives program services and operations.
- There are difficulties in accessing and using available government resources.

Increasing homeless population

- The number of persons in Franklin County in poverty and experiencing homelessness seems to have increased over time.

Meeting the need for supportive housing

- While Rebuilding Lives has resulted in an increase in the number and types of housing options available to homeless persons, an adequate supply of supportive housing has not been attained.
- Stakeholders are wrestling with the question of what is the ultimate need.

Serving a difficult population

- Service providers discussed the many challenges of working with the Rebuilding Lives target population, primarily chronically homeless persons with disabilities.

Closing The Open Shelter and relocating the Volunteers of America Men's Shelter

- The closing of The Open Shelter and the relocation of the Volunteers of America men's shelter were generally perceived as positive, with fewer homeless people seen on the streets or living on the land.
- It was also noted that closing The Open Shelter may have resulted in more people living outdoors.

Community concerns and opposition

- Community opposition to locating shelters and permanent supportive housing facilities in their neighborhood has been, and continues to be, a challenge to implementing the Rebuilding Lives plan.

Provider concerns

- Some providers have been resistance to, and had concerns about, the implementation the Rebuilding Lives plan. It has been a paradigm shift for a lot of providers.
- There is a perception that the Community Shelter Board interprets data to portray the Columbus homeless situation in the best possible light and is unwilling to talk about gaps in the system.

Collaboration issues

- There are instances of conflict and lack of collaboration among organizations involved in implementing Rebuilding Lives because of conflicting visions, regulations, policies, and priorities.

Housing needs of women, families, and other sub-populations

- The needs of homeless subpopulations, such as women, families, and persons who have been incarcerated, have not been adequately addressed.
- There is uncertainty about how to best serve these populations within the current system.

Franklinton Residents Focus Group

The Community Shelter Board selected residents of the Franklinton area for the focus group with community residents. While Rebuilding Lives shelters and permanent supportive housing are located in various communities throughout Franklin County, the Franklinton community is located on the Scioto Peninsula, which was the initial focus of the Rebuilding Lives strategy.

■ Snapshot: Franklinton focus group

Experiences with homelessness

- Prior to 2000, Franklinton was perceived as a “dumping site” for the homeless.
- After 2000, fewer homeless persons are on the street, they are receiving better services, and facilities are better managed.

The Open Shelter and the Public Inebriate Program

- Closing The Open Shelter was “a blessing,” but some of the people causing problems have moved to other nearby locations.
- The Engagement Center at Maryhaven is a model for serving public inebriates.

Volunteers of America Men’s Shelter

- Relocating the Volunteers of America shelter was a definite improvement.

YMCA Sunshine Terrace

- There is a perception that there is a “criminal element” living at Sunshine Terrace.

Good Neighbor Agreement

- The Good Neighbor Agreement process for Sunshine Terrace did not work well and was not broadly inclusive of neighborhood residents.
- The Good Neighbor Agreement process should address broader neighborhood revitalization issues.

Other comments

- When a facility is located in a high crime area, it is more difficult for residents to rebuild their lives.
- HUD regulations make it difficult to site facilities and house homeless people.
- The impact on community revitalization has not been taken into consideration when locating Rebuilding Lives facilities.

Stakeholder Recommendations

CRP asked interview and focus group participants to provide suggestions and recommendations for the future of Rebuilding Lives that they believe would make it easier for persons who experience homelessness to access the shelters and permanent supportive housing.

■ Snapshot: interview participant recommendations

Reassess needs and set priorities and realistic goals

- Reassess the needs of the homeless population and subpopulations, and set priorities with realistic and attainable goals to meet these needs.

Address needs of subpopulations

- Identify and address the needs of subpopulations, such as women, families, emancipated youth, and ex-offenders.

Make programmatic improvements

- Explore areas for programmatic improvements in areas such as outreach, admission to the men's system, and moving people to self-sufficiency.

Address prevention

- Stop the flow of homeless people into the system and make better use of prevention resources.

Explore and share best practices

- Use best practices that have been identified locally and nationally for addressing the needs of persons experiencing homelessness.

Expand data and evaluation

- Keep data fresh and include evaluation in the next plan.

Communicate progress

- Communicate Rebuilding Lives progress to the community in a timely and understandable fashion.

Build cooperation and collaboration.

- Continue to increase collaboration with agencies that work with families and with developers.

Develop funding

- Continue to push for funding, particularly from the state.

■ Snapshot: focus group participant recommendations

Improve intake and admission processes

- Centralize intake to shelters and housing and create a centralized system for moving people from shelters to permanent supportive housing.

Address the needs of specific homeless populations

- Provide services and housing for underserved populations (e.g. emancipated youth, immigrants, couples without children) and tailor programs to meet their specific needs.

Provide information and resources to connect people with services

- Make available to the general public, and specifically to persons in emergency shelter and supportive housing, resources that would help them to achieve greater self-sufficiency.

Provide individualized attention

- Create a process that ensures that each client is assigned a case manager, clients know the role of the case manager, and know how to contact that person for assistance.

Reduce time on waiting lists

- Explore strategies for reducing the time that persons have to wait to obtain permanent supportive housing.

Address the needs of neighborhoods

- Use the process of siting facilities to address broader neighborhood revitalization issues.

Identify additional funding

- Continue to identify other sources of funding for Rebuilding Lives programs.

1. Introduction

The concept for Rebuilding Lives began in 1997 with a request by the City of Columbus for a strategy to help relocate homeless single adult men who were being displaced as a result of development along the Scioto Peninsula in Franklin County. To this end, the Community Shelter Board (CSB) took the lead in creating a coordinated system response which became known as *Rebuilding Lives*. In 2006, CSB asked Community Research Partners (CRP) to conduct a process description of Rebuilding Lives. Using documents and information provided by CSB and stakeholder perspectives from interviews and focus groups, this report describes and assesses the events, activities, and processes of implementing Rebuilding Lives.

■ History of Rebuilding Lives

Since 1999, the Community Shelter Board (CSB) has been working in conjunction with funding agencies, government officials, housing and service providers, community residents, and other local partners to implement Rebuilding Lives, a comprehensive approach to addressing the needs of persons experiencing homelessness in Columbus and Franklin County. Rebuilding Lives has aimed to assist homeless persons by moving them to more stable housing, connecting them to supportive services, and improving their overall quality of life in a way that reduces the likelihood that they experience repeated homelessness. Rebuilding Lives is also intended to be a vehicle through which a more comprehensive, community-based system of emergency shelters, permanent housing, and supportive services can be provided to better meet the short and long-term needs of persons who experience homelessness.

The Rebuilding Lives approach originated from a desire on the part of the City of Columbus for a plan to relocate homeless individuals who were being displaced by riverfront developments along the Scioto Peninsula in 1997. In response to the City, CSB established the Scioto Peninsula Relocation Task Force (Task Force) with financial support from the City of Columbus, United Way of Franklin County, and the Franklin County Commissioners. The charge was to find additional stable housing and supportive services so that “no one is left behind while others move forward.” Included in the City’s request was a call for recommendations regarding the best options and cost estimates for facilities and service delivery models. Because CSB had been creating and implementing strategies aimed at decreasing homelessness in Columbus and Franklin County since 1986, the agency was asked to take the lead on the development of the plan.

Because about 95% of homeless persons affected by the Scioto Peninsula riverfront developments were men, this group was the focus of the Rebuilding Lives plan. A study of the use of the men’s emergency shelter system was conducted, and it was found that there were two populations of homeless men. One group included men experiencing a short-term housing crisis who entered the emergency shelter system for a short time. They comprised 85% of the men in the shelter system but used only 44% of the shelter system services. The second group consisted of those experiencing long-term homelessness who shuttled in and out of shelters, drug or alcohol detoxification,

hospitals, or the streets. They accounted for 15% of the men in the shelter system but used more than 50% of the shelter system resources, and were in need of more intensive services than shelters provide. The Rebuilding Lives plan was designed specifically to address the unique needs of these two populations, and called for:

- The reconfiguration of the men’s emergency shelter system to serve individuals in short-term crisis situations; and
- The development of permanent housing options, along with coordinated supportive services, to serve the needs of chronically homeless men.

Based on this plan, the Rebuilding Lives initiative was launched in 1998. The Rebuilding Lives Funder Collaborative was established, bringing together key community organizations to provide and coordinate funding and set policy for Rebuilding Lives. The men’s shelter system was reconfigured, with the closing of the two shelters in the Franklinton area and the opening of three new facilities. Most importantly, 760 units of permanent supportive housing have been developed, serving formerly homeless men, women, and families. The processes that were used to implement the plan, and the extent to which these outcomes achieved the goals of the plan, are described in the other sections of this report.

■ The Rebuilding Lives Updated Strategy

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). Designing an updated strategy includes examining the environmental assumptions upon which Rebuilding Lives operates; the lessons learned from implementing Rebuilding Lives; the programs, policies, and systems that have resulted from the original plan; and how the plan’s implementation has served persons experience homelessness in Franklin County. Funding for the project was provided by the Osteopathic Heritage Foundation, the Harry C. Moores Foundation, the Columbus Foundation, and the members of the Rebuilding Lives Funder Collaborative.

To this end, CSB is taking the lead in a collaborative decision-making process that involves soliciting the input and expertise of a Steering Committee comprised of a variety of individuals and stakeholders interested and invested in Rebuilding Lives (see Appendix A, Steering Committee members). CSB has also enlisted the assistance of a team of consultants to conduct: 1) an analysis of the key changes in the characteristics of and resources invested in emergency shelters and permanent supportive housing for homeless persons in Franklin County; 2) an analysis of clients using single adult and family emergency shelters, clients using permanent supportive housing, and patterns of use; and 3) a description of the events, activities, and processes of implementing Rebuilding Lives (see Appendix A, consultants). The Steering Committee will use the work of the consultants to help determine the best course of action for the updated strategy.

■ The Process Description

In 2006, CSB asked Community Research Partners (CRP) to conduct a process evaluation of Rebuilding Lives, as part of a consultant team involved in assessing Rebuilding Lives and developing the updated strategy. The purpose of the process evaluation was to describe and assess the events, activities, and processes of implementing Rebuilding Lives.² The scope of the evaluation included an extensive review of documents and other information provided by CSB and conducting key informant interviews and stakeholder focus groups to gather community perspectives on the initiative.

As the project unfolded, however, it became clear that it was important to CSB to have a voice in telling the story of Rebuilding Lives implementation, not only through providing the documents for CRP to review, but also by assisting CRP in analysis of the documents to assure accurate presentation of the complex array of information. In addition, CSB played an active role in developing the interview and focus group protocols and selecting interview and focus group participants.

As a result, CRP's role had shifted from that of an outside evaluator to one of crafting a description or story of Rebuilding Lives implementation, using the voices of those who know the story best—the Community Shelter Board and key community stakeholders. This report, then, is an in-depth description of Rebuilding Lives implementation processes, the successes and challenges of implementation, and stakeholder recommendations for the future of Rebuilding Lives.

Evaluation Plan

As noted above, initially the project was intended to be a process evaluation. As such, CRP began its work by developing a detailed evaluation plan that summarized the contextual assumptions of Rebuilding Lives that were included in the 1998 plan, the program goals, the process description questions (Appendix B), and data collection and analysis methods and protocols.

Data Collection Methods

Data for the process description were collected from: 1) documents and information provided by CSB, 2) key informant interviews, 3) focus groups, and 4) social and demographic indicator data and program data from CRP databases.

Review of CSB Documents and Supplementary Information

CRP reviewed many documents related to the implementation of Rebuilding Lives that were provided by CSB (see Appendix D, list of documents reviewed). In addition, CSB

² CRP is a non-profit research and evaluation center based in Columbus that strengthens Ohio communities through data, information, and knowledge. CRP is a partnership of United Way of Central Ohio, the City of Columbus, the John Glenn School of Public Affairs at The Ohio State University, and the Franklin County Commissioners, and since its formation in 2000, has undertaken over 100 projects in diverse program and policy areas, including affordable housing and homelessness.

1. Introduction

staff prepared written descriptions of the Rebuilding Lives history, processes, and accomplishments to augment and clarify the documents. Throughout the report, all descriptions and analysis of Rebuilding Lives implementation, other than the analysis of interview and focus group data, is from the review of CSB documents and supplementary information provided by CSB.

Interviews

CRP first interviewed CSB staff for the purpose of gathering information about the background of Rebuilding Lives, how the program has been implemented, and other information that would provide CRP insight and perspectives on the strategy.

Interviews were conducted with the key stakeholders identified in the evaluation plan. CRP contracted with Fred Bartenstein & Associates to conduct a total of 22, 30-minute telephone interviews with persons who represented four groups: CSB trustees, Rebuilding Lives funders, Columbus and Franklin County elected officials, and Continuum of Care Steering Committee members. Interviewees were asked questions regarding their familiarity with the implementation process for Rebuilding Lives and their perceptions of the degree to which Rebuilding Lives has changed how homelessness is viewed and addressed in Franklin County. The interviews also explored how CSB and partner agencies have built community support for emergency shelters and permanent supportive housing facilities.

The interview questions varied somewhat among the four interviewee groups, because they were tailored to their roles and extent of involvement in Rebuilding Lives (see Appendix E, summary of interview results).

Focus Groups

CRP conducted six focus groups (Table 1) with participants selected by CSB. Focus groups were used to collect data to gather stakeholder perceptions of: a) the community-wide approach being undertaken through Rebuilding Lives; b) the role of partner agencies; c) the process of establishing and providing emergency shelter and supportive housing services; d) the process of receiving these services from clients' perspectives; e) the political and social context of implementing Rebuilding Lives, including resident and community opposition to the locations of shelters and permanent supportive housing facilities; and f) community involvement. Specific focus group questions were tailored to the roles and experiences of the focus group members. A summary of focus group findings is presented in Appendix F.

Table 1
Focus Group Participants

Focus Groups	Number Invited	Number Attended
Emergency shelter program providers	5	5
Permanent supportive housing program providers	6	5
CEOs of Rebuilding Lives service providers and partner agencies for both emergency shelters and permanent supportive housing	12	7
Rebuilding Lives emergency shelter and permanent supportive housing clients, including members of the Citizen’s Advisory Committee	Unknown	12
Franklinton community residents	7	5
Columbus Coalition for the Homeless	5	2

Source: CRP

■ Process Description Report

The process description report includes the following sections:

- **Section 2, Status of Rebuilding Lives Plan Goals and Outcomes.** Includes an overview of the status the implementation of the goals and major outcomes from the 1998 Rebuilding Lives plan and stakeholder perspectives of the goals of Rebuilding Lives.
- **Section 3, Structure and Processes.** Describes facilities developed as part of Rebuilding Lives; the Rebuilding Lives administrative structure (Community Shelter Board, Rebuilding Lives Funder Collaborative, Continuum of Care Steering Committee, and Corporation for Supportive Housing); and the processes put in place to implement Rebuilding Lives (admission to shelters and permanent supportive housing; linking clients to supportive services; Good Neighbor Agreement; program performance measures; and the program certification process).
- **Section 4, Successes and Best Practices.** Describes the success of Rebuilding Lives implementation and the best practices represented by Rebuilding Lives.
- **Section 5, Implementation Challenges.** Describes the status of the contextual assumptions (economy, funding, nature of homelessness) upon which the 1998 Rebuilding Lives plan was based, as well as other challenges that emerged over the last seven years during plan implementation.
- **Section 6, Franklinton Residents Focus Group.** A summary of the focus group that was conducted with residents of Franklinton neighborhood.
- **Section 7, Stakeholder Recommendations.** A summary of interview and focus group participant recommendations for improvements to Rebuilding Lives.

2. Status of Rebuilding Lives Plan Goals and Outcomes

The 1998 report of the Scioto Peninsula Relocation Task Force, *Rebuilding Lives: A new strategy to house homeless men*, included a table with two-year outcomes, but did not include a list of goals. In 2004, the Rebuilding Lives Funder Collaborative formed a committee on evaluation, chaired by United Way staff, to prepare for an evaluation of Rebuilding Lives. CRP worked with the committee to analyze the 1998 report and “surmise” what the original goals might have been.

This section describes the extent to which these goals and selected outcomes from the 1998 plan have been achieved, incorporating information from CSB documents and stakeholder perspectives from the interviews and focus groups.

■ Stakeholder Perspectives: Rebuilding Lives Goals

Focus group and interview participants perceived that the goals of the Rebuilding Lives strategy are to: 1) address homelessness by providing housing alternatives for homeless individuals; 2) provide supportive services; and 3) help homeless persons overcome barriers to self-sufficiency. Examples of comments include:

- *To produce 800 units of housing for the homeless.*
- *To promote a “housing first” approach to homelessness so people avoid emergency shelters, spend reduced time there, and find stable housing more quickly.*
- *To ensure that chronically homeless or mentally disable persons have adequate, decent, safe housing.*
- *There is a belief that supportive services will provide an opportunity to break a cycle in their lives and move them out of homelessness.*

Stakeholders generally perceived that the goals of Rebuilding Lives have not changed over time, although they did note that it now includes permanent supportive housing for women and families. Examples of comments include:

- *The purposes [of Rebuilding Lives] haven’t changed.*
- *I don’t think so. Rebuilding Lives has been about getting people out of the shelters, into supportive housing, and getting them the help they need.*
- *The original plan called for housing 800 single adult men. It is now expanding to include families and single women.*

■ Status of Goals and Two-Year Outcomes

Tables 2 and 3 provide an overview of the current status of the “surmised” goals (see previous page for methodology) and key two-year outcomes from the 1998 Rebuilding Lives plan. CRP and CSB reviewed documents to identify data that provide an indication of their status. Illustrative stakeholder comments from the focus groups and interviews that relate to the goals and outcomes are also included.

Table 2
Status of Goals from 1998 Rebuilding Lives Plan

Goal	Indicator Data	Comments of Interview and Focus Group Participants
1. Emergency Shelter		
a) Single adult emergency shelters serve homeless persons for 30-60 days average length of stays.	<ul style="list-style-type: none"> • From 7/1/05– 6/30/06, homeless men stayed an average of 41 days in emergency shelter facilities (CSB 2006 Snapshot). 	<ul style="list-style-type: none"> • The ability of emergency shelter providers to move homeless persons out of shelter into permanent housing within the 30-60 day range is impacted by a shortage of supportive housing units. • The length of stay in emergency shelters should be more flexible to meet the individual needs of homeless persons.
b) The number of single adult emergency shelter beds is reduced to 300, with no facility having more than 75 beds.	<ul style="list-style-type: none"> • The number of available beds within the men’s emergency shelter system is 417 (CSB 2006 Snapshot). • Of the four men’s shelter facilities, three have more than 75 beds (CSB FY2006 Program Evaluation). 	<ul style="list-style-type: none"> • One of the goals of Rebuilding Lives was to eventually be out of the shelter business. • Participants in the Columbus Coalition for the Homeless focus group indicated that the shelter program needs more attention to reduce facility size.
c) Two shelters sited in new locations will replace Volunteers of America and Open Shelter, which were located on the Scioto Peninsula.	<ul style="list-style-type: none"> • The Volunteers of America men’s shelter was relocated in 2003 to a new facility on Harmon Avenue (CSB FY2005 Program Evaluation). • The Open Shelter closed in June 2004 (CSB 2005 Snapshot). • In November 2000, Lutheran Social Services opened Faith Mission on 8th, which replaced the CSB-funded services of The Open Shelter (Rebuilding Lives Feb. 2001 Progress Report). 	<ul style="list-style-type: none"> • Participants in the Franklinton resident’s focus group felt that closing The Open Shelter has been positive for the community and has resulted in a perception among members of the Franklinton community that there are fewer individuals on the streets that are experiencing homelessness. The focus group participants also feel that the relocation of the VOA’s men’s shelter has been a definite improvement.

Goal	Indicator Data	Comments of Interview and Focus Group Participants
1. Emergency Shelter (continued)		
<p>d) Clients receive services in the type and in the manner predicted (i.e. access to clean, safe shelter and essential services in order to link individuals to community housing, employment, and supportive services).</p>	<ul style="list-style-type: none"> • The four men’s emergency shelters provide supportive services, such as case management, employment assistance, resource centers, and referral to mental health, substance abuse, vision, medical, and dental services (CSB FY2006 Program Evaluation). • System protocols for comprehensive assessments of all “repeat” users of the shelter system and those with tenure of more than 21 days were not developed (CSB staff). 	<ul style="list-style-type: none"> • Some stakeholders agreed that Rebuilding Lives has successfully created a coordinated, targeted, and cost-effective way of providing shelter and services for crisis, emergency housing, while others reported mixed feelings about success in this area. • Some services, such as mental health treatment, are difficult for clients to access as quickly as needed, due to waiting lists. • Participants in the Columbus Coalition for the Homeless focus group indicated that funding and support of shelters is lacking, and that shelters need to focus on implementing best practices.
2. Crisis Stabilization		
<p>a) Thirty-five new crisis stabilization beds will be developed, replacing The Open Shelter’s Protective Services for Public Inebriates (PSPI).</p>	<ul style="list-style-type: none"> • The Engagement Center at Maryhaven opened in October 1999 to replace The Open Shelter’s PSPI unit (Rebuilding Lives 2000 Progress Report). • As of June 2006, 50 crisis stabilization beds have been developed, with 42 beds being reserved for male clients (CSB FY2006 Program Evaluation). 	<ul style="list-style-type: none"> • Not mentioned by interview or focus group participants.
<p>b) There is increased collaboration with the ADAMH system, Netcare, and the police.</p>		<ul style="list-style-type: none"> • Participants in the Franklinton focus group discussed their awareness of the police assisting Netcare with transporting homeless inebriates to Safe Havens or the Engagement Center at Maryhaven.

2. Status of Goals and Outcomes

Goal	Indicator Data	Comments of Interview and Focus Group Participants
2. Crisis Stabilization (continued)		
<p>c) Clients receive services of the type and in the manner predicted (i.e., crisis assistance to those who are publicly inebriated, linking persons to case management services, treatment housing, and assisted living for disabled persons).</p>	<ul style="list-style-type: none"> • Clients of the Maryhaven Engagement Center are referred to community service providers for housing, medical, behavioral healthcare, and other support services (CSB FY2006 Program Evaluation). • Although, 17% of exits were to housing, and 8% were to detox, supportive housing was not the primary outcome. (CSB FY2006 Program Evaluation). • Parsons Avenue permanent supportive housing was developed as assisted living. Cassady Avenue and North 22nd are examples of treatment housing (CSB staff). 	<ul style="list-style-type: none"> • Not mentioned by interview or focus group participants.
3. Supportive Housing		
<p>a) 800 units of supportive housing will be developed of the predicted types and at the predicted rate over five years.</p>	<ul style="list-style-type: none"> • By 2003, the year that Rebuilding Lives reached the five-year mark, 350 supportive housing units were operational (Summary of 2003 Funder Summit, CSB). • As of June 2006, 760 supportive housing units have been made available for Rebuilding Lives clients (CSB 2006 Snapshot). • 90 additional supportive housing units are slated to become operational in 2008 or later through the opening of CHN's Southpointe Place and NCR's Commons at Buckingham (CSB 2006 Snapshot). 	<ul style="list-style-type: none"> • Most stakeholders indicated that Rebuilding Lives has been successful in created permanent supportive housing alternatives, while some indicated that it has been a mixed success. Stakeholders were aware that the original 800 unit goal has not yet been achieved. • There is not enough supportive housing available to meet the need.

Goal	Indicator Data	Comments of Interview and Focus Group Participants
3. Supportive Housing (continued)		
<p>b) Residents of supportive housing will remain stable in housing.</p>	<ul style="list-style-type: none"> Male clients of Rebuilding Lives stayed an average of 22 months in supportive housing, and 97% of them successfully retained their housing 90 days or longer (CSB 2006 Snapshot). 	<ul style="list-style-type: none"> Overall, Rebuilding Lives clients expressed having very positive experiences in supportive housing, feeling safer, and having an improved quality of life. Clients indicated that it would be helpful to have more assistance with transitioning from the street or shelter to a permanent supportive housing facility, navigating the process of applying for housing and other support services, and paying security deposits.
<p>c) Residents of supportive housing receive services of the type and in the manner as predicted.</p>	<ul style="list-style-type: none"> The CSB Program evaluation indicated that all 13 of the Rebuilding Lives supportive housing facilities provide supportive services. Supportive services, which vary among programs, include vocational counseling, money management and life skills classes, and mental health and substance abuse treatment. Some of these services were provided on-site, while other services were provided through referral to community service providers. (CSB FY2006 Program Evaluation). 	<ul style="list-style-type: none"> All supportive housing clients are assigned a case manager who conducts a needs assessment and is primarily responsible for linking clients to services; however, agencies need more funding to adequately train their staff to provide services. The supportive services that clients receive have worked well, and without those services, clients would return to homelessness. Clients felt that having a case manager has helped them to better access community resources, but there is a need for increased client awareness of available resources.

2. Status of Goals and Outcomes

Goal	Indicator Data	Comments of Interview and Focus Group Participants
4. Street Outreach		
a) Street outreach is maintained at previous levels, with improved coordination.	<ul style="list-style-type: none"> • The Maryhaven Outreach Program was initiated in 2003 as a way to engage homeless persons living outdoors and assist them with moving into housing (CSB FY2006 Program Evaluation). • Southeast, Inc., Netcare, and Capital Crossroads also provide street outreach services (CSB website). 	<ul style="list-style-type: none"> • The NetcareReach Out program was cited as a Rebuilding Lives best practice. • Service providers go out on the streets and link persons living on the land with services, but people living outdoors are still not receiving enough attention and services.
b) Men living on land, who are chronically or episodically homeless, enter supportive housing as planned.	<ul style="list-style-type: none"> • From 7/1/05 - 6/30/06, 40% of Rebuilding Lives' supportive housing clients were men who were living on the streets prior to receiving supportive housing (CSB 2006 Snapshot). 	<ul style="list-style-type: none"> • Rebuilding Lives has successfully resulted in people obtaining stable housing who would have otherwise been living on the streets.

Table 3
Status of Selected Two-Year Outcomes from 1998 Rebuilding Lives Plan

2-Year Outcome	Indicator Data	Comments of Interview and Focus Group Participants
1. Resources		
<p>A collaborative of funders is operational.</p>	<ul style="list-style-type: none"> • In July 1999, a collaboration of 22 public and private organizations that provide funding and other resources for supportive housing projects, known as the Funder Collaborative, was established to serve as a central source for identifying and overseeing the funding needed to develop and operate supportive housing in Franklin County (Rebuilding Lives 2000 Community Report Card; Rebuilding Lives Fact Sheet, CSB website). • The Funder Collaborative initially met monthly, and currently meets quarterly (Rebuilding Lives Fact Sheet). 	<ul style="list-style-type: none"> • The Funder Collaborative is an aspect of the Rebuilding Lives approach that has worked well. • The roles of the Funder Collaborative are described by stakeholders to be: pooling resources and funding; coordinating efforts; reviewing and approving projects; developing supportive housing; and providing feedback, advice, and early input.

2. Status of Goals and Outcomes

2-Year Outcome	Indicator Data	Comments of Interview and Focus Group Participants
2. Accountability		
<p>a) Good Neighbor Agreement/ Program Certification Process implemented</p>	<ul style="list-style-type: none"> • In September 1999, a community advisory committee comprised of 50 community representatives was convened to develop a document that outlines the processes for Good Neighbor Agreements and Shelter Certification. The document was finalized and approved in March 2000 by CSB Trustees. • CSB began implementation of the Good Neighbor Agreements and Shelter Certification Standards process (currently Program Certification process) in April 2001. Program certification requires all emergency shelter and supportive housing providers to adhere to the Good Neighbor Agreement and Program and Administrative Standards. CSB uses these standards to guide contract compliance reviews and annual funding decisions. <p>(CSB Administrative and Program Standards; Rebuilding Lives 2000 Community Report Card, CSB website).</p>	<ul style="list-style-type: none"> • Stakeholders identified the following as ways that organizations are held accountable for Rebuilding Lives funding: articulated performance standards; reporting, monitoring, evaluation, and feedback; contractual agreements; and Good Neighbor Agreements. • Overall, stakeholders indicated that the Good Neighbor Agreement has been an effective strategy to educate the community and build community acceptance. • Franklinton residents indicated that the Good Neighbor Agreement process has not worked well in their community. • Columbus Coalition for the Homeless focus group participants indicated that CSB evaluations are flawed and need more input from persons served by Rebuilding Lives facilities and community residents. There is a perception that Rebuilding Lives weaknesses and gaps are withheld from the public.
<p>b) Community Report Card issued</p>	<ul style="list-style-type: none"> • In December 2000, CSB issued the first Rebuilding Lives community report card detailing progress in the implementation of Rebuilding Lives. A total of 10 Rebuilding Lives Progress Reports were issued. After 2004, CSB incorporated the Progress Report into the agency's annual report (CSB staff). 	<ul style="list-style-type: none"> • Not mentioned by interview or focus group participants.

2-Year Outcome	Indicator Data	Comments of Interview and Focus Group Participants
3. Centralized Meal Service		
a) Feasibility study conducted	<ul style="list-style-type: none"> The Mid-Ohio Foodbank received a grant from Food Chain to undertake a feasibility study to implement a centralized meal service in Columbus. (Rebuilding Lives March 2001 Progress Report). 	<ul style="list-style-type: none"> Not mentioned by interview or focus group participants.
b) Program operationalized	<ul style="list-style-type: none"> In October 2001, a presentation of the findings of the feasibility study was made to the Funder Collaborative. It was concluded that a central kitchen was not a good fit at the time within the existing emergency shelter system, nor was one deemed necessary for permanent supportive housing facilities (October 11, 2001 Funder Collaborative Meeting Notes). 	<ul style="list-style-type: none"> Not mentioned by interview or focus group participants.
4. Employment Initiatives		
Programs operationalized.	<ul style="list-style-type: none"> Employment Resource Centers, which provide computers with Internet access, telephones, employment leads, and job training resources, have opened at all of the men's shelters and at several supportive housing units (Rebuilding Lives November 2003 Progress Report). Most Rebuilding Lives permanent supportive housing has some type of employment services (see Goal 3c); however, the extent varies significantly. There have been some successes at hiring tenants to work at supportive housing facilities (e.g., CHN has a desk staff training program. (CSB staff) 	<ul style="list-style-type: none"> Not mentioned by interview or focus group participants.

2. Status of Goals and Outcomes

2-Year Outcome	Indicator Data	Comments of Interview and Focus Group Participants
5. Shelter Diversion		
Additional resources brought on line	<ul style="list-style-type: none"> • In March 2001, CSB reported moving forward with plans to enhance shelter services and programming through the development of a comprehensive shelter diversion and homelessness prevention strategy that focuses resources on helping individuals before they become homeless and require emergency shelter (Rebuilding Lives March 2001 Progress Report). • During 2001, CSB implemented a pilot program – the SEED Fund (Support, Engagement, and Economic Development) to facilitate the movement of “Street homeless” to permanent, transitional, and/or supportive housing. The initiative was not taken beyond the pilot stage (March 2003 Rebuilding Lives Progress Report). • While CSB now requires adult shelters to practice diversion, no additional financial resources were added to shelter contracts. Due to funding challenges and program performance, CSB stopped funding the Lutheran Social Services homeless prevention program (CSB staff). 	<ul style="list-style-type: none"> • Stakeholders recommended that the Rebuilding Lives Updated Strategy address the prevention of homelessness.

3. Structure and Processes

Implementation of Rebuilding Lives is dependent on a complex interrelationship of organizations, systems, and procedures. This section describes the structure of Rebuilding Lives, including: 1) facilities; 2) administration; and 3) implementation processes. The description addresses the current status, as well as the processes for establishing the structures, and how they have changed over time.

■ Snapshot: structure and processes

Facilities

- **Men's shelter system reorganized.** The men's emergency shelter system was reorganized through the closing of The Open Shelter, the relocation of Volunteers of America men's shelter, and the development of a new inebriate shelter, operated by Maryhaven, and a new men's shelter, Faith Mission on 8th. In 2007, the year-round bed capacity of the men's shelter system was 417, down from 476 in 1997.
- **Permanent supportive housing developed.** Since the implementation of Rebuilding Lives, 760 new permanent supportive housing units, within 16 programs, have been brought on line, primarily for single adult men and women.

Administrative structure

- **Community Shelter Board as lead agency.** CSB is the lead agency for the implementation of Rebuilding Lives. CSB's roles include: 1) educating public officials and the community about supportive housing; 2) chairing the Funder Collaborative and the Continuum of Care Steering Committee, 3) providing technical assistance and capacity-building for project sponsors; 4) coordinating partnerships; 5) monitoring and evaluating programs; 6) maintaining the Homeless Management Information System; and 7) securing and pooling program funding.
- **Rebuilding Lives Funder Collaborative coordinates funding and policy.** The Collaborative is a partnership of 22 key public and private organizations with overall responsibility for implementation of Rebuilding Lives. Members provide funding and other resources, individually from their respective organizations, and through pooled funding, for supportive housing program development and operations. The Collaborative: 1) approves funding for programs, 2) establishes common goals and outcomes; 3) develops policies; and 4) establishes a multi-year funding strategy.

3. Structure and Processes

- **Continuum of Care Steering Committee applies for HUD funding.** The Steering Committee is the planning body that annually prioritizes over \$6 million in HUD funding, which is used to fund supportive housing projects. The Steering Committee coordinates the HUD Continuum of Care grant application and project evaluation process for Columbus and Franklin County.
- **Corporation for Supportive Housing provided technical assistance.** CSH, a national nonprofit organization that works to expand permanent supportive housing, established an Ohio office in October 1999 to support implementation of Rebuilding Lives. CSH provided technical support to the Funder Collaborative, and technical assistance, capacity-building, and finance packaging assistance for project developers. In 2004, CSH's role in Rebuilding Lives ended, and CSB assumed all administrative and technical assistance that was previously handled by CSH.
- **Partner organizations develop and operate supportive housing programs.** Nonprofit partner organizations develop and manage permanent supportive housing and provide supportive services for residents. Key Rebuilding Lives partner agencies include: Community Housing Network, Maryhaven, National Church Residences, Southeast, Inc., YMCA of Central Ohio, and YWCA Columbus.

Implementation processes

- **Admission processes: emergency shelter.** Admission to adult emergency shelters occurs 24 hours a day, seven days a week, on a first-come, first-served basis. Residents are expected to sign a resident agreement and work on a plan for transitioning to a more stable living situation.
- **Admission processes: supportive housing.** Admission to permanent supportive housing requires documentation that a person: 1) meets the definition of "homeless"; 2) is experiencing long-term homelessness; and 3) is disabled. Admission policies include allowances for poor credit history, lack of income, and unaddressed mental health and/or substance abuse issues, which may exclude homeless persons from admission to other housing facilities. All programs are relapse tolerant and, with one exception, do not have sobriety as a condition of admission. A given program's funding source may impose additional admission requirements.
- **Linking clients to supportive services.** Clients are linked to services through case management and referral services at emergency shelters and supportive housing facilities. Services include mental health services, medical, vision and dental care; alcohol and drug treatment; acquiring benefits; and employment assistance. Street outreach links persons living on the land to services.
- **Good Neighbor Agreement.** The Good Neighbor Agreement process was initiated in 2001, and is a requirement of all emergency shelter and supportive housing providers. The process

requires developers to gain community support for the project and execute a written agreement with community stakeholders to guide their future relationship.

- **Outcomes-based funding.** CSB's outcomes-based funding model measures compliance with 17 performance standards and monitors the progress of emergency shelter and permanent supportive housing programs. Performance is tracked by CSB through HMIS data and service and financial reports from program providers, and reported in CSB evaluation reports.
- **Program Certification Process.** Shelter Certification Standards were implemented by CSB in 2000. The standards, which monitor performance in 11 program areas, were later modified to apply to permanent supportive housing. A review team conducts site visits and reviews targeted standards, with a full review every 3 years. As of April 2006, all CSB partner agencies were in compliance with the standards.

■ Stakeholder perspectives: structure and processes

The role of administrative organizations and structures

- The **Community Shelter Board** is the Rebuilding Lives leader, convener, coordinator, and planner.
- The roles of the **Rebuilding Lives Funder Collaborative** are: pooling resources, bringing community leaders together, reviewing and approving Rebuilding Lives project proposals, and developing and revising Rebuilding Lives policies and procedures based on CSB recommendations.
- The **Continuum of Care Steering Committee** is a vehicle for funding supportive housing programs.
- The success of Rebuilding Lives has been heavily dependent upon the input, resources, and collaborative efforts of the community and **partner agencies**.

Emergency shelter admission process

- There is no centralized intake process for the adult system, as there is with the family system.
- Emergency shelter facilities are easy to find.
- It can be difficult to be admitted to women's shelters because of limited capacity.

Permanent supportive housing admission process

- Clients indicated some frustration with the amount of time it took to be placed in supportive housing (with reports of placement taking anywhere from weeks to months).
- Clients also expressed satisfaction with the admissions process, which was perceived as occurring relatively quickly once an application for housing was completed.

The Good Neighbor Agreement

- A success of Rebuilding Lives has been the use of the Good Neighbor Agreement process to garner community input and support.
- The Good Neighbor Agreement process can disempower neighborhood residents, who feel that they have no part in deciding if a facility will be located in their neighborhood, and it is a tool to silence opposition.

Performance accountability

- Rebuilding Lives programs are held accountable by the performance standards created by CSB.
- Program accountability occurs through periodic reporting from shelters and permanent supportive housing providers, and the monitoring and evaluation of these organizations by CSB and other funders.

■ Facilities

Men’s Emergency Shelter Facilities

While the Scioto Peninsula Task Force recognized that there were needs in the community for homeless families and homeless single women, the work of the Task Force focused on services for homeless single adult men, because the two emergency shelters affected by development of the Scioto Peninsula served this population. In addition, almost all persons living outdoors on the Peninsula were men.

The 1997 homeless service system in Franklin County included four emergency shelters for adult men (The Open Shelter, Faith Mission, Friends of the Homeless, and Volunteers of America) that provided a total of year-round 476 beds. The PSPI (Protective Services for Public Inebriates) facility, housed in The Open Shelter, had space for 24 males per night.

As part of the implementation of Rebuilding Lives plan, PSPI and The Open Shelter was closed, and the Volunteers of America men’s shelter was relocated. The adult emergency shelter system was reconfigured to be more coordinated. The reconfiguration included development of a new public inebriate facility operated by Maryhaven, and a new men’s shelter, Faith on 8th, operated by Lutheran Social Services. In 2007, there are a total of 417 year-round shelter beds for single men (Table 4).

Table 4
Men’s Emergency Shelter System, 1998 and 2007

	Year-Round Bed Capacity	
	1998	2007
The Open Shelter	95	Closed
The Open Shelter/PSPI	24	Closed
Faith Mission (1998)/Faith Mission on 6 th Street (2007)	132	110
Faith Mission on 8 th Avenue	Not in operation	95
Friends of the Homeless Men’s Shelter	130	130
Volunteers of America Men’s Shelter (relocated)	52	40
Maryhaven Engagement Center (inebriate shelter)	Not in operation	42
Total Capacity	476	417

Source: Rebuilding Lives: A new strategy to house homeless men (1998); The 2006 Community Report on Homelessness: A Snapshot; FY2006 Program Evaluation, CSB

Permanent Supportive Housing Facilities

Under the Rebuilding Lives strategy, permanent supportive housing refers to affordable housing that links residents who have experienced long-term homelessness and have one or more disabilities to a range of support services designed to maintain stable housing and improve the quality of their lives. The Task Force noted that, in 1998, most of the supportive services needed by homeless men with serious disabilities already existed in the community. What did not exist was permanent supportive housing with

3. Structure and Processes

direct linkages between housing and service, and this was the focus of the Rebuilding Lives strategy.

In 2007, there are 760 units of housing operating within 16 supportive housing programs (Table 5) that have been developed as part of the Rebuilding Lives strategy. An additional 90 units have been planned and are in various stages of development to be completed in the next two years. During FY 2006, Rebuilding Lives supportive housing served 542 men and 256 women.

Table 5
Rebuilding Lives Permanent Supportive Housing Facilities, 2007

Program	Population Served	Rebuilding Lives Units	Partner Agency*
Cassady Avenue Apartments	Men	10	CHN
Community ACT Housing	Men, women	42	CHN
Briggsdale Apartments	Men, women	25	CHN
East Fifth Avenue Apartments	Women	38	CHN
North 22 nd Street	Men, women	30	CHN
North High Street	Men, women	36	CHN
Parsons Avenue	Men	25	CHN
Rebuilding Lives PACT Team Initiative	Men, women	80/28	CHN/CMHA
Safe Havens Apartments	Men, women	16	CHN
Scattered Sites	Men, women	75	SE
Hotel St Clair	Men, women	26	CHN
Sunshine Terrace	Men, women	65	YMCA
The Commons at Chantry	Men, women, families	50	Maryhaven
The Commons at Grant	Men, women	50	NCR
40 West Long Street	Men	95	YMCA
WINGS	Women	69	YWCA
Total		760	

* CHN=Community Housing Network; CMHA= Columbus Metropolitan Housing Authority, SE=Southeast; NCR=National Church Residences

Source: The 2006 Community Report on Homelessness: A Snapshot; FY2006 Program Evaluation, CSB

■ Administrative Structure

Community Shelter Board

The Community Shelter Board is an umbrella organization that serves the Columbus and Franklin County community and is responsible for the planning and funding of strategies that decrease homelessness and increase the placement of homeless persons into permanent housing. It was established in 1986 by a small group of business and community leaders organized by Mel Schottenstein, a prominent business owner who

decided that it was not acceptable for any person to be homeless in the Columbus and Franklin County community, even for one night.

The mission of the Community Shelter Board is to coordinate community based efforts, foster collaboration, and fund services to assist families and individuals in Central Ohio to resolve their housing crisis. A 19-member board of trustees, largely from the corporate and business community, guides the organization, along with a professional staff of 16 employees.

The Community Shelter Board carries out its work in coordination with its partner agencies to deliver four key products and services:

- Resource development and investment
- Service delivery, coordination and planning
- Program accountability
- Systems change and public policy reform

The roles of CSB in the implementation of Rebuilding Lives include:

- Helping to educate local, state, and national elected leaders, as well as the Franklin County community, on supportive housing.
- Helping to secure funding from local, state, and national organizations, as well as private donors, and preparing the annual funding strategy for review and approval by the Funder Collaborative.
- Monitoring and evaluating Rebuilding Lives programs through annual program evaluations and quarterly indicator reports.
- Chairing and facilitating the meetings of the Collaborative. Committing staff and resources to provide technical support to the Funder Collaborative, including committees and special programs. This includes preparation of agendas, meeting materials, resolutions, meeting notes, and other records.
- Providing technical assistance and project development capacity-building.
- Assisting with establishing priorities, criteria, and a process for selecting supportive housing programs that receive funding from the Funder Collaborative.
- Initiating and coordinating the partnerships needed to develop and operate new supportive housing. Preparing organizations to serve as developers, managers, and service providers.
- Working with potential sponsors in preparing requests for assistance from the Funder Collaborative, the Continuum of Care Steering Committee, and other potential funders of supportive housing.
- Working with potential sponsors to develop and implement community acceptance plans.

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- Maintaining the Homelessness Management Information System (HMIS), which is used to collect client level data on persons served in outreach, shelter, and supportive housing.
- Pooling funding from the United Way of Central Ohio, Franklin County, City of Columbus, and various private foundations and corporations and making funding awards to project sponsors endorsed by the Funder Collaborative.

Rebuilding Lives Funder Collaborative

One of the foundations of the Rebuilding Lives strategy is the Funder Collaborative. The Funder Collaborative is a partnership of 22 public and private entities that provide funding and other resources for supportive housing programs. Collectively, this group of funders works to prioritize funding needs and to develop and maximize funding for the provision of supportive housing (See Appendix H for current Funder Collaborative members).

Establishing the Funder Collaborative

The creation of the Funder Collaborative began with a recommendation from the 1998 Task Force that funding for supportive housing development and operations be allocated by pooling resources among funders to achieve mutually agreed upon goals. These funds would be derived from re-directing existing resources, as well as from new resources.

CSB issued invitations to agencies identified in the Task Force report to become members of the Rebuilding Lives Funder Collaborative. It was requested that individuals from these organizations who had decision-making authority serve as the Funder Collaborative representative. Organizations initially asked to be Collaborative members were:

- The City of Columbus
- Franklin County
- United Way
- Community Shelter Board
- The Alcohol, Drug, and Mental Health Board (ADAMH)
- Corporation for Supportive Housing
- Columbus Metropolitan Housing Authority (CMHA)
- Veterans Services Commission
- Franklin County Department of Jobs and Family Services
- Franklin County Office on Aging

Over time, the institutional membership of the Collaborative was expanded and it matured and evolved. Members added included Columbus Public Health (as healthcare became a more preeminent concern), Franklin County Department of Mental Retardation and Developmental Disabilities (to better address the needs of persons with

dual disabilities), the Affordable Housing Trust (to increase representation of housing development), and Franklin County Children Services (to better serve families with children). No institutional members withdrew from the Collaborative. Personnel representing institutional members changed over time as job duties or employment status changed.

Structure of the Funder Collaborative

The Funder Collaborative is chaired by the Executive Director of CSB. Initially, Funder Collaborative meetings were held for two hours on a monthly basis. The meetings were scaled back to bimonthly, and then to quarterly, as the processes became more established. The Funder Collaborative has created several ad hoc workgroups that have been time-limited. These groups met during the alternate months from the full Collaborative meetings and have addressed topics such as evaluating Rebuilding Lives, program financial sustainability, family permanent supportive housing, and expanding Rebuilding Lives while the updated strategy is being developed.

Role of the Funder Collaborative

The Funder Collaborative approves funding for specific Rebuilding Lives programs. New programs have standards they are expected to meet for development, operating, and service costs. Existing programs seeking funding are assessed against the standard of occupancy, tenure, and housing stability and retention.

Participating members retain individual grantmaking and contract execution authority, except when pooled funding is possible. Funding requests for capital development, the “hard costs,” such as acquisition, rehabilitation, and construction, are made by presenting a project proposal to multiple funders and allowing those funders to independently decide the level of support they will provide for the project. These decisions are contingent upon demonstrating that operations and service costs are adequately covered.

In addition to making decisions regarding how funding would be allocated for development of supportive housing programs, the Funder Collaborative has worked to establish common goals and outcomes among the participating agencies and standard reporting requirements for Rebuilding Lives programs.

Other charges of the Funder Collaborative, as documented in meeting minutes, include:

- Establishing a multi-year funding strategy,
- Receiving updates from members on related issues,
- Considering work group recommendations on policy decisions, and
- Providing advice and support in advancing a policy agenda beyond Columbus and Franklin County to garner investment and commitment from state and federal sources.

Continuum of Care Steering Committee

The Continuum of Care Steering Committee is the local Continuum of Care (CoC) planning body that annually prioritizes over \$6,000,000 in funding 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 have received acquisition, rehabilitation, construction, operation, service, and/or administrative funding through the Continuum of Care process.

The Steering Committee designs and coordinates the annual Continuum of Care grant application process for Columbus and Franklin County. This Committee is comprised primarily of local funders, government representatives, service providers, and consumers. Four Steering Committee seats designated by the Columbus Coalition for the Homeless (CCH) represent local providers. Additionally, four committee seats are reserved for homeless service consumers.

Although the Steering Committee meets year-round, the most intensive work occurs during the actual CoC application preparation process. Steering Committee members typically meet on a monthly basis through the application process. Membership requires a one-year commitment, which includes participation in all Steering Committee meetings with a mandatory RSVP or notice of inability to attend. Steering Committee meetings are open to the public, however only committee members have voting privileges. The Continuum of Care planning process also involves the following groups (see Appendix H for membership).

- **The Technical Review Committee (TRC)** oversees project evaluations and, using information from these evaluations and feedback from providers and consumers, recommend project rankings. To avoid potential conflicts of interest, membership on this committee is reserved for individuals whose agencies do not receive funding from the HUD Continuum of Care system in Franklin County.
- **The Provider Group** is comprised of provider organizations that receive, or are applying to receive HUD Continuum of Care funds. This group meets to establish a priority list of programs for the HUD submission. The Provider Group recommendations are given to the Technical Review Committee and are used to determine final project ranking.
- **The Citizens Advisory Council** is comprised of people who have experienced homelessness. The Council acts in an advisory role to improve services for the homeless. The Council reviews program plans and recommendations, including the annual submission to HUD, and offers advice about how to make programs and services more effective from the perspective of the consumer.

Corporation for Supportive Housing

A key partner in the early implementation of Rebuilding Lives was the Corporation for Supportive Housing (CSH). CSH is a national nonprofit organization, established in 1991, whose mission is to expand the quantity and quality of permanent supportive housing for individuals with special chronic medical, mental health, and other disabilities, who are, or at risk of, becoming homeless. CSH does not directly build

housing facilities but works with a national network of nonprofit housing and service providers who act as developers and operators of supportive housing programs in their local communities.

CSB recognized that it would be necessary to garner the support of such an entity in order to develop the capacity of providers and funders to accomplish the supportive housing goals of Rebuilding Lives. CSH conducted feasibility assessment and determined that the policy directions proposed by the Rebuilding Lives plan, the planning and analysis conducted by CSB, and the range of interested stakeholders provided an excellent opportunity for CSH to become involved with the development of supportive housing in Ohio.

With support from United Way and CSB, CSH established an Ohio program office in October of 1999. The 1998 report of the Task Force indicated that CSH was expected to:

- Commit staff and resources for, and provide technical support to, the Funder Collaborative.
- Assist with development of capital finance packages for housing.
- Provide technical assistance and project development capacity-building.
- Link housing developers and social service providers.
- Educate the community regarding supportive housing.

Progress reports describe the following roles of the CSH Ohio program office in the implementation of Rebuilding Lives:

- Made presentations, in conjunction with CSB, to the Continuum of Care Steering Committee regarding best practices suitable for Rebuilding Lives.
- Assisted with establishing priorities, criteria, and a process for selecting supportive housing programs that receive funding from the Funder Collaborative.
- Initiated and coordinated the partnerships needed to develop and operate new supportive housing.
- Prepared organizations to serve as developers, managers, and service providers.
- Worked with potential sponsors in preparing requests for assistance from the Funder Collaborative.
- Shared a national perspective of “lessons learned” and experience gained in providing similar support in other parts of the country.
- Provided pre-development and capacity building grants to sponsors of supportive housing programs.

In January 2004, Funder Collaborative meeting minutes indicate that, due to CSH budget constraints, the Ohio office staff was reduced and staff roles redefined. As a result, CSB assumed all administrative and technical assistance responsibilities that were previously handled by CSH.

Partner Agencies

Accomplishing the goals of the Rebuilding Lives plan has been heavily dependent upon the collaborative involvement of nonprofit partner organizations in the community that develop and manage housing and provide supportive services. The following organizations have been instrumental in developing and operating permanent supportive housing as part of Rebuilding Lives:

- **Community Housing Network (CHN)** is a nonprofit housing development organization that develops, owns, and manages permanent supportive housing rented to people disabled by mental illness, addiction disorders, and histories of homelessness. CHN is the developer of 10 of Rebuilding Life's permanent supportive housing facilities and manages the programs located at these facilities.
- **Maryhaven** is a private nonprofit corporation that is central Ohio's most comprehensive healthcare facility specializing in the treatment for people with alcohol and drug dependencies. Maryhaven is the developer and operator of the inebriate emergency shelter and the service provider at Commons at Chantry.
- **National Church Residences (NCR)** is a nonprofit corporation that provides affordable housing, healthcare, and supportive housing services to modest-income seniors and families. NCR is the developer and manager of The Commons at Grant and Commons at Chantry, two Rebuilding Lives permanent supportive housing facilities.
- **Southeast, Inc. (SE)** is a comprehensive mental health, chemical dependency, and healthcare organization serving diverse populations regardless of their economic status. SE oversees the operation of the Friends of the Homeless programs and Rebuilding Lives permanent supportive housing units at scattered sites in Franklin County.
- **YMCA of Central Ohio** is a human services organization that serves the community through programs that express Judeo-Christian values. The YMCA manages two of the Rebuilding Lives permanent supportive housing facilities; one for men, 40 West Long Street, and one for both men and women, Sunshine Terrace.
- **YWCA Columbus** is the oldest and largest multicultural women's organization in the world. YWCA Columbus provides services that include childcare, career counseling, crisis intervention and support, and health and fitness information. The YWCA Columbus manages WINGS, a Rebuilding Lives permanent supportive housing facility.

■ Implementation Processes

Facility Admissions Processes

Admission to the Adult Emergency Shelter System

Intake to a single adult emergency shelter occurs 24 hours a day, seven days a week. However, shelter beds are assigned on a first-come, first-served basis. Persons who are admitted are expected to sign a resident agreement and work on a plan for transitioning out of the shelter into a more stable living situation. Persons who forfeit, or do not show up for their beds, may have to apply for re-entry and in some programs wait 30 days before they are eligible to gain re-entry into the shelter (see Appendix I).

Admission to Permanent Supportive Housing

Persons interested in becoming residents of a Rebuilding Lives permanent supportive housing facility must be homeless at the time of admission into the program, as verified by documentation from a provider of services to homeless persons, or a written statement signed by the applicant. Persons are considered homeless if they came from:

- Places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings,
- An emergency shelter, or
- Transitional housing for homeless persons and who originally came from the streets or emergency shelter.

A second criterion is that persons must be experiencing long-term homeless, either by spending at least 120 days in a shelter and/or on the streets, or having at least four, seven-day episodes of homelessness separated by at least 30 days. Verification of long-term homelessness comes either from CSB's HMIS or through third party verification, such as documentation from a service provider.

A third eligibility criterion requires potential residents to be disabled. According to the Rebuilding Lives definition, disability refers to "any one or combination of multiple special needs that substantially impedes the success of a client obtaining or maintaining housing." Examples of such disabilities include serious mental illness, substance abuse disorders, and developmental disabilities. A verification form must be completed that identifies at least one disability of the client and includes the signature of the client and a service provider.

Admission policies include allowances for poor credit history, lack of income, and unaddressed mental health and/or substance abuse issues, which may exclude homeless persons from admission to other housing facilities. All programs are relapse tolerant and, with one exception, do not have sobriety as a condition of admission.

However, Rebuilding Lives permanent supportive housing programs are also required to follow the eligibility criteria of their funding sources (e.g. HUD Housing Vouchers, which exclude a person from eligibility with a criminal history). CSB has found that admission and eligibility requirements may vary from project to project, depending on

their funding sources, with some agency processes easier for clients to navigate than others. This is a concern, as homeless persons seeking to enter permanent supportive housing are typically best served by admissions practices that help clients obtain necessary documentation, minimize the number of face-to-face appointments, and expedite application processing.

Linking Clients to Supportive Services

There are a variety of supportive services and benefits to which clients can be linked as they make the transition from homelessness to more stable housing. These include mental health services; medical, vision, and dental care; alcohol and drug treatment; acquiring Social Security and other benefits; and employment assistance.

Case management (also referred to as service engagement or service coordination) is the primary way that clients are linked to supportive services. Case Managers/Resource Specialists/Service Engagement Specialists assist clients with identifying specific needs, usually at the time of intake, and supply them with information about available resources within the community for addressing the identified needs. CSB program evaluation reports indicate that emergency shelter programs and permanent supportive housing facilities typically provide some type of case management and referral services. Street outreach teams from Maryhaven Outreach, Southeast, Inc., Netcare, and Capital Crossroads link persons living outdoors to services.

Good Neighbor Agreement

Modeled after a process used in Portland, Oregon, the Good Neighbor Agreement is a plan developed by a facility developer and neighborhood residents and representatives that establishes a formal structure for present and future communications. It may also deal with site design, operations, and safety procedures. A part of the Rebuilding Lives strategy was to put in place a similar process in Franklin County.

In September 1999, a 50-person community advisory committee was convened to develop a document that outlines the processes for Good Neighbor Agreements and Shelter Certification. The document was finalized and approved in March 2000 by CSB Trustees.

CSB began implementation of the Good Neighbor Agreements and Shelter Certification Standards process (currently Program Certification process) in April 2001. Program certification requires all emergency shelter and supportive housing providers to adhere to the Good Neighbor Agreement and Program and Administrative Standards. CSB uses these standards to guide contract compliance reviews and annual funding decisions.

The process for developing a Good Neighbor Agreement begins when a developer (shelter operator, supportive housing developer, housing developer, program sponsor) of supportive housing or an emergency shelter has site control (when a lease or purchase contract is executed or when ownership has changed), and includes the following steps:

- The developer initiates a process to gain community support, and is responsible for maintaining a complete written account of all activities, including correspondence and meeting records.

- All stakeholders are notified in writing by the developer and provided the opportunity to participate in developing and executing a Good Neighbor Agreement. The developer sponsors meetings with stakeholders to identify and address any concerns, as well as how the neighborhood residents can be involved.
- The completed Good Neighbor Agreement is signed between developer and stakeholders and serves to guide the relationship of the developer and the stakeholders.

A description of the steps in developing a Good Neighbor Agreement is included in Appendix J. The standards for community relations, including Good Neighbor Agreements, are included in Section I of CSB's Administrative and Program Standards.

Accountability Measures

CSB Outcomes-based Funding

CSB adopted an outcomes-based funding model to measure performance standards and monitor the progress of agencies that provide emergency shelters and Rebuilding Lives permanent supportive housing. In 2006, CSB added compliance with administrative and programs standards, as well as cost-efficiency as evaluated measures.

Shelter and housing service program descriptions are submitted annually to CSB as part of the contract negotiation process. Financial reports are submitted semi-annually to CSB. Performance data are gathered from CSB's Homeless Management Information System (HMIS). Each agency's performance goal is assessed as achieved (Yes), not achieved (No), or not applicable (N/A). *Achieved* is defined as 90% or better of a numerical goal or within five percentage points of a percentage goal. *Not Applicable* is assigned when a performance goal was not assigned. The reason for this is explained in a footnote in the respective program's evaluation report.

CSB creates an evaluation report for each agency that includes an overall performance rating of *High*, *Medium*, or *Low*, summary description of the housing program, data on cost efficiency, and recommendations, where applicable, for performance outcomes measures for the next contract year. A *High* rating indicates that at least all but one performance outcomes were achieved; a *Medium* rating indicates that at least half of program outcomes were achieved; and a *Low* rating indicates that less than half of performance measures were achieved. CSB has completed evaluations of Rebuilding Lives permanent supportive housing for fiscal years 2002 through 2006. CSB has completed evaluations of shelters since 1996.

Community Shelter Board Evaluation Definitions and Methodology describes data points, sources of these data, and how these data are calculated for 17 specified performance outcomes that are collected and reported by each CSB partner agency for HMIS. In turn, these HMIS data are used for CSB's Quarterly Indicator Reports, annual Program Evaluation reports, and the annual Program Outcomes Plan.

- **Quarterly Indicator Reports** include actual performance data, outcome achievements, and goals achieved by individual programs.

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- The **Annual Program Evaluation** report presents a summary description of each program funded by CSB, findings of the extent to which each program has achieved established performance standards, and an overall performance rating for each emergency shelter and supportive housing program.
- The **Annual Program Outcomes Plan** includes recommendations made by CSB for each program and revised measures for performance for the next fiscal year.

Program Certification Process

The *Shelter Certification Standards* were developed by the Community Advisory Committee and endorsed by CSB Trustees in February 2000. Since then, CSB staff has modified the Shelter Certification Standards to apply to permanent supportive housing and other programs. The certification standards are currently referred to as the *Administrative and Program Standards*. These standards are used to monitor the following areas:

- **Organizational structure and management:** governing structure, oversight, responsibility, and authority
- **Compliance with federal, state, and local laws:** all applicable governing bodies, laws, safety codes
- **Personnel standards:** policies and procedures related to staff
- **Fiscal administration:** sound fiscal practices and procedures, operations in accordance with GAAP
- **Program operations:** most substantive and rigorous components of programming and service delivery to clients
- **Data collection and HMIS:** collection of client data and entry into CSB's Homeless Management Information System
- **Evaluation:** a process that consistently examines the efficiency in meeting the needs of the client population served
- **Consumer involvement:** participation of clients in programming planning and development and other decision-making processes related to programming
- **Facility standards:** building, equipment, and environment relating to the facility
- **Safety standards:** safety of the facility
- **Security planning:** safety of the environment through admission, safe storage, and security means

A review team, consisting of experts in homeless program operations, financial management, and administrative compliance, conducts on-site visits and reviews targeted standards. Full reviews, with every standard inspected for compliance, occur on a rotating cycle every three years. Reviews focus on system-wide standards that are targeted as a priority, as well as standards that have been selected for individual agencies based on the outcomes of previous reviews. In order to ensure compliance with standards each year, agencies that are not being reviewed are asked to send a letter to

CSB affirming that they are compliant with all the Administrative and Program Standards. An on-site review confirms compliance with selected targeted standards.

As of April 2006, the following agencies were in compliance with CSB Administrative and Program Standards: ADAMH/Maryhaven; Community Housing Network; Friends of the Homeless; Gladden Community Housing; Homeless Families Foundation; Lutheran Social Services; National Church Residencies; The Salvation Army; Southeast, Inc.; Volunteers of America; YMCA of Central Ohio; YWCA Columbus.

■ Stakeholder Perspectives: Structure and Processes

The following themes about the Rebuilding Lives structure and implementation processes emerged from the six stakeholder focus groups and 22 key informant interviews. Additional focus group and interview data are included in Appendices E and F.

Theme: Community Shelter Board role

Stakeholders perceive the role of the Community Shelter Board as Rebuilding Lives convener, coordinator, leader, and planner.

- *CSB is ultimately responsible for implementing all the goals of Rebuilding Lives.*
- *They, by definition of their mission, coordinate and lead the effort of addressing issues of homelessness.*
- *They are the coordinator, facilitator, implementer, of community-wide strategies for addressing homelessness in this community.*

Theme: Rebuilding Lives Funder Collaborative role

Stakeholders described the roles of the Funder Collaborative as: pooling resources; bringing community leaders together; reviewing and approving Rebuilding Lives project proposals; and developing and revising Rebuilding Lives policies and procedures based on CSB staff recommendations. Examples of comments include:

- *Their purpose has been to pool resources for supportive services, and getting these programs approved and funded.*
- *...assist with funding.*
- *To bring community leaders together.*
- *To coordinate funding to projects that have Rebuilding Lives support.*
- *A central point of review and approval for new and renewing community support and funding; getting these projects approved.*
- *To assure that all projects meet standards of occupancy, tenure, and cost for development, operation, and services.*

Theme: Continuum of Care Steering Committee role

Stakeholders indicated that the role of the Continuum of Care Steering Committee is to serve as a vehicle for funding Rebuilding Lives supportive housing programs. Examples of comments include:

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- *Some of the Rebuilding Lives programs are Continuum of Care projects. Continuum of Care Steering Committee is able to help access funding for those projects.*
- *They're [Continuum of Care] just one source of funding and their role is to make recommendations to the Feds on funding supportive housing.*

Theme: Rebuilding Lives partner agency roles

Stakeholders indicated that the success of Rebuilding Lives has been heavily dependent upon the input, resources, and collaborative efforts of community partner agencies.

Examples of comments include:

- *The collaborations and relationships they set up – housing, mental health, substance abuse, Social Security, VA, etc. – for a common goal.*
- *We decide together whether to move forward with more units and listen to concerns and challenges raised by the CSB, funders, and developers.*
- *Collaboration among stakeholders. A shared sense of ownership that is difficult to achieve in the health and human services arena.*

Theme: Emergency shelter admission process

Stakeholders noted that there is no centralized intake for the adult shelter system, as there is with the family system. Stakeholders perceived that emergency shelter facilities are often easy to find, but it can be difficult to be admitted to women's shelter. Examples of comments include:

- *I have lived in about every shelter in Columbus. They were easy to find.*
- *It should be like it is in the family system, one application; they work with other shelters to figure out where the person should go, versus having to apply to all shelter facilities.*
- *I've stayed in every women's shelter over time. I thought they were easy to find but hard to get in especially in winter. The demand for women's shelter must be going up.*

Theme: Permanent supportive housing admission process

Clients indicated some frustration with the amount of time it took to be placed in supportive housing (with reports of placement taking anywhere from weeks to months). Clients also expressed satisfaction with the admissions process, which was perceived as occurring relatively quickly once an application for housing was completed. Examples of comments include:

- *I applied to live at the Commons at Grant. I filled out an application and was on a waiting list for five months. I kept calling until I got in. It [Commons] has been a real blessing for a lot of people.*
- *I got help from the staff at CHN with filling out the application. I had to wait six weeks, but it was well worth the wait. Because of my age and circumstance of recovery, they referred me to St. Clair.*

Theme: The Good Neighbor Agreement

Some stakeholders perceive that a success of Rebuilding Lives has been the use of the Good Neighbor Agreement process to garner community input and support. Examples of comments include:

- *Good Neighbor Agreements are a really smart thing we've done in this community. Building trust is essential; it holds a project accountable to its neighborhood. It also*

- makes strong supporters in the neighborhood of people who started negative and might have remained negative or neutral without the process.*
- *The education and Good Neighbor Agreement efforts continued to assure a mutually successful relationship, even after the zoning was approved. The neighborhood and clients now both view the project as positive.*
 - *Doing Good Neighbor Agreements has fostered other partnerships. It's been useful. We went into it very cautious. At first there was lot of finger pointing. Now it's a cooperative meeting. Corporate neighbors are now bringing things to the table.*

Others stakeholders indicated that the Good Neighbor Agreement process disempowers neighborhood residents and is a way to silence opposition to projects. Examples of comments include:

- *My experience has been that part of the challenge with neighborhood support is the community process, because it works when you try to get neighbor support. The trouble is that it [Good Neighbor Agreement] is disempowering for neighbors. All we [Rebuilding Lives] have to do is show we tried and it [the shelter or housing facility] is going to go through [located in a community] anyway.*
- *People in a community can feel that a decision has already been made to locate a shelter or other housing facility in their neighborhood and that their voice doesn't really count.*
- *From my perspective the good neighbor agreement is a way to silence opposition.*

Theme: Performance accountability

Stakeholders perceived that Rebuilding Lives programs are held accountable by the performance standards that were created by CSB. They indicated that program accountability occurs through periodic reporting from shelters and permanent supportive housing providers, and the monitoring and evaluation of these organizations by CSB and other funders. Examples of comments include:

- *They [Rebuilding Lives programs] have targets they've agreed to meet in terms of service units and we keep track of how they are doing.*
- *Data are collected and evaluated by CSB against national benchmarks.*
- *Supportive services, Section 8 vouchers, and tax credits are usually involved, so three entities evaluate management practices, property maintenance, level of usage of vouchers, review of clients' income, attendance at client meetings, quality of supportive services, retention rates, job placements, drug or alcohol treatment placements, etc.*
- *There is an annual review of each entity, both programmatic and operational. That is essentially a recertification process, and it includes both outcomes and neighborhood agreements.*
- *It's my understanding that there is a pretty extensive reporting structure through HMIS software.*

4. Successes and Best Practices

There have been many successes in the implementation of Rebuilding Lives, not only for homeless persons, but for the homeless service system and the broader community. Some of these successes are also examples of best practices that have received both local and national recognition.

■ Snapshot: successes and best practices

Meeting short-term shelter needs

- Rebuilding Lives implementation has produced the following successes in meeting short-term shelter needs: 1) opening the Engagement Center at Maryhaven; 2) opening Faith Mission on 8th Avenue, replacing The Open Shelter; 3) relocation of the Volunteers of America men's shelter; 4) implementing Program Certification Standards; 5) establishment of Resource Centers at all shelters; and 6) fewer shelter admissions and improved rates of positive housing outcomes for shelter clients.

Meeting long-term permanent supportive housing needs

- Rebuilding Lives has resulted in the development of 760 new units of permanent supportive housing dispersed throughout Franklin County, with 90 additional units under development
- All programs are relapse tolerant, and with one exception, programs do not have sobriety as a condition of admission.
- Eighty-seven percent of permanent supportive housing tenants have been able to achieve a successful housing outcome; fewer than 7% have returned to shelter.
- The Rebuilding Lives PACT Team Initiative brought together seven public and non-profit agencies to integrate behavioral health, physical health care, veteran's services and housing for 139 chronically homeless people with severe mental illness.

Expedited benefits acquisition

- RLPTI provided the impetus for the establishment of a coordinated application process for homeless persons by the local Social Security Administration office and the Bureau of Disability Determination, providing homeless adults with greater access to mainstream benefits.

Community involvement

- CSB has used a number of strategies to ensure that the community is involved in, and aware of, the development and implementation Rebuilding Lives. These include: 1) the Citizen's Advisory Council; 2) Community Report Cards; 3) community forums and presentations; and 4) Good Neighbor Agreements.

Nationally recognized best practices

- CSB has been recognized nationally, with awards and in publications, for its best practices in implementation of Rebuilding Lives.

■ Stakeholder perspectives: successes and best practices

Effective use of resources

- Rebuilding Lives has produced new funding for homeless services and resulted in more cost-effective and coordinated use of resources.

Improved and expanded homeless services

- Rebuilding Lives has created more options and improved services for homeless services, particularly supportive housing options, and the number of units has increased.
- Rebuilding Lives has produced a more coordinated and consolidated system for providing shelter, housing, and services for persons experiencing homelessness.
- The improved homeless service system has resulted in better housing outcomes and housing stability for persons who are homeless, and clients rights have grown.

Specific programs

- The Commons at Grant, Sunshine Terrace, Chantry Place, CHN scattered site housing, and the Maryhaven Engagement Center are examples of the success of Rebuilding Lives.

Successful administrative structures and processes

- The Funder Collaborative is a critical component of Rebuilding Lives and should continue.
- Community involvement is a generally successful component of the Rebuilding Lives strategy, which has helped to address potential concerns of residents and neighborhoods that might be impacted by shelter and supportive housing facilities.
- Good progress has been made against the NIMBY syndrome by emphasizing that grantees need to involve neighbors through a Good Neighbor Plan.
- There are strong performance measurement and accountability processes associated with Rebuilding Lives.

Rebuilding Lives best practices

- Rebuilding Lives best practices identified by stakeholders include Housing First, the Reach Out Program, the Stages of Change model, and the Assertive Community Treatment (ACT) model.

■ Rebuilding Lives Successes

The successes of the Rebuilding Lives strategy include meeting short-term shelter needs and long-term permanent supportive housing needs. Helping permanent supportive housing clients access mainstream benefits, as well as efforts to cultivate community involvement, have also been successes of the initiative. Typically, these successes have been communicated through CSB reports to the community. The successes of the initiative have also received national recognition and have been highlighted in national publications and forums.

Meeting Short-Term Shelter Needs

- The Engagement Center at Maryhaven, a program for publicly inebriated homeless adults, opened initially in 2000 in a temporary facility; a new permanent facility, built by the Franklin County Board of Commissioners, opened in September 2001. Significant annual support is provided by the Franklin County ADAMH board. The program has increased access to detoxification and treatment for homeless men and women with chronic substance abuse disorders.
- In October 2001, Lutheran Social Services opened Faith Mission on 8th Avenue in the Milo-Grogan community to replace the CSB-funded shelter services at the Open Shelter in Franklinton. The shelter was made possible by significant philanthropic and corporate donations and a major grant from the City of Columbus.
- Volunteers of America, with the full support of the Franklinton community, opened a new shelter on Harmon Avenue to replace its former facility on the Scioto Peninsula. The new facility operates on a 24-hour rather than nighttime only basis and provides a comprehensive array of services.
- 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, provide internet and computer access, telephone and voice-mail services, and transportation assistance.
- All CSB-funded emergency shelters passed the Program Certification Standards, which included the requirement of having Good Neighbor Agreements in place.
- Additionally, 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 Homeless Families Foundation in the wake of the closing of the Catholic Social Services Barbara Bonner Family Shelter.
- The family system was also re-organized to provide a single point of entry that is staffed 24/7 on a year round basis; thus, facilitating improved access to emergency services.
- Other family system improvements have resulted in the ability to serve all family types at all family shelter programs. Previously some programs excluded two-

parent and multi-generational families, families with teenage boys, and families which were not headed by married adults.

- Improved and more effective shelter services have resulted in two promising trends. Shelter admissions have decreased from a high of 9,414 people in 1997 to 7,609 in 2005. The rate of positive housing outcomes has steadily increased over this same period. Family shelters have improved outcomes from 35% to 59%; adult men's programs improved from 4% to 15%; outcomes for single adult women increased from 17% to 23%.

Meeting Long-Term Supportive Housing Needs

- 760 new permanent supportive housing units are operational.
- 90 units are in the development process.
- Apartments are geographically dispersed throughout Franklin County.
- All programs are relapse tolerant and, with one exception, programs do not have sobriety as a condition of admission.
- Eighty-seven percent of tenants have achieved a successful housing outcome. Fewer than 7% have returned to shelter.
- Columbus was one of 11 cities selected to pilot a model permanent supportive housing program to address chronic homelessness. The Rebuilding Lives PACT Team Initiative (RLPTI) brought together seven public and non-profit organizations to integrate behavioral health, physical health care, veterans' services, and housing. The project has helped 139 people with severe mental illness end 330 cumulative years of homelessness. Eighty-six percent of clients have remained in housing for one year or more. Criminal justice incidents have decreased by 80% for women and 66% for men.

Expedited Benefits Acquisition

Rebuilding Lives has been instrumental in helping permanent supportive housing clients to access mainstream benefits. Most of this has occurred through RLPTI (see description above). RLPTI focused on benefits acquisition as part of a long-term financial sustainability strategy that was integral to the project design. As a result of RLPTI, the local Social Security Administration office and the Bureau of Disability Determination established a coordinated application process for homeless persons.

Community Involvement

The Community Shelter Board has involved the community in all facets of implementation of the Rebuilding Lives strategy, and this involvement is described as one of the successes of the initiative. Key community involvement activities include:

- **The Citizen's Advisory Council.** The council is comprised of currently and formerly homeless persons who serve in an advisory capacity by reviewing plans and recommendations and offering advice about how to make programs and services more effective.

4. Successes and Best Practices

- **Community Report Card.** In December 2000, CSB issued the first Rebuilding Lives community report card detailing progress in the implementation of Rebuilding Lives. A total of 10 Rebuilding Lives Progress Reports were issued. After 2004, CSB incorporated the Progress Report into the agency's annual report.
- **Community forums and presentations.** Forums have also been held to promote community dialogue and give the community an opportunity to express concerns about the implementation of Rebuilding Lives. In addition, presentations of the successes and challenges of Rebuilding Lives have been made to a variety of audiences.
- **Good Neighbor Agreements.** Agreements have been executed in all communities where new emergency shelter and permanent supportive housing facilities have been sited (See Section 3).

■ Nationally Recognized Best Practices

The following highlight Rebuilding Lives best practices that have received national recognition:

- In December 2005, Barbara Poppe, CSB Executive Director presented the benefits of ending long-term or chronic homelessness to Congressional staff members. Participants heard how supportive housing ends long-term homelessness; the benefits to homeless people and to the public systems that serve them; and the importance of the Services for Ending Long-Term Homelessness Act (SELHA), from local and national experts.
- CSB was featured in a national report released by Freddie Mac in May 2006 that revealed family homelessness is a solvable problem. The report, *"Promising Strategies to End Family Homelessness,"* highlighted the Columbus community for its decrease in family homelessness. In Columbus, family homelessness declined 40 percent from 1,168 families in 1995 to 696 families in 2004.
- In September 2004, former U.S. Department of Housing and Urban Development Secretaries Jack Kemp and Henry Cisneros released a report that calls for the President and Congress to make affordable housing a top priority in our nation. CSB was profiled in the report for its work to address and end chronic homelessness through the use of the "Housing First" approach and the Rebuilding Lives plan.
- U.S. Department of Housing and Urban Development recognized Franklin County as one of seven communities in the nation leading the way to end chronic street homelessness in a March 2004 report.
- The January 26, 2004 edition of the Christian Science Monitor recognized Columbus and the Community Shelter Board for its "bold approach to chronic homelessness" through the Rebuilding Lives Plan.
- A May 2002 report by the U.S. Department of Housing and Urban Development commended the Community Shelter Board's role by stating, "CSB has employed

an outcomes-based funding model for nearly five years, creating an atmosphere of success, accountability, and results.”

- The Community Shelter Board received the 2002 Nonprofit Sector Achievement Award from the National Alliance to End Homelessness. CSB was recognized for its leadership and work to build the partnerships necessary to end homelessness.
- In June 2001, the Urban Institute released a new book on homelessness. In the book, *Helping America's Homeless: Emergency Shelter or Affordable Housing?* by Martha Burt, Laudan Aron and Edgar Lee, the Community Shelter Board was cited for its efforts to offer policy makers and practitioners valuable information to guide them in developing programs that prevent first time and repeat spells of homelessness as well as ameliorate the effects of homelessness.
- The U.S. General Accounting Office recognized the Community Shelter Board's work in its "Homelessness: State and Local Efforts to Integrate and Evaluate Homeless Assistance Programs" report released on June 29, 1999. This report recognized the Community Shelter Board as one of four model efforts from around the country to (1) link and integrate homeless assistance programs with mainstream systems and (2) measure and evaluate outcomes for homeless assistance programs.

■ Stakeholder Perspectives: Successes and Best Practices

The following themes about the successes and strengths of Rebuilding Lives emerged from the six stakeholder focus groups and the 22 key informant interviews. Detailed focus group and interview data are included in Appendix E and F.

Theme: Effective use of resources

Stakeholders perceive that Rebuilding Lives has produced more funding for homeless services and resulted in more cost-effective use of resources. Examples of comments include:

- *The whole approach [has worked well]. First...we have supportive housing that we didn't have before. Two, it created a political will to finance that and make it happen. Three, it caused system change.*
- *I think what we are doing is cost effective.*
- *Pooling resources...for supportive services.*
- *It reduces the amount of redundancy in the social services system and coordinates rather than duplicates.*
- *It is less costly to house someone than to put them in shelters or leave them on the land.*
- *A local conveyance fee has been enacted, which is a stable source of funding.*

Theme: Improved and expanded homeless services

Stakeholders perceive that Rebuilding Lives has resulted in more options and services for homeless persons, particularly supportive housing options, and the number of units has increased. Examples of comments include:

- *There are [nearly] 800 units we didn't have before, with services attached.*
- *There is a growing array of housing options that optimize a person's chances for success.*
- *Before Rebuilding Lives, I don't believe there was supportive housing in Franklin County.*
- *Persons who at one time would have been turned away from shelters and units and perhaps only had the option of The Open Shelter to the streets have more chances of safe housing now.*
- *The capacity building of existing and new providers to the harm reduction model and to a new approach of reducing shelter use and expanding housing options is a major success.*
- *I think [Rebuilding Lives] has changed it 180 degrees, from a "shelter/warehouse them" approach to a "house them" approach. People are less likely to be caught in a downward spiral. We've learned that you can't have a successful outcome until you stabilize the housing.*
- *It has taken the burden of the crisis, emergency shelter system and gets clients into permanent housing where their underlying needs are met.*

Stakeholders also noted that Rebuilding Lives has resulted in a more coordinated and consolidated system for providing supportive housing services to persons experiencing homelessness. Examples of comments include:

- *An increased number of cases are being coordinated.*
- *Until the consolidation efforts, people could go from shelter to shelter without case coordination. It has given us a way to work together.*
- *Community Housing Network was focused on mentally ill and National Church Residences on the elderly—both have been able to refocus on permanent supportive housing.*
- *Years ago, shelter and transitional housing providers were on their own in finding units and securing subsidies for helping folks get out of the shelters. It was a competitive hard arena for individual providers.*
- *It is more of a continuum now, more coordinated.*

Stakeholders described the impact of the improved homeless service system on the lives of homeless persons. Examples of comments include:

- *The biggest success is the low turnover rates.*
- *Successful moves out of shelters into housing.*
- *Clients rights have grown tremendously...clients are taking an active role at the table.*

Theme: Specific programs

Stakeholders identified several specific permanent supportive housing projects that exemplify the success of Rebuilding Lives. Examples of comments include:

- *The Commons at Grant is one of the stars.*

- *Sunshine Terrace...if it wasn't for Rebuilding Lives, that building would have been demolished four years ago.*
- *Chantry Place...has worked well.*
- *Smaller, scattered site developments of the Community Housing Network*
- *The Maryhaven Engagement Center and [improved] services for public inebriates.*

Theme: Successful administrative structures and processes³

Funder Collaborative

Stakeholders perceived that the Funder Collaborative is effective and should continue as part of the Rebuilding Lives updated strategy. Examples of comments include:

- *The Funder Collaborative is a national model. What should remain the same? Funder Collaborative.*
- *One of the critical components to keep in place is a Funder Collaborative, or cross-section of the community to be involved.*
- *The way the Funder Collaborative has developed consensus with public and private entities on how to do collective funding. It also engaged the housing authority as an active partner.*

Community Involvement

Stakeholders perceive that community involvement is a necessary and generally successful component of the Rebuilding Lives strategy. It has helped to address potential concerns of residents and neighborhoods that might be impacted by shelter and supportive housing facilities. Examples of comments include:

- *We made some very good progress against the NIMBY syndrome by emphasizing that grantees need a good neighborhood plan to involve their neighbors. That has been very helpful.*
- *The concepts of community agreements and good neighbor policies have led to extreme credibility and they continue to gain credibility.*
- *The community buy-in and participation in the planning, funding, and oversight is of high value. Though this can cause some challenges, duress, and more work for providers, the benefits, I think, outweigh these. In addition, the problem of homelessness and lack of decent housing is certainly a community-accepted problem because of the model used here.*
- *We have a community advisory committee that gets formed and we talk to people that were critical [about locating a housing facility in their neighborhood]. We hold monthly meetings [with community members] at first then quarterly. We find that people feel there's nothing to fear. We also did a quarterly survey that we send randomly to residents. We bring them to the committee and try to address the concerns they identify. We found this process has been extremely satisfactory.*
- *Rebuilding Lives has done a great job as new programs come on, such as having open houses and getting people to see them has been very effective.*

³ Descriptions of Rebuilding Lives administrative structures and processes, and additional stakeholder perspectives, are included in Section 3.

Accountability

Stakeholders perceive that there are strong performance measurement and accountability processes associated with Rebuilding Lives. Examples of comments include:

- *We have a very comprehensive and extensive system of objective measures for how our grantees use dollars and their programmatic results. I'm comfortable that it's done well.*
- *Data is collected and evaluated by CSB against national benchmarks.*
- *There is an annual review of each entity, both programmatic and operational.*
- *CSB really ensures that agencies who receive dollars do what they say they will do. If they don't, they won't get money.*

Theme: Rebuilding Lives best practices

Housing First

Stakeholders identified the Housing First approach is a strength of Rebuilding Lives. The Housing First approach is based on the philosophy that permanent housing is the primary need for homeless persons. The National Alliance to End Homeless, Inc. identifies two primary principles upon which the approach is based: 1) the best way to end homelessness is to help people move into permanent housing as quickly as possible; and 2) once in housing, formerly homeless people may require some level of services to help them stabilize, link them to long-term supports, and prevent a recurrence of homelessness. The following is a stakeholder comment about Housing First:

- *...Persons are able to continue some bad habits without fear of being ejected from housing, like continuing to use illegal substances outside of the premises, but not shut out of housing as long as behavior is appropriate. You began with Safe Haven using the Housing First approach to get people into the housing.*

Reach Out Program

Netcare's Reach Out Program was identified by stakeholders as is a strength of Rebuilding Lives. The program is a mobile, intervention service in Franklin County. This service is designed to transport publicly intoxicated persons off the streets, out of the public or business establishments, to a place of safety and shelter. In addition, this service offers individuals education on the resources available in the community. Reach Out workers are in the community 24 hours a day, seven days a week, logging over 140,000 miles a year and transporting around 1,500 individuals a month. Inebriated clients are generally transported to providers, such as drug and alcohol treatment centers, men's and women's engagement centers, homeless shelters, community mental health centers, hospitals, Veteran's Administration clinics or the client's place of residence. The following is a stakeholder comment about the Reach Out Program:

- *The Reach Out program is very unique. Not many cities have programs that are a safety net. It is very cost-effective. We [the community] used to tie up police and EMS to respond to people passed out on street. Now we them in Safe Haven and off the streets and that makes me feel good, getting them to a safe place.*

Stages of Change model

Stakeholders identified the Stages of Change model as a best practice used in the implementation of Rebuilding Lives. This model was developed by DiClemente and Prochaska (1982) and includes six stages of change that individuals use to modify behavior: precontemplation, contemplation, preparation or determination, action, maintenance, and termination. The evidence behind the stages of change model is that behavior change does not happen in one step. Rather, people tend to progress through different stages on their way to successful change. Each person progresses through the stages at their own rate and must decide for himself or herself when a stage is completed and when it is time to move on to the next stage. The following is a stakeholder comment about the Stages of Change model:

- *Stages of Change fits right in there too. The stages of change model within the harm reduction housing is something I don't think has been done in the area of homelessness in the country. To be done with homeless population is quite new.*

Assertive Community Treatment model

The Program of Assertive Community Treatment (PACT) model was effective for Rebuilding Lives. PACT is a clinical model used with individuals who have severe and persistent mental health issues that result in disability in adult functioning (e.g., employment, self-care, and social and interpersonal relationships). The PACT Team model is used in two Rebuilding Lives initiatives: Rebuilding Lives Pact Team Initiative (RLPTI) and Community ACT. The following is a stakeholder comment about the PACT model:

- *Multidisciplinary approach [PACT Team model] still needs more agencies at the table, but it's impressive who's at the table, even consumers.*

5. Implementation Challenges

This section examines the challenges that arose during the implementation of Rebuilding Lives. These include: 1) the extent to which the assumptions articulated in the initial plan—the economy, the homeless population, existing supportive housing, and financial resources—held true; and 2) issues that arose as the various components of the Rebuilding Lives strategy were implemented. These challenges had to be addressed in order to achieve the goals of the plan.

■ Snapshot: implementation challenges

Status of contextual assumptions from the 1998 plan

- **The local economy remains strong.** While the number of persons employed in Franklin County has increased from 1999 to 2005, the adjusted median household income decreased and the poverty rate increased. Unemployment remains relatively high at 5.3%, and City of Columbus income tax revenues, adjusted for inflation, are below 1999 levels.
- **The number and characteristics of homeless men does not very significantly from recent trends.** While the population of homeless men is older than in the past, the characteristics of the population have generally not changed.
- **All existing supportive housing options for single men remain in place.** A CSB permanent supportive housing inventory report indicates that the units available to single men in 1998 were still operational in 2006.
- **All supportive housing developed under the 5-year plan is used for homeless men.** Units brought on-line through Rebuilding Lives primarily provide supportive housing options for single men and single women, with some units for families.
- **The supply of general affordable housing is maintained and created as recommended.** While the number of public housing units decreased from 1997 through 2002, Section 8 vouchers have increased.

Failure to meet 5-year development goals

- In 2003 there was consensus that the original goal of creating 800 units in five years would not be achieved due to the local economy. The Funder Collaborative held a summit where they reaffirmed their commitments to Rebuilding Lives and to the operation of existing units and charged CSB with continuing to implement Rebuilding Lives.

Closing The Open Shelter and relocating the VOA men's shelter

- Closing The Open Shelter and relocating the Volunteer of America's men's shelter created controversy. Opponents felt that the closures would leave homeless persons in the downtown areas without access to services and that the plan was not people-centered or cost-effective.

Community resident concerns

- Neighbor opposition was an obstacle for both shelter and supportive housing development. Two of the four shelter developments received support, while two encountered significant initial opposition, but were able to achieve a Good Neighbor Agreement prior to opening. All three new construction supportive housing programs encountered significant neighbor opposition. Neighbor support and opposition varied across the supportive housing programs developed through renovation.

Provider concerns

- Homeless service providers had varying viewpoints and philosophical perspectives regarding how best to serve the homeless population. Some questioned the Rebuilding Lives approach, which encouraged programs to be relapse tolerant and not require sobriety as a condition of admission.

Housing needs of women and families

- Critics of the Rebuilding Lives plan felt that it did not address a growing population of homeless women and children.

Real estate acquisition

- The greatest real estate challenge was identifying reasonably priced vacant land that was accessible to public transit and other services. Zoning and land use restrictions also presented challenges, particularly in suburban jurisdictions.

Securing stable funding

- The availability of stable funding for ongoing services and operations of permanent supportive housing facilities is an ongoing issue. Concerns have arisen regarding the long-term sustainability of programs and services, and there is a need for creative funding solutions.

■ Stakeholder perspectives: Implementation challenges

The local economic downturn

- The downturn in the economy has created funding challenges for Rebuilding Lives. Tough economic times make it hard to find money.

Funding issues

- There are ongoing challenges in having sufficient funds, particularly government resources, for Rebuilding Lives program services and operations.
- There are difficulties in accessing and using available government resources.

Increasing homeless population

- The number of persons in Franklin County in poverty and experiencing homelessness seems to have increased over time.

Meeting the need for supportive housing

- While Rebuilding Lives has resulted in an increase in the number and types of housing options available to homeless persons, an adequate supply of supportive housing has not been attained.
- Stakeholders are wrestling with the question of what is the ultimate need.

Serving a difficult population

- Service providers discussed the many challenges of working with the Rebuilding Lives target population, primarily chronically homeless persons with disabilities.

Closing The Open Shelter and relocating the Volunteers of America Men's Shelter

- The closing of The Open Shelter and the relocation of the Volunteers of America men's shelter were generally perceived as positive, with fewer homeless people seen on the streets or living on the land.
- It was also noted that closing The Open Shelter may have resulted in more people living outdoors.

Community concerns and opposition

- Community opposition to locating shelters and permanent supportive housing facilities in their neighborhood has been, and continues to be, a challenge to implementing the Rebuilding Lives plan.

Provider concerns

- Some providers have been resistance to, and had concerns about, the implementation the Rebuilding Lives plan. It has been a paradigm shift for a lot of providers.

5. Implementation Challenges

- There is a perception that the Community Shelter Board interprets data to portray the Columbus homeless situation in the best possible light and is unwilling to talk about gaps in the system.

Collaboration issues

- There are instances of conflict and lack of collaboration among organizations involved in implementing Rebuilding Lives because of conflicting visions, regulations, policies, and priorities.

Housing needs of women, families, and other sub-populations

- The needs of homeless subpopulations, such as women, families, and persons who have been incarcerated, have not been adequately addressed.
- There is uncertainty about how to best serve these populations within the current system.

■ Contextual Assumptions from the 1998 Plan

The 1998 report of the Scioto Peninsula Relocation Task Force included a five-year investment plan to implement the reconfiguration of the men's emergency shelter system and development of permanent supportive housing. Members of the Task Force recognized that achieving the goals of the plan would depend upon a number of contextual assumptions about resources, the homeless population, and programs and facilities. It was understood by Task Force members that should any of these assumptions prove not to be true, it would be necessary to revise the plan accordingly.

The following are the assumptions from the 1998 plan and the status of these assumptions as of 2005, using demographic, economic, and program data, to the extent data are available. Supporting data and data sources are included in Appendix K.

Assumption #1: The local economy remains strong.

Median household income adjusted for 2005 dollars has decreased. While median household income in Franklin County increased by \$3,354, from 2000 to 2005 in "real" dollars, it decreased by \$2,287 when adjusted to 2005 dollars.

The Franklin County poverty rate has increased. The Franklin County poverty rate increased by 2.3 percentage points, from 12.2% in 2000 to 14.5% in 2005.

The number of persons employed has increased. Although the number of persons employed in the Columbus Metropolitan Statistical Area dropped by nearly 9,000 from 2001 to 2003, from 2003 to 2005, the number of persons employed increased by 12,000, with a total employment increase of 32,000 from 1999 to 2005.

Claims for unemployment benefits remain relatively high. While annual claims for unemployment benefits in Franklin County decreased by 18,400 from for 2005 compared to 2003, the 41,500 claims in 2005 remain significantly higher than the 1999 figure of 6,330.

Unemployment remains much higher than 1999, but is still lower than the state figure. The average annual unemployment rates for the Columbus MSA rose from 2.7% in 1999, to 5.3% in 2005. Throughout this period, however, the Columbus MSA unemployment rate remains lower than the state figure.

Columbus revenues adjusted for inflation are below 1999 levels. General revenues from income taxes to the City of Columbus, adjusted for inflation, increased by \$76.8 million from 1996 to 1999. Inflation-adjusted tax revenues were generally flat from 1999 through 2005, and with drops in income tax revenues in four of seven years during this period.

Assumption #2: The number and characteristics of homeless men does not vary significantly from trends over the past few years.

The population of homeless men is older than in the past, but otherwise is generally unchanged. Data on the number and characteristics of men using the emergency shelter system in Franklin County show that there was a 6.6% drop in the total numbers of single males from 1997 to 2005. In 2005, this group was older, but the racial characteristics remained the same. A December 2006 report to the RLUS

5. Implementation Challenges

Steering Committee found no dynamics that have had a major impact on the demand for emergency shelter over this period.

Assumption #3: All existing supportive housing options for single men remain in place.

Supportive housing options for men in 1998 have remained in place. A CSB permanent supportive housing inventory report indicates that the units available to single men and women in the five facilities in 1998 (361) were still operational in 2006, and the total units in these facilities had increased to 388 units in 2006.

Assumption #4: All supportive housing developed under the 5-year plan is used for homeless men (no broader market competition for the housing).

As of 2006, supportive housing options exist for single men, single women, and families. Two of the Rebuilding Lives permanent supportive housing programs (East Fifth Avenue Apartments and WINGS) provide a total of 107 housing units exclusively for women. One program (The Commons at Chantry) provides a total of 50 housing units for men, women, and families. All but three of the remaining 13 programs (Cassady Avenue Apartments, Parsons Avenue, and 40 West Long Street with a total of 130 units) provide a total of 473 units to both single men and women.

Assumption #5: The supply of general affordable housing is maintained and created as recommended.

Public housing units have decreased and Section 8 vouchers have increased. While the number of public housing units has steadily decreased 24% (1,030 units) from 1997 through 2005, the number of section 8 vouchers has increased 57% (3,471) from 1997 through 2002.

■ Failure to Meet 5-year Development Goals

As Rebuilding Lives entered its fourth year of implementation in the fall of 2002, the Funder Collaborative realized that Rebuilding Lives was at a critical juncture. While 350 Rebuilding Lives supportive housing units were operational, there was consensus that the original goal of creating 800 units in five years (by 2003) would not be achieved due to the immediate and projected future funding challenges related to the slowdown in the local economy. The City of Columbus, Franklin County, The United Way, and local philanthropic organizations were not able to commit funding at levels to sustain current programs and meet the needs of proposed programs. Capital and start-up costs had been secured for the men's shelter system reconfiguration in the Rebuilding Lives plan, but sustained operating funds for all shelters would still be needed. And, while families were not the focus of Rebuilding Lives, the increasing population of homeless families needed to be addressed at the summit.

The Funder Collaborative determined that a summit of key local Rebuilding Lives funders should be held to consider the following:

- Levels of commitment to funding for operations/services for currently operating supportive housing units.

- A plan for identifying funding for operations/services/capital for the two supportive housing units with capital commitments (later to be known as the Commons at Chantry and the East 5th Avenue Apartments).
- A plan for developing the balance of supportive housing units.
- A charge to CSB to continue implementation of Rebuilding Lives.

In the months leading up to the summit, key staff worked to develop a set of recommendations that could be endorsed at the summit. The results of the summit are described in the excerpt from a July 9, 2003, letter to key stakeholders from CSB executive director Barbara Poppe:

This year also marks a critical turning point as Rebuilding Lives approaches the end of its first development phase. To date, we boast nearly 400 operational units of supportive housing. Given today's economic uncertainty, Rebuilding Lives – like many public and private sector entities – is facing financial challenges. It is disappointing that economic conditions prevent the Rebuilding Lives Funder Collaborative from meeting the long-term goal of 800 units by the previously promised deadline. We are heartened by the strong support expressed by community leaders who are proud of our progress and support our plans to maintain our forward momentum.

Our highest priority now is maintaining the current residences both in shelter and supportive housing to ensure that they remain a community asset as well as preserving essential support services for our residents. Be assured that the Community Shelter Board and its partner agencies are hard at work to identify and tap every funding stream available. In addition, we are seeking out and implementing measures to more efficiently use existing operating and services funds. For example, a Rebuilding Lives' development, originally planned as three scattered site programs, will be merged into a single project. This efficiency can be achieved without jeopardizing tenants' success.

Moving forward, we are unwavering in our commitment to eventually achieve our goal of 800 supportive housing units. We will develop and operate new units as opportunities arise. But, we will do so without a firm timetable and in a manner that makes sound economic sense and allows us to honor our commitment to our existing residents. As always, we will work with partner agencies and local organizations to ensure program quality, as well as resident and neighborhood satisfaction.

■ Closing The Open Shelter and Relocation of Volunteers of America Men's Shelter

Significant controversy arose over the planned closing of The Open Shelter and the relocation of the Volunteers of America (VOA) men's shelter. The Task Force recommended that the basic emergency shelter system already in existence for men be transitioned into a system with a total of 300 beds, where no individual facility would have more than 75 beds. To accomplish this goal, the Task Force thought it necessary to develop two new shelters to replace the existing ones on the Scioto Peninsula. However, opponents of closing the shelters felt that the closures would leave homeless persons in the downtown area without access to services. They also alleged that the plan was neither people-centered, nor cost-effective. In the end, however, the reconfiguration plan was implemented.

■ Community Resident Concerns

Community residents living near the planned locations of new emergency shelters and permanent supportive housing facilities were opposed to the facilities. Newspaper articles reported that residents feared that “inviting hardened homeless men” into their community would compromise their safety and bring large numbers of “unsavory” individuals into their neighborhoods. They were also concerned about that the new facilities would decrease their property values and hurt the social structures within their communities. Residents also felt that that some of the planned locations chosen for shelters were in neighborhoods already struggling with poverty, and were unsuitable locations for such vulnerable populations.

Neighbor opposition was an obstacle in some cases for both shelter and supportive housing development. In all cases, project sponsors developed community acceptance plans and implemented the “Six Steps to Community Acceptance” strategies modified from the Non-Profit Housing Association of Northern California. In most cases, CSB staff provided assistance to project sponsors and other homeless service providers and their volunteers stepped up to help build community support for the proposed programs. With the exception of one suburban government, elected officials strongly assisted in providing community education, public support, land use, and financing approvals.

The following summarizes the history of Rebuilding Lives development approval:

- Two of the four shelter developments received support prior to zoning changes; two encountered significant initial opposition but were able to work through neighbor concerns and achieve a Good Neighbor Agreement prior to opening the facility.
- All three new construction supportive housing programs encountered significant neighbor opposition. One project was ultimately moved to an alternate site when a neighbor who opposed the supportive housing program bought the property out from under the developer. The alternate site experienced no neighbor opposition. The other two new construction programs had strenuous neighbor opposition expressed during the zoning/finance decision process by City Council. In both cases, supporters and opponents packed City Council on the night of the decision. One project achieved an 11th hour neighborhood agreement just as City Council prepared to vote. The other achieved a neighborhood agreement prior to opening.
- Neighbor support and opposition has varied across the supportive housing programs developed through renovation. In some cases, neighbors embraced the development as an asset to their neighborhood; in others, the skepticism and opposition was expressed but ultimately an agreement was signed. Only one project ended up in court, but was ultimately settled through an agreement. This project in a suburban community has since enjoyed full support by both local government officials as well as neighbors to the project.

■ Provider Concerns

Skepticism and concerns on the part of some homeless service providers presented challenges to implementing Rebuilding Lives. Providers of services to homeless individuals and families had varying viewpoints and philosophical perspectives regarding how best to serve the homeless population, and questioned whether the Rebuilding Lives approach would be effective. For instance, certain providers felt that Rebuilding Lives essentially gave homeless individuals a place to continue abusing drugs and alcohol without addressing the issues that contribute to their alcoholism and drug use. At the same time, other providers thought that stable housing was one of the greatest obstacles to overcoming homelessness. They recognized that Rebuilding Lives would provide homeless individuals with the opportunity to attain housing stability while addressing other issues that impact their ability to achieve sobriety and self-sufficiency.

■ Housing Needs of Homeless Women and Families

The community and service providers alike had a growing concern that homeless women and families were not being addressed by the Rebuilding Lives plan. Originally, the plan focused exclusively on single adult men, because the two emergency shelters that were being relocated from the Scioto Peninsula were serving this population. In addition, data indicated that homeless men used the greatest portion of the resources provided for homeless individuals in Franklin County. However, critics of the approach felt that women and families were part of a growing population of homeless people, and that the new system should also serve their needs. As a result, the focus of Rebuilding Lives was expanded in 2000 to include permanent supportive housing to address the needs of homeless women. In 2006, families were included as an eligible population for Rebuilding Lives permanent supportive housing.

■ Real Estate Acquisition

Rebuilding Lives supportive housing has been developed through three development models:

- **Leased Model:** Provide rent subsidies for existing apartments.
- **Renovation Model:** Acquire and improve vacant or under-used apartment buildings.
- **New Construction Model:** Acquire vacant land and build new apartment building or community.

There was a surprisingly ready availability of real estate for the leased model. The soft housing market for one-bedroom and efficiency apartments increased the willingness of some private owners to enter into lease agreements with Rebuilding Lives sponsors. Additionally, the YWCA and YMCA were interested in making their residences more available for homeless persons.

For the renovation model, project sponsors were able to identify reasonably priced buildings in neighborhoods across Columbus to acquire and improve. Many more

5. Implementation Challenges

buildings were available, but were not developed due to proximity to other Rebuilding Lives housing or shelters and/or concerns about the level of neighborhood instability and/or lack of access to public transportation and other key services. Many buildings in more stable neighborhoods with access to public transportation were too expensive for supportive housing development.

The new construction model posed the greatest real estate challenge. It has been difficult to identify reasonably priced vacant land that was accessible to public transportation and other services. Additionally, zoning and land use restrictions presented challenges, particularly in suburban jurisdictions.

■ Securing Stable Funding

Another issue that has impacted the implementation of Rebuilding Lives has been the availability of stable funding for services and operations. Rebuilding Lives is dependent upon a variety of funding sources, each of which is time-limited and subject to cessation. As a result, concerns have arisen regarding the sustainability of the planned programs and services. Without creative solutions and strategies for tapping into available funding streams, whether public or private, the system of shelters and supportive housing that the Task Force intended through Rebuilding Lives would not be achieved or sustained.

■ Stakeholder Perspectives: Challenges

The following themes about the challenges affecting the implementation of Rebuilding Lives emerged from the six stakeholder focus groups and the 22 key informant interviews. Detailed focus group and interview data are included in Appendices E and F.

Theme: The local economic downturn

Stakeholders perceive that the local economy has experienced a downturn, which presents funding challenges for Rebuilding Lives. Examples of comments include:

- *Tough economic times make it hard to find money.*
- *Downturn in the economy has also led to some slowdowns.*
- *Rebuilding Lives did not anticipate the downturn in the economy which has hurt public funding and the job market...*
- *At first there was tremendous fundraising for both supportive housing and reshaping the shelter system. Money got tight after the stock market drop and 9/11.*

Theme: Funding issues

Stakeholders identified the ongoing challenge of having sufficient funds, particularly government funds, for Rebuilding Lives services and operations. Examples of comments include:

- *Other demands on [government] funding have shifted the environment. Unavailability of funding could be more of an issue the next time around.*
- *The need for more financial resources has been a huge challenge. We've aggressively tried to get additional dollars from government at the federal level.*

- *...funding and support of the shelters is meager at best.*
- *There's a great need for state funding. The state hasn't really stepped up.*
- *There are political battles between the Mayor, City Council, and CSB before reaching a final funding number. There must be a better way.*
- *We have been forced to expend dollars to build housing units rather than for prevention and outreach.*

Stakeholders described difficulties in accessing and using available government resources. Examples of comments include:

- *Getting mainstream funds to be reallocated to support Rebuilding Lives projects, particularly mental health and Medicaid.*
- *Lack of subsidy resources that CMHA can bring to the table due to federal housing policies.*
- *The new definition of TANF and what that's doing to the program is that we see a lot of negative impact that will force many women off assistance and put them onto the streets. This means more women will lose their children too if they lose their income.*

Theme: Increasing homeless population

Stakeholders perceive that the number of persons experiencing homelessness has increased over time. Examples of comments include:

- *The poverty numbers and number of homeless individuals in the community continue to increase.*
- *I think there's fewer people on the street, but the overall number of homeless persons is increasing.*
- *They [Rebuilding Lives] started with a targeted number, but [it] seems to increase every year.*
- *Demand exceeds capacity right now.*
- *Supply may have an impact on demand—we may be drawing clients from outside the community.*

Theme: Serving a difficult population

Service providers discussed the challenges of working with the Rebuilding Lives target population, which are primarily chronically homeless persons with disabilities.

Examples of comments include:

- *Locating people who are typically not affiliated with traditional health and social services or shelters—living in abandoned homes, under bridges.*
- *These are people with long histories of addiction, mental illness. It is a long term process that takes time.*
- *[These are people] who are chronically homeless, go in and out of shelters, ERs, psychiatric hospitals.*
- *We spent a lot of time on employment...in the last 3-4 years. I wish there was some way to incentivize progress with this population*

Theme: Meeting the need for supportive housing

Stakeholders perceive that, while Rebuilding Lives has resulted in an increase in the number and kinds of housing options made available for homeless individuals, an adequate supply of supportive housing has not been attained. Examples of comments include:

- *We have not reached the goal of 800 units in operation, but 800 are in operation or preparation. The original goal was for men only, so we are still short of the 800 goal for men. The 600 that now exist would not have been in place or been targeted to chronically homeless had it not been for Rebuilding Lives.*
- *Are we meeting the need? No. Are we making a dent and making a difference? Yes.*
- *We are approaching 800 units. We are wrestling now with the question of what is the ultimate need.*
- *We sense now that needs are increasing and 800 units won't be enough.*

Theme: Closing The Open Shelter and relocating the Volunteers of American Men's Shelter

Most stakeholders perceive that the closing of The Open Shelter and the relocation of the Volunteers of America men's shelter was positive. Examples of comments include:

- *There was a feeling that once you close The Open Shelter you would not be able to get rid of a lot of the people who hung around the shelter during the day. I think that has been proven to be untrue because the closing has resulted in fewer homeless people being seen on the land.*
- *The Open Shelter was like a cancer for Franklinton.*
- *Closing The Open Shelter has been a blessing.*
- *I noticed not as many men on the streets in the morning [after the relocation of VOA men's shelter].*
- *They [Rebuilding Lives] didn't just move the program [VOA men's shelter], but they changed it completely.*

It was also noted that the closing of The Open Shelter may have resulted in more people living outdoors.

- *When The Open Shelter closed we lost a low threshold shelter, so it looks like there are more people living on the land.*

Theme: Community concerns and opposition

Stakeholders perceive that community opposition to locating shelters and permanent supportive housing facilities in their neighborhood has been a challenge to implementing the Rebuilding Lives plan. Examples of comments include:

- *The biggest challenge is people's fears. We've encountered that in every major project – people not wanting it in their community. That arose from the old concentrated model of public housing and from fears generated by media stories of child abuse, etc.*
- *The challenge is setting up affordable housing in a neighborhood, the NIMBY syndrome.*
- *Neighborhood support, it seems like it's always a struggle...even once programs are open and preconceived notions dissolve, it doesn't clear up.*

- *I don't know if there is a way to get significant community input..[it is] one of those problems communities don't like to talk about.*

Theme: Provider concerns

Stakeholders noted provider resistance to, and concerns about, implementation of the Rebuilding Lives plan. Examples of comments include:

- *[there is] a feeling of disconnect between housing providers and the shelter system.*
- *A real paradigm shift for a lot of providers. It was forward thinking, but we were moving at light pace. Some major, big steps that the community wasn't prepared for.*

The following stakeholder comment describes the perception of some providers that the Shelter Board interprets data to portray the Columbus homeless situation in the best possible light:

- *This is a hot issue—data interpretation. No question that we have made some laudable achievements, but I don't get the failure to tell the community about the glaring gaps.*

Theme: Collaboration issues

Stakeholders noted that there are instances of conflict and lack of collaboration among organizations involved in implementing Rebuilding Lives. Examples of comments include:

- *Early on there was too much animosity between CSB and providers. To everyone's credit, efforts have been made to overcome this.*
- *When you bring a collaborative together, different policies don't mesh and tend to get in the way.*
- *An ongoing challenge has been collaborating among organizations who have different visions or regulations...agency policies have been a problem.*
- *Not engaging the VA, state agencies, and others who could provide assistance or supportive services.*
- *There has been too much conflict between local government and CSB. More communication is needed on how priorities are determined.*

Theme: Housing needs of women, families, and other sub-populations

Stakeholders perceive that the needs of homeless subpopulations, such as women, families, and persons who have been incarcerated, have not been adequately addressed by the current system. They are also uncertain as to how to best serve these groups. Examples of comments include:

- *A challenge has been] making decisions to expand services to women and families, because we don't know what the need is or what services are needed by these clients.*
- *I'm not aware of any system wide effort to define the needs for women. There is a lack of a reintegration focus for women. They're struggling with addiction, prostitution, other demons, but they want their kids back. They are not prime candidates for getting their children back. We have to figure out how to do reunification.*
- *What do we do with people who have been incarcerated, such as sexual offenders? We don't have the answer for that.*
- *Sexual predators is a homeless population that we have struggled to serve.*

5. Implementation Challenges

- *Couples without kids, and having the couples able to stay together in shelters have been difficult to serve.*
- *One of the challenges has been for families who aren't disabled but chronically homeless and unemployed.*

6. Franklinton Residents Focus Group

The Community Shelter Board selected residents of the Franklinton area for the focus group with community residents. Although the reconfiguration of the men's emergency shelter system and the development of permanent supportive housing occurred in locations throughout Franklin County, the Franklinton community is located on the Scioto Peninsula, which was the initial focus of the Rebuilding Lives strategy. The perspectives of the Franklinton residents who participated in the focus group may or may not reflect the perspectives of residents in other areas of the county.

This section summarizes the major themes and comments of the five residents who attended (of the seven persons invited) the focus group.

■ Snapshot: Franklinton focus group

Experiences with homelessness

- Prior to 2000, Franklinton was perceived as a "dumping site" for the homeless.
- After 2000, fewer homeless persons are on the street, they are receiving better services, and facilities are better managed.

The Open Shelter and the Public Inebriate Program

- Closing The Open Shelter was "a blessing," but some of the people causing problems have moved to other nearby locations.
- The Engagement Center at Maryhaven is a model for serving public inebriates.

Volunteers of America Men's Shelter

- Relocating the Volunteers of America shelter was a definite improvement.

YMCA Sunshine Terrace

- There is a perception that there is a "criminal element" living at Sunshine Terrace.

Good Neighbor Agreement

- The Good Neighbor Agreement process for Sunshine Terrace did not work well and was not broadly inclusive of neighborhood residents.

6. Franklinton Residents Focus Group

- The Good Neighbor Agreement process should address broader neighborhood revitalization issues.

Other comments

- When a facility is located in a high crime area, it is more difficult for residents to rebuild their lives.
- HUD regulations make it difficult to site facilities and house homeless people.
- The impact on community revitalization has not been taken into consideration when locating Rebuilding Lives facilities.

■ Experiences with Homelessness

The Franklinton community focus group participants were asked to comment on their experiences with homelessness issues in Franklinton, and specifically any differences they had noticed before the year 2000 and after 2000, when Rebuilding Lives was implemented. Overall, participants perceived fewer homeless men on the streets in Franklinton and that services provided to homeless persons have greatly improved since 2000.

Theme: Prior to 2000, Franklinton was perceived as a “dumping site” for the homeless.

Initial responses focused on participants’ experiences with The Open Shelter. Prior to 2000, participants experienced homeless men “hanging out” in the community, panhandling, and “disrespecting residents in the community” during the daytime hours when The Open Shelter was not open. There was a consensus that this shelter had been “out of control.” Overall, community members felt that the Franklinton community has been Columbus’s “dumping site” for the homeless. They feel that, often, homeless people are housed in shelters that are located in high crime, high drug trafficking areas that contribute to their problems.

Theme: After 2000, fewer homeless persons are on the street, they are receiving better services, and facilities are better managed.

Participants commented that they have seen improvement in their community since 2000. They believe there is a big difference between the housing programs in their community that are managed as Rebuilding Lives and those that are not. One example is that persons who experience homelessness seem to receive better services with Rebuilding Lives programs, especially those with financial difficulties. Participants also were divided between feeling there are fewer homeless persons on the streets in their community since 2000, and feeling that they still see homeless people living on the land and in camps, with many of these homeless persons moving down the river to the Whittier Peninsula.

- *When Rebuilding Lives first came into the community, there was some reluctance [on the part of community members] with the program, because we thought all the homeless programs were being centered in Franklinton. ...Over the years they’ve [Rebuilding Lives] participated with us, the Housing Commission of the [Franklinton] Commission and Gladden House, especially with clients that have financial difficulties. It’s been a lot better.*
- *I have seen an improvement in how homeless persons are served.*
- *While I think there’s fewer [homeless] people on the street [since 2000], overall the number of homeless persons is increasing, not just in the Franklinton area, but also across Franklin County.*

■ The Open Shelter and the Public Inebriate Program

Focus group participants were asked about their experiences with The Open Shelter and the public inebriate program, including the impact on the Franklinton community of closing The Open Shelter.

Theme: Closing The Open Shelter was “a blessing,” but some of the persons causing problems have moved to other locations.

One focus group participant referred to The Open Shelter as “a cancer” that took a year to clean up once the shelter started closing down. Another participant indicated that closing The Open Shelter “has been a blessing” and has resulted in fewer homeless persons in their community. However, this person also believes this is because “they’re [homeless] just living further down the [Scioto] river.” Another participant felt that the “criminal element” perceived to have been associated with The Open Shelter has now moved to the permanent housing facility Sunshine Terrace.

- *There was a feeling that once you close The Open Shelter you would not be able to get rid of a lot of the people who hung around the shelter during the day. I think that has been proven to be untrue because the closing has resulted in fewer homeless people being seen on the land*
- *The criminal element from Open Shelter is now at Sunshine Terrace.*

Theme: The Engagement Center at Maryhaven is a model for serving public inebriates.

Two participants said that Netcare now takes homeless persons who are publicly inebriated to Safe Haven or the Engagement Center at Maryhaven. One participant felt that Maryhaven “is run very well” and Columbus has become a “model” for providing public inebriate programs to homeless persons.

- *The police used to drop off intoxicated homeless persons at The Open Shelter. Now they take them to Maryhaven...*
- *Maryhaven is run very well...Some tweaking needs to be done, but overall I would say that the effort is very good and that Columbus, compared to other communities, is seen as a model.*

■ The Volunteers of America Men’s Shelter

Focus group participants were asked about their experience with the relocation of the Volunteers of America men’s shelter, including the impact this had on the Franklinton community and homeless persons.

Theme: Relocating the Volunteers of America men’s shelter was a definite improvement.

Some of the focus group participants felt that the relocation of the Volunteers of America men’s shelter has been “a definite improvement.”

- *I have noticed not as many men on the streets in the morning.*

- *They didn't just move the program [VOA men's shelter], but they changed it completely.*

■ YMCA Sunshine Terrace

Focus group participants were asked what they know about the YMCA's program at Sunshine Terrace, including how, and to what extent, the program serves the Franklinton community.

Theme: There is a perception that there is a "criminal element" living at Sunshine Terrace.

One participant perceived that, while Sunshine Terrace is located in Franklinton, it "serves Columbus, not Franklinton." One participant described knowing a person who lives at Sunshine Terrace and who is in recovery from chemical addiction and passes drug dealers outside Sunshine Terrace from whom he used to buy. This is a real test for him to abstain from drug use and avoid the circumstance that resulted in him becoming homeless in the first place. Another participant knew that Sunshine Terrace does not exclusively serve Rebuilding Lives clients and suggested that the non-Rebuilding Lives clients were probably the most problematic to the community. Other participants commented that they thought the criminal element associated with The Open Shelter had moved to Sunshine Terrace.

■ Good Neighbor Agreement

Focus group participants were asked to comment on their knowledge and experiences with the Good Neighbor Agreement. All focus group participants indicated that they were familiar with the Good Neighbor Agreement.

Theme: The Good Neighbor Agreement process for Sunshine Terrace did not work well and was not broadly inclusive of neighborhood residents.

While it was recognized that other communities may have had a different experience with the Good Neighbor Agreement process, there was a general consensus that this process has probably not worked and been implemented as well in Franklinton, as had been envisioned.

- *Good Neighbor Agreements in other parts of Columbus have been much more inclusive of inside and outside [inside meaning housing staff, outside meaning members of the community] interests. They never did that here for Sunshine Terrace.*

Participants indicated that neighbors in close proximity to Sunshine Terrace were never actually contacted to participate in the process, rather only persons involved in the local community organization were included.

- *The last Good Neighbor meeting that I attended was about a year ago. I was the only one from the community that wasn't a Y [YMCA] employee or a CMHA employee. There was nobody from the surrounding community; none of the businesses; none of the neighbors.*
- *One of the things that was built into this whole process was the Good Neighbor policy. Maybe it has changed in the last year, but...the Good Neighbor process was never followed very well in our community. There has never really been any really good*

6. Franklinton Residents Focus Group

dialogue except when something had to be signed. There was no ongoing conversation. There was no real involvement on the part of the community leadership.

- *They need to work with the community to create a different environment. Those were the conditions they said they would do if Sunshine Terrace became a problem. Initially they said they would respond to this, but they haven't. It's not happening.*
- *I don't think the Y[WCA] was aware that they were supposed to do it [Good Neighbor Agreement]. They were stunned when they went to expand Rebuilding Lives and the community was opposed to it.*

One participant commented that the community should not only be able, but also has a responsibility, to not automatically sign a Good Neighbor Agreement if the process has not been inclusive of more residents of the community.

- *We have the responsibility as a community to say we won't sign a Good Neighbor Agreement unless there is a benefit to both [the agency operating the housing facility and the community]. In the past, we just signed them [Good Neighbor Agreements]. We need to say that we will not sign them until X, Y, and Z is put into effect.*

Theme: The Good Neighbor Agreement process should address broader neighborhood revitalization issues.

Two participants believed that the Good Neighbor Agreement should include a strategy of how to “rebuild a community” where a shelter is being located, not just the lives of homeless persons participating in Rebuilding Lives.

- *We see that many affordable housing programs, some agencies, just want people in housing, not to revitalize and develop the community.*

■ Other Comments

Theme: When a facility is located in a high crime area, it is more difficult for residents to rebuild their lives.

Several Franklinton community focus group participants indicated that they feel that often homeless people are housed in shelters that are located in environments that are not always supportive of helping them to “rebuild” their lives, such as areas with high crime and drug trafficking. They believe these environments may actually contribute to persons remaining in the cycle of homelessness.

- *A person told me that he is in recovery and living at Sunshine Terrace and how he passes drug dealers that he used to buy from... This puts him in the same circumstances that he just came from that led him to becoming homeless.*
- *If you're going to rebuild my life, put me in an environment where I'd have role models to show me something better than what I'm already in.*
- *Rebuilding Lives has built new places. I'm wondering if they're having success now that they took people away from the circumstances like the ones down here at Sunshine Terrace.*

Theme: HUD regulations make it difficult site facilities and house homeless people.

Comments made by focus group participants indicated that they understood how difficult it has been to find available properties for Rebuilding Lives tenants. Focus

group participants discussed how many clients have had difficulty meeting specific criteria put forth by HUD and the Columbus Metropolitan Housing Authority to qualify for rent subsidies that are offered through Rebuilding Lives. As one participant commented, “as long as HUD continues to have their criteria for chronically homeless, it will be harder and harder to house people.”

Theme: The impact on community revitalization has not been taken into consideration when locating Rebuilding Lives facilities.

Participants talked about how the Franklinton community, for example, already had concentrated poverty before Rebuilding Lives began to be implemented, and that it seemed to increase with the placement of certain shelter and housing facilities in their neighborhoods. Participants also felt that central city communities such as Franklinton were chosen for Rebuilding Lives facilities because of the benefit and availability of inexpensive real estate, but that the selected communities did not benefit from Rebuilding Lives. In fact, the perceived worsening conditions of these neighborhoods led to community residents feeling that community revitalization was not a priority of the Rebuilding Lives strategy. As one participant commented:

- *All of these programs don't take stock of the impact on the community.*

7. Stakeholder Recommendations

CRP asked interview and focus group participants to provide suggestions and recommendations for the future of Rebuilding Lives that they believe would make it easier for persons who experience homelessness to access the shelters and permanent supportive housing. The following summarizes these recommendations.

■ Snapshot: interview participant recommendations

Reassess needs and set priorities and realistic goals

- Reassess the needs of the homeless population and subpopulations, and set priorities with realistic and attainable goals to meet these needs.

Address needs of subpopulations

- Identify and address the needs of subpopulations, such as women, families, emancipated youth, and ex-offenders

Make programmatic improvements

- Explore areas for programmatic improvements in areas such as outreach, admission to the men's system, and moving people to self-sufficiency.

Address prevention

- Stop the flow of homeless people into the system and make better use of prevention resources.

Explore and share best practices

- Use best practices that have been identified locally and nationally for addressing the needs of persons experiencing homelessness.

Expand data and evaluation

- Keep data fresh and include evaluation in the next plan.

Communicate progress

- Communicate Rebuilding Lives progress to the community in a timely and understandable fashion.

Build cooperation and collaboration.

- Continue to increase collaboration with agencies that work with families and with developers.

Develop funding

- Continue to push for funding, particularly from the state.

■ Snapshot: focus group participant recommendations

Improve intake and admission processes

- Centralize intake to shelters and housing and create a centralized system for moving people from shelters to permanent supportive housing.

Address the needs of specific homeless populations

- Provide services and housing for underserved populations (e.g. emancipated youth, immigrants, couples without children) and tailor programs to meet their specific needs.

Provide information and resources to connect people with services

- Make available to the general public, and specifically to persons in emergency shelter and supportive housing, resources that would help them to achieve greater self-sufficiency.

Provide individualized attention

- Create a process that ensures that each client is assigned a case manager, clients know the role of the case manager, and know how to contact that person for assistance.

Reduce time on waiting lists

- Explore strategies for reducing the time that persons have to wait to obtain permanent supportive housing

Address the needs of neighborhoods

- Use the process of siting facilities to address broader neighborhood revitalization issues.

Identify additional funding

- Continue to identify other sources of funding for Rebuilding Lives programs.

■ Interview Participant Recommendations

Theme: Reassess needs and set priorities and realistic goals

Reassess the needs of the homeless population and subpopulations, set priorities and realistic and attainable goals to meet these needs. Examples of comments include:

- *Set realistic goals and not promise more than what can be delivered.*
- *Set a new goal when we reach the 800 units.*
- *Step back, look at the strategy, and make sure it is consistent with the community.*
- *There needs to be a limited number of specific priorities for different segments of need, so that agencies who are involved will have a sense of priorities.*

Theme: Address needs of subpopulations

Identify and address the needs of subpopulations, such as women, families, and youth. Examples of comments include:

- *I am concerned that we have families who need special programs. What is the true need and demand for families and what will we do about it.*
- *One gap that's present is emergency shelter for couples without children who want to stay together in the shelter.*
- *More focus on homeless families.*
- *Emancipated youth is a growing population.*
- *Look at ex-offenders ineligible for federal rental subsidies. Reentry...should be part of the plan.*
- *Deal with chronically ill people*

Theme: Make programmatic improvements

Explore areas for programmatic improvements in areas such as outreach, admission to the men's system, and moving people to self-sufficiency. Examples of comments include:

- *Greater coordination with outreach to get those living in camps and on the land into supportive housing.*
- *I'd like to see how we could do more effective up-front triage, particularly with the men's shelter system to get people into housing more quickly.*
- *Find a way to get more people to the next level of self-sufficiency. How many move through the system, leave it, and don't come back?*

Theme: Address prevention

Stop the flow of homeless people into the system and make better use of prevention resources. Examples of comments include:

- *Make better use of prevention dollars...more coordination of funding for prevention.*
- *How do we as a community prevent the need for shelter and supportive housing? There isn't enough money to keep expanding the network ad infinitum. We have to stop the flow of people into the system.*

7. Stakeholder Recommendations

- *We believe that in Columbus there are families on the edge of homelessness, who are sliding from stability to instability. A new frontier for Rebuilding Lives should be the prevention of homelessness.*
- *Retraining people who lose their jobs has become important. We have to look at ways to keep aging baby boomers in their homes.*

Theme: Explore and share best practices

Explore and share best practices that have been identified locally and nationally for addressing the needs of people experiencing homelessness. Examples of comments include:

- *Keep the community connected to the national scene so new lessons learned are transferred.*
- *Continually communicate how other communities address the issue and replicate their success.*
- *Share information and best practices. It doesn't have to be a social worker or clinician. Client peers can also help in getting the word out about best practices.*
- *Set a national model.*

Theme: Expand data and evaluation

Keep data fresh and include evaluation in the next plan. Examples of comments include:

- *Measure and validate or invalidate assumptions for Rebuilding Lives.*
- *Include evaluation in the implementation of the next plan. Get connected to more research-based work out of ODMH or ODADAS. Any way to have OSU play a bigger role?*
- *Keep the data fresh and in front of people.*

Theme: Communicate progress

Communicate Rebuilding Lives progress to the community. Examples of comments include:

- *Communicate progress, and failures, in a timely and understandable fashion.*
- *Do regular community briefings on at least an annual basis.*
- *Keep telling success stories.*

Theme: Build cooperation and collaboration.

Continue to increase collaboration with agencies that work with families and with developers. Examples of comments include:

- *A step has been taken to broaden Collaborative membership to include agencies that work with families. Make sure that systems that serve families are included without expanding the Collaborative to 100.*
- *Have the developers meet periodically so they can discuss challenges and capacity...plan together, and identify ways to collaborate.*
- *Help agencies overcome resistance to coordinating their efforts.*

Theme: Develop funding

Continue to push for funding, particularly from the state. Examples of comments include:

- *The critical component will be attempting to find a dedicated funding stream for the supportive services. Without it, it is doomed.*
- *There is a great need for state funding. The state hasn't really stepped up.*

■ Focus Group Participant Recommendations

Theme: Improve intake and admission processes.

Centralize intake to shelters and housing and create a centralized system for moving people from shelters to permanent supportive housing. Examples of comments include:

- *We need to centralize intake with Rebuilding Lives on the housing front. A person applies to six facilities and it may take six days to get notified by one that he's accepted. He gets taken off the other lists. Let him do one application. Let the shelters decide where he should go. They [persons who experience homelessness] are transient, but they struggle with judgment and we need to make that more convenient; and each housing application is slightly different.*
- *There needs to be one application for housing, like for families. Service providers can work with other shelter to figure out where the person should go, versus having to apply to all shelter facilities.*
- *I would like to see centralized system for moving people from shelters to housing; a lot of people get left behind.*
- *CSB has to work with providers to assess people up front and have length of stay be different based on the population we are serving.*

Theme: Address the needs of specific homeless populations

Provide services and housing for underserved populations and tailor programs to meet their specific needs. Examples of comments include:

- *One gap that's present is emergency shelter for couples without children who want to stay together in the shelter.*
- *Emancipated youth is a growing population.*
- *Immigrants who can't get into housing*
- *We need more housing for housing for families, such as for Somalis. How are you going to provide services for them? Their language is a big barrier. Is there any thought behind how are we going to provide services when there is such a barrier?*
- *Single women with children that may be battered don't want to take their children to shelters. More shelters are needed for these people.*
- *Transgender families and same-sex couples.*
- *Address thinly veiled institutional racism within the system [such as] rejecting people with bad credit or criminal background.*

7. Stakeholder Recommendations

Theme: Provide information and resources to connect people with services.

Make available to the general public, and specifically to persons in emergency shelter and supportive housing, resources that would help them to achieve greater self-sufficiency. Examples of comments include:

- *Make more resources available. Some people don't know they're available. Having a book that has services would be helpful.*
- *Case managers are excellent; they should provide you with more resources that you may not be aware of.*
- *Should be looking into a counseling service to help people get self-worth.*
- *Design something where residents get help moving into the community and on their own.*
- *Assistance with security deposits.*

Theme: Provide individualized attention

Create a process that ensures that each client is assigned a case manager, clients know the role of the case manager, and know how to contact that person for assistance.

Examples of comments include:

- *When you call [for services] you want to talk to a person, not a machine.*
- *Personal attention is most important to me; didn't have that before. It makes a difference to be assigned to someone.*

Theme: Reduce time on waiting lists

Explore strategies for reducing the time that persons have to wait to obtain permanent supportive housing. An example of a specific stakeholder comment includes:

- *With supportive housing, there's a huge waiting list; I was number 54 for a year.*

Theme: Address the needs of neighborhoods

Use the process of identifying facilities to address broader neighborhood revitalization issues. An example of a specific stakeholder comment includes:

- *Good Neighbor Agreements should include a strategy of how to "rebuild" a community where shelters are located.*

Theme: Identify additional funding

Continue to identify other sources of funding for Rebuilding Lives programs. An example of a specific stakeholder comment includes:

- *Broaden the subsidy base...find alternative state and local subsidies*
- *At least get people eligible for SSI/SSDI in order to be able to bill Medicaid.*
- *Keep reapplying for Continuum of Care funds*
- *Work with federal agencies for changes in regulations*

Appendices

A: RLUS Steering Committee and Consultant Team

B: Initial Evaluation Questions

C: Data Collection Methods

D: Documents Reviewed

E: Interview Summary

F: Focus Group Summaries

G: Inventory of Emergency Shelter Facilities

H: Funder Collaborative and Continuum of Care Steering Committee Membership

I: Emergency Shelter Admission Processes

J: The Good Neighbor Agreement Process

K: Contextual Assumptions Data

Appendix A: RLUS Steering Committee and Consultant Team

RLUS Steering Committee Membership Roster February 1, 2007

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

RLUS Consultants

Dennis Culhane	University of Pennsylvania, Center for Mental Health Policy and Services Research
Steve Metraux	University of the Sciences in Philadelphia
Suzanne Wagner	Center for Urban Community Services, Inc.
Roberta Garber	Community Research Partners
Gary M. Timko	Community Research Partners
Deb Helber	Independent Consultant

Appendix B: Initial Evaluation Questions

The following are the questions from the Rebuilding Lives Process Evaluation Plan that guided the data collection and analysis for the Process Description report (see Section 1 of the report for discussion of methodology).

Evaluation Questions	Page(s) where primarily addressed
1. What was the impetus and rationale for Rebuilding Lives?	1
2. What were the social and political factors surrounding housing homeless persons at the time Rebuilding Lives was being planned and first implemented? Have these changed over time?	50
3. What were the expectations of Rebuilding Lives when it was first implemented? Have these changed over time?	9
4. What structure is needed to support the Rebuilding Lives approach?	21
<ul style="list-style-type: none"> • What are the stated and perceived purpose and goals of the approach? 	9-19
<ul style="list-style-type: none"> • What was the process of establishing policies and procedures for Rebuilding Lives, including the Certification process and the Good Neighbor Agreement? 	22, 32, 35
<ul style="list-style-type: none"> • What role has the Funder Collaborative had in Rebuilding Lives, including developing program strategies, guidelines, standards, underwriting criteria, outcome measures, reporting requirements, and program evaluation efforts? 	28
<ul style="list-style-type: none"> • How was the Rebuilding Lives Funder Collaborative established? How were members identified? What was the process of becoming a member of the Collaborative? Why did members choose to be and remain a part of the Collaborative? 	26
<ul style="list-style-type: none"> • Has the role of the Funder Collaborative changed over time? If so, how and for what reasons? 	27
<ul style="list-style-type: none"> • What role has the Continuum of Care process had in the implementation of Rebuilding Lives? 	28
<ul style="list-style-type: none"> • Has the role of the Continuum of Care with Rebuilding Lives changed over time? If so, how and for what reasons? 	[Not addressed]
<ul style="list-style-type: none"> • What role has the Community Shelter Board had in the implementation of Rebuilding Lives? 	25

Evaluation Questions	Page(s) where primarily addressed
<ul style="list-style-type: none"> Has the role of the Community Shelter Board with Rebuilding Lives changed over time? If so, how and for what reasons? 	27
5. How has Rebuilding Lives resulted in an emergency shelter system for homeless adults in Franklin County by using a community-wide approach?	23
<ul style="list-style-type: none"> How are decisions made in awarding grants to organizations that have applied for Rebuilding Lives funding? 	12, 27
<ul style="list-style-type: none"> What role have community and partner agencies had in this process, including the Citizens Advisory Council and the Columbus Coalition for the Homeless? 	35
<ul style="list-style-type: none"> What has been the process of Certifying emergency shelters? 	35
<ul style="list-style-type: none"> What has been the process of educating the community regarding emergency shelter for the homeless population and building support in communities for shelter facilities? 	44
<ul style="list-style-type: none"> What is the process of getting clients into emergency shelter? 	32
<ul style="list-style-type: none"> How do the emergency shelter needs of homeless women, men, and families differ? What are the differences in how these services are provided? 	[not addressed per CSB]
<ul style="list-style-type: none"> What have been the challenges to the process of using a community-wide approach to provide emergency shelter to homeless persons, as well as factors that have helped the process? 	51
<ul style="list-style-type: none"> What best practices are being implemented for providing emergency shelter services in Franklin County? 	51
6. What has been the process of establishing and providing supportive housing services for Rebuilding Lives clients?	20
<ul style="list-style-type: none"> How are decisions made in awarding grants to organizations that have applied for Rebuilding Lives funding? What are the roles of the Funder Collaborative, the Continuum of Care, and the Community Shelter Board in this process? 	12, 27
<ul style="list-style-type: none"> What has been the process for Certifying permanent supportive housing programs? 	35

Evaluation Questions	Page(s) where primarily addressed
<ul style="list-style-type: none"> What has been the process of educating the community regarding permanent supportive housing for the homeless population and building support in communities for housing facilities? 	44
<ul style="list-style-type: none"> What is the process of getting clients into permanent supportive housing? 	32
<ul style="list-style-type: none"> What has been the process of establishing supportive services for Rebuilding Lives clients? 	31
<ul style="list-style-type: none"> How are clients linked to supportive services, such as counseling, job training, and other services that are designed to enable them to achieve stability and maintain self-sufficiency? 	33
<ul style="list-style-type: none"> How do the permanent supportive housing needs of homeless women, men, and families differ? What are the differences in how these services are provided? 	[not addressed per CSB]
<ul style="list-style-type: none"> What roles have provider coordination and planning groups, as well as other community agencies and partner agencies, had in this process? 	25-31
<ul style="list-style-type: none"> What have been the challenges of establishing and providing supportive housing, as well as factors that have helped with the process? 	51
<ul style="list-style-type: none"> What best practices are being implemented for providing permanent supportive housing services in Franklin County? 	44
<p>7. To what extent have the program goals been achieved, and what has been the process of trying to achieve these goals? Assumptions were made about the local economy, public policy support, etc.; have these assumptions held true? To what extent have these impacted the goal achievement?</p>	9, 51
<p>8. What have been some of the greatest successes of Rebuilding Lives? In moving forward with Rebuilding Lives, what should remain the same?</p>	42
<p>9. What have been some of the greatest challenges of Rebuilding Lives? In moving forward with Rebuilding Lives, what should change?</p>	51

Appendix C: Data Collection Methods

■ Interviews

CRP conducted a total of 22, 30-minute telephone interviews with CSB trustees, Rebuilding Lives funders, elected officials, Continuum of Care members, and system heads.

These interviews primarily addressed the roles that CSB, the Continuum of Care, and the Funder Collaborative have had in developing program strategies; guidelines, standards, underwriting criteria; outcome measures, reporting requirements, certification process; and program evaluation efforts. The interviews also explored the steps CSB and partner agencies have taken to build community support where emergency shelters and permanent supportive housing facilities are located.

The following process was used for the 22 interviews:

- CRP developed a draft data collection instrument for telephone interviews that could be modified for in-person interviews by adding questions that were specifically tailored for the interviewee. For example, interviewees who had unique roles or different perspectives from other Funder Collaborative members due to their history of involvement may have been asked to provide additional details about their experiences. CRP worked with CSB to help identify such individuals.
- CRP worked with CSB staff to identify those persons who would be interviewed in-person versus by telephone. CSB provided all contact information for these interviews.
- CRP composed a letter that was signed by CSB and sent to interview participants. This letter explained the purpose of the interview, introduced CRP, and explained that CRP would be contacting them to schedule a telephone interview.
- CRP scheduled and conducted the interviews. Interviews were tape-recorded with the permission of the interviewees.
- CRP transcribed interview notes and analyzed the data. Interview data was analyzed across all participants to identify themes to responses. CRP used quotes from interview responses (not identifying the name of the interviewee) to help illustrate findings.

■ Focus Groups

CRP prepared and conducted a total of six focus groups with 2-12 participants for each group, for a total of 36 participants. Those persons who participated in focus groups were:

- Program service providers for emergency shelters (5 attended)
- Program providers for permanent supportive housing (5 attended)
- CEO's of Rebuilding Lives service providers and partner agencies for both emergency shelters and permanent supportive housing (7 attended)
- Rebuilding Lives emergency shelter and permanent supportive housing clients, including those who are part of the Citizen's Advisory Committee (12 attended)
- Columbus Coalition for the Homeless (officers and co-directors) (2 attended)
- Franklinton community residents. (5 attended)

Focus groups were used primarily to collect data to describe and evaluate the community-wide approach being undertaken through Rebuilding Lives, the role of partner agencies, the process of establishing and providing emergency shelter and supportive housing services, and the process of receiving these services from clients' perspectives. Some of the focus groups also explored the political and social context of implementing Rebuilding Lives, including resident and community opposition to the locations of shelters and permanent supportive housing facilities and the political will to address NIMBY ("Not In My Backyard") attitudes.

The following process was used to guide the focus groups:

1. CRP developed draft data collection instruments for the focus groups.
2. CRP worked with CSB to finalize a list of potential attendees and gather contact information for those who were invited to attend each focus group.
3. CRP composed a letter that was signed by CSB and sent to persons invited to participate in the focus groups. This letter explained the purpose of the focus group, introduced CRP, and explained that CRP would be contacting them to participate in a focus group.
4. CRP managed the logistics for these focus groups, including invitations and responses, room arrangements, refreshments, and materials. Each focus group had one facilitator and two note-takers. Focus groups were tape-recorded with the permission of participants.
5. CRP transcribed focus group notes and analyzed the data. Data were analyzed by the type of focus group participants (i.e., partner agencies, clients, and neighborhood organizations) and across groups to identify themes to responses. CRP used quotes from interview responses (not identifying the name of the interviewee) to help illustrate findings.

Appendix D: Documents Reviewed

CRP reviewed the following documents provided by CSB related to the history, implementation and accomplishments of Rebuilding Lives:

- Rebuilding Lives Funder Collaborative meeting records
- CSB Board Communiques, Board meeting minutes, and attachments
- CSB annual reports: 1998-present
- Records of Corporation for Supportive Housing (CSH) related to Rebuilding Lives
- Rebuilding Lives provider manuals
- Funding Grant Application (FGA) records
- Community relations records
- Newspaper articles
- Program evaluation reports
- Rebuilding Lives project files related to program operating policies and procedures, including the organization chart, program guidelines, standards, underwriting criteria, outcome measures, program participation applications, and reporting requirements

In addition, CSB staff prepared written descriptions of Rebuilding Lives history, processes, and accomplishments to augment the other documents provided.

Appendix E: Interview Summary

CRP contracted with Fred Bartenstein & Associates to conduct telephone interviews with 22 stakeholders identified by CSB. This section summarizes the responses to each of the interview questions. Because the questions were tailored to the Rebuilding Lives experience and roles of each of the four groups (Funder Collaborative, CSB Trustee, Continuum of Care Steering Committee, Elected Official), the 22 interviewees were not all asked the same questions or number of questions. As a result, the numbers of responses reported for each question vary, and response percentages are based only on those who were asked the question.

Interviewees (n=22)

FC=Funder Collaborative member

CSB=Community Shelter Board trustee

CC=Continuum of Care Steering Committee member

EE=Elected official

- Trudy Bartley, City Administration (FC)
- Terri Donlin, Osteopathic Heritage Foundation (FC)
- Dennis Guest, Columbus Metropolitan Housing Authority (FC)
- Janet Jackson, United Way (FC)
- Floyd James (CSB)
- Hal Keller, Ohio Capital Corporation for Housing (CSB & FC)
- Mary Lou Langenhop (CSB & FC)
- Bob Lazarus (CSB)
- Sally Luken, Corporation for Supportive Housing (CC & FC)
- Douglas Lumpkin, County Administration (FC)
- Tim Miller (CSB)
- Steve Rish (CSB)
- David Royer, ADAMH Board (FC)
- Emily Savors, Columbus Foundation (CC & FC)
- Roger Sugarman (CSB)
- Charleta Tavares, City Council (FC & EE)
- Mark Barbash, City Administration
- Michael Coleman, City Mayor (EE)
- Bill Graves, City Administration
- Matt Habash, City Council (EE)
- Michelle Morgan, County Administration (CC)
- Dewey Stokes, County Commissioner (EE)

Summary of Responses to Interview Questions

1. What do you believe is the purpose/goals of Rebuilding Lives?

% (of 22)*	Response	# of Responses
81%	Provide housing alternatives	18
72%	Address homelessness	16
50%	Provide supportive services	11
50%	Overcome barriers to self-sufficiency	11
27%	“Chronic”	6
22%	Coordination/leadership/systemic change	5
9%	“Men”	2
9%	“Families”	2
4%	“Women”	1

*Some participants provided more than one response

1a. Have the purposes changed since Rebuilding Lives was first implemented? If so, how?

% (of 22)*	Response	# of Responses
50%	No	11
40%	Expanded to women/families	9
22%	Broader programming vision	5
9%	Wider involvement	2
9%	Addressing issues of immigration	2

*Some participants provided more than one response

2. Overall, to what extent do you believe Rebuilding Lives has created a “coordinated, targeted cost-effective way of providing shelter and services for crisis, emergency housing”?

% (of 19)*	Response	# of Responses
42%	Successful/effective	8
36%	Very successful/effective	7
31%	Mixed results	6
10%	Need data to evaluate	2
5%	No response	1

*Some participants provided more than one response

3. Overall, to what extent do you believe Rebuilding Lives has created “permanent supportive housing alternatives”?

% (of 19)*	Response	# of Responses
36%	Very successful/effective	7
36%	Successful/effective	7
21%	Mixed results	4
5%	No response	1

*Some participants provided more than one response

4. What do you see as the role of the Funder Collaborative in relation to Rebuilding Lives?

% (of 11)*	Response	# of Responses
72%	Pooling resources/funding	8
54%	Coordination of efforts	6
54%	Review/approval of projects	6
54%	Develop supportive housing	6
27%	Feedback/advice/early input	3
18%	Support/communication of need	2
18%	Monitoring	2

*Some participants provided more than one response

4a. Has this role changed over time?

% (of 11)*	Response	# of Responses
64%	No/don't know	7
27%	Matured/improved	3
27%	Role is evolving to include more issues	3

*Some participants provided more than one response

5. What was your motivation for becoming/continuing to be a member of the Collaborative? What was the process of becoming a member? Did you initiate becoming a member or were you asked? Was/is there a formal application process? If so, please describe the process?

% (of 11)*	Response	# of Responses
91%	Related role of my organization	10
73%	Invited to participate	8
45%	Opportunities for collaboration	5
36%	Personal interest in homelessness	4
18%	Involved in organizing Rebuilding Lives	2
18%	Informal process for involvement	2

*Some participants provided more than one response

5a. What is your role with the Collaborative?

% (of 11)*	Response	# of Responses
72%	Member	8
18%	Provide funding/resources	2
9%	Review programs	1
9%	Gain information/perspective	1
9%	Represent the Shelter Board	1
9%	No response	1

*Some participants provided more than one response

6. What has been the Collaborative’s process for developing/revising RL policies and procedures?

% (of 11)*	Response	# of Responses
63%	Staff proposes	7
63%	Collaborative approves	7
36%	FC or committee discusses/ develops	4
27%	Don’t know	3
9%	Annual review of progress toward goals	1
9%	FC members/committees propose	1
9%	As funding and issues change	1
9%	Shelter Board proposes	1
9%	Continuum of Care proposes	1

*Some participants provided more than one response

7. What has been CSB’s role with Rebuilding Lives?

% (of 22)*	Response	# of Responses
86%	Convening/coordination/leadership/planning	19
40%	Organizing funding	9
27%	Monitoring/evaluation/oversight	6
27%	Advocacy/catalyst for change/policy	6
27%	Providing staffing support	6

*Some participants provided more than one response

8. What do you see as the role of the CSB Board of Trustees in relation to Rebuilding Lives? (this question was skipped in a number of the interviews)

% (of 16)*	Response	# of Responses
62%	No response	10
25%	Community coordination/advocacy	4
25%	Oversight/monitoring/evaluation	4
18%	Fund raising	3
12%	Source of direction	2
6%	Address the macro level	1
6%	Allocation of funds	1

*Some participants provided more than one response

8a. Has this role changed over time? (this question was skipped in a number of the interviews)

% (of 22)*	Response	# of Responses
69%	No response	11
31%	No	5

*Some participants provided more than one response

9. What do you see as the role of the Continuum of Care Steering Committee in relation to Rebuilding Lives?

% (of 3)*	Response	# of Responses
67%	Access to funding	2
33%	Coordination of participating organizations	1

*Some participants provided more than one response

9a. Has this role changed over time?

% (of 3)*	Response	# of Responses
33%	No	1
33%	Now addressing expedited benefits	1
33%	Ebbs and flows in influence of CC & CSB	1

*Some participants provided more than one response

**10. How are decisions made regarding funding sought for Rebuilding Lives/CSB?
How are Rebuilding Lives funding needs identified and prioritized?**

% (of 18)*	Response	# of Responses
44%	Community Shelter Board	8
44%	Funder Collaborative	8
38%	Funders	7
38%	In cooperation	7
33%	According to a master plan	6
27%	Developer/grantee	5
22%	Don't know	4
16%	Staff	3
5%	Subcommittee	1

*Some participants provided more than one response

10a. Has the decision process regarding funding changed over time? If so, please describe these changes.

% (of 18)*	Response	# of Responses
44%	No	8
27%	Don't know	5
22%	Funder constraints/changes/competition	4
16%	Expanded purposes	3
11%	Adjusted timeline for capacity and funding	2
5%	Attracted more federal and state funding	1
5%	More and less preparation	1
5%	No response	1

*Some participants provided more than one response

11. How are decisions made in awarding grants to organizations that apply for Rebuilding Lives funding? How are funding needs identified and prioritized?

% (of 18)*	Response	# of Responses
61%	Funder Collaborative	11
50%	Within context of RL plan/standards	9
33%	Staff	6
27%	Service provider/applicant input	5
22%	Community Shelter Board	4
22%	In cooperation	4
11%	Committee/subcommittee involvement	2
5%	Continuum of Care Steering Committee	1
5%	Each project is unique	1
5%	Evolved - less formal now	1

*Some participants provided more than one response

11a. Has the process of awarding grants changed over time? If so, please describe these changes.

% (of 18)*	Response	# of Responses
72%	No, don't know	13
16%	Matured/improved/more formal	3
16%	More weight on neighbor relationships/ommunications	3
11%	Earlier commitments/involvement of project sponsors and funders	2

*Some participants provided more than one response

11b. How are organizations held accountable for Rebuilding Lives funding?

% (of 18)*	Response	# of Responses
61%	Articulated performance standards	11
38%	Reporting/monitoring/evaluation/feedback	7
27%	Oversight by Shelter Board/funders	5
22%	Contractual agreements	4
16%	Good neighbor agreements	3
5%	Don't know	1
5%	Need for more evaluation	1

*Some participants provided more than one response

12. What do you believe has worked well with the Rebuilding Lives approach? What have been some of the greatest successes? In moving forward with Rebuilding Lives, what should remain the same?

% (of 22)*	Response	# of Responses
59%	Setting and accomplishing goals	13
50%	Supportive housing/services	11
40%	Collaboration/relationships	2
36%	Positive outcomes for those served	8
27%	Good Neighbor Agreements/community support	6
27%	Specific development projects & models	6
22%	Funder Collaborative	5
18%	Public relations	4
18%	Community Shelter Board	4
13%	Building organizational capacity	3
9%	Dispersed sites	2
4%	Serving women and families	1
4%	Federal funding	1
4%	Low turnover	1
4%	Local conveyance fee	1

*Some participants provided more than one response

13. What has not worked well with the Rebuilding Lives approach? What have been the greatest challenges? In moving forward with Rebuilding Lives, what should change?

% (of 22)*	Response	# of Responses
31%	Funding issues	7
27%	Increased homelessness/demand	6
27%	Collaboration issues	6
27%	Setting/meeting/expanding goals	6
22%	Original focus only on single homeless men	5
18%	Client issues	4
9%	Community issues	2
9%	Measuring/achieving cost-efficiencies	2
9%	No significant challenges, continue as is	2
4%	Building organizational capacity	1

*Some participants provided more than one response

14. Has Rebuilding Lives changed the process of how homeless persons receive supportive housing in Franklin County? Why or why not?

% (of 22)*	Response	# of Responses
81%	More options and services, especially permanent supportive housing	18
54%	More coordinated/consolidated	12
9%	More units	2
9%	Don't know	2
4%	Located where the needs are	1
4%	More priority to chronically homeless	1

*Some participants provided more than one response

15. What recommendations do you have for the future of RL and for the updated strategy?

% (of 22)*	Response	# of Responses
36%	Reassess needs, set realistic goals	8
31%	Programmatic improvements	7
18%	Address prevention	4
18%	Explore/share best practices	4
13%	Don't know, no response	3
13%	Expand data/evaluation/university links	3
13%	Communicate progress	3
13%	Build cooperation/collaboration	3
13%	Develop funding	3
4%	Site housing downtown while we can	1

*Some participants provided more than one response

16. Is there anything else you would like to add?

% (of 22)*	Response	# of Responses
77%	No	17
18%	Supportive general comments	4
4%	Funding cautions	1
4%	Franklin County may be attracting homeless	1
4%	Site housing downtown while we can	1

*Some participants provided more than one response

17. (Elected Officials Only) What has been your role with Rebuilding Lives?

% (of 4)*	Response	# of Responses
100%	Supporter	4
50%	Funder/fundraiser	2
25%	Visitor	1

*Some participants provided more than one response

18. (Elected Officials Only) What do you see as the responsibility of the City of Columbus and Franklin County to address homelessness in Franklin County?

% (of 4)*	Response	# of Responses
100%	Collaborative partner	4
25%	Funder	1
25%	Serve and encourage people in need	1

*Some participants provided more than one response

18a. (Elected Officials Only) What is the role of the City of Columbus and Franklin County in relation to Rebuilding Live?

% (of 4)*	Response	# of Responses
75%	Funding	3
75%	Public support	3
25%	Deal with zoning issues	1
25%	Collaborative partner	1

*Some participants provided more than one response

18b. (Elected Officials Only) Has this role changed over time?

% (of 4)*	Response	# of Responses
100%	Increased involvement	4

18c. (Elected Officials Only) Have the City of Columbus and Franklin County provided funding for Rebuilding Lives?

% (of 4)*	Response	# of Responses
100%	Yes	4

18d. (Elected Officials Only) If so, how was the decision made to fund the initiative?

% (of 4)*	Response	# of Responses
100%	Response to need/opportunity	4
50%	Private sector leadership	2
50%	Political leadership	2
50%	Ultimately a savings to taxpayers	2
25%	Scioto relocation issue	1
25%	Response to a request	1

*Some participants provided more than one response

18e. (Elected Officials Only) Do the City of Columbus and Franklin County have a role in supporting where emergency shelters and supportive housing are located in Franklin County? Please describe.

% (of 4)*	Response	# of Responses
50%	Zoning review	2
50%	Dispersal throughout the community	2
50%	Addressing community issues	2
50%	Appointment of board and staff	2

*Some participants provided more than one response

Appendix F: Focus Group Summaries

CRP contracted with Fred Bartenstein & Associates to facilitate six focus groups with invitees selected CSB. This section identifies the questions asked in each focus group and summarizes the comments related to these questions.

Invited: n=36, not including Rebuilding Lives clients

Participated: n=14, not including 12 Rebuilding Lives clients

CEOs of Service Provider Agencies, 10/24/200, (12 invited, 7 participated)

Cynthia Lazarus, YWCA of Columbus
Sandra Stephenson, Southeast/Friends of the Homeless
Steve Gunn, YMCA of Central Ohio
Jami Huppert, YMCA of Central Ohio
Dave Kayuha, National Church Residencies
Jim Nagle, Volunteers of America
Thomas Slemmer, National Church Residences

Emergency Shelter Program Staff, 10/6/2006 (5 invited, 5 participated)

Martha Smith, Southeast, Friends of the Homeless
John Dickey, Lutheran Social Services/Faith Mission
Gregg Banks, Netcare ACCESS Reach Out Program
Vickey Joe, Volunteers of America of Greater Ohio
James Alexander, Maryhaven Engagement Center

Permanent Supportive Housing Program Staff, 10/16/2006 (6 invited, 5 participated)

Art Helldoerfer, YMCA of Central Ohio
Colleen Bain Gold, YWCA of Columbus
Mike Tynan, Community Housing Network
Wilhelmina Spinner National Church Residences
Stephanie Lunceford, Southeast, Inc.

Franklinton Community Residents, 10/17/2006 (7 invited, 5 participated)

Jim Sweeney, Franklinton Development Association
Helen Evans, Gladden Community House
Pauline Edwards, resident
Larry Danduran, resident
Gail Gray-Deveraux, Community Relations Commission

Columbus Coalition for the Homeless, 11/15/2006 (5 invited, 2 participated)

Don Strausser, Co-Director of the Columbus Coalition for the Homeless
Aaron Riley, Columbus Coalition for the Homeless Board President

Rebuilding Lives Clients, 10/25/2006 (invited n=unknown, 12 participated)

**CEOs of Service Provider Organizations:
Shelters and Permanent Supportive Housing
(invited n=12, participated n=7)**

Focus Group Questions	Summary of Comments
<p>1. What do you believe is the purpose/goals of Rebuilding Lives?</p> <ul style="list-style-type: none"> • Have these changed since Rebuilding Lives was first implemented? If so, how? • To what extent do you believe that Rebuilding Lives is accomplishing its goals? • To what extent is Rebuilding Lives changing the process of providing emergency shelters and supportive housing to persons in Franklin County? 	<ul style="list-style-type: none"> • The purpose of Rebuilding Lives is to serve the most difficult population to serve: the chronically homeless. • Eventually be out of the shelter business • The role of Rebuilding Lives has changed from large congregate facilities for only adult single males to facilities that house women and families.
<p>2. What is the process of linking clients to supportive services?</p>	<ul style="list-style-type: none"> • All clients at the YWCA are assigned a case manager who conducts a needs assessment. • Outreach. Service providers go out on the street and link persons who are living on the land with services. • Client participation in services is voluntary. A high level of client engagement is needed for persons with mental illnesses. • Agencies need more funding to adequately train their staff to effectively provide services.
<p>3. How, and to what extent, do you believe Rebuilding Lives is being accountable to the clients, community, and funders?</p> <ul style="list-style-type: none"> • Community acceptance plans and Good Neighbor Agreements, shelter and program certification, annual program evaluations, and enhanced public and community information. 	<ul style="list-style-type: none"> • The Good Neighbor Agreement has been a good process for building community acceptance and as an educational tool. • Service provides engage neighborhoods and don't know how to make that process more positive than how it has been. At times it can be a difficult process. • It is difficult to get community acceptance to locate a facility in their neighborhood that will serve ex-offenders.

**CEOs of Service Provider Organizations:
Shelters and Permanent Supportive Housing (con't)**

Focus Group Questions	Summary of Comments
4. What best practices are being used locally by Rebuilding Lives to provide services to persons who experience chronic homelessness?	<ul style="list-style-type: none"> • Housing First model. • Stages of Change model. • On-site certificate training for clients.
5. To what extent do you believe the Funder Collaborative has been helpful to the Rebuilding Lives	<ul style="list-style-type: none"> • [This question was not asked due to time limitations]
6. To what extent do you believe the Community Shelter Board has been helpful to the Rebuilding Lives approach?	<ul style="list-style-type: none"> • [This question was not asked due to time limitations]
7. What suggestions and recommendations would you make for the future of Rebuilding Lives?	<ul style="list-style-type: none"> • Create a community agenda to address the needs and serve the homeless who are from prison. • Adjust length of stay in shelters to meet the individual needs of clients. Some may need to stay longer. • Centralize the system of moving persons from shelters to permanent supportive housing. • Provide shelter options for couples without children.

Program Service Providers: Shelters/Outreach
(invited n=5, participated n=5)

Focus Group Questions	Summary of Comments
<p>1. What do you believe is the purpose/goals of Rebuilding Lives?</p> <ul style="list-style-type: none"> • Have these changed since Rebuilding Lives was first implemented? If so, how? 	<ul style="list-style-type: none"> • Develop short- and long-term strategies for homeless people • Provide wrap-around services to clients • Move people from shelters into housing as quickly as possible
<p>2. Overall, to what extent do you believe the Rebuilding Lives approach has been a “coordinated, targeted cost-effective way of providing shelter and services for crisis and emergency housing?” Lives approach?</p>	<ul style="list-style-type: none"> • Overall, Rebuilding Lives is a more coordinated approach • Rebuilding Lives does not provide a seamless continuum of care to persons who experience homelessness. • There is no single entry point to shelters or application process for services • Bureaucracies of participating agencies do not create cost-effectiveness
<p>3. What do you believe has worked well with the Rebuilding Lives approach?</p> <ul style="list-style-type: none"> • What have been some of the greatest successes? • In moving forward with Rebuilding Lives, what should remain the same? 	<ul style="list-style-type: none"> • Many success moves of people from shelters to permanent supportive housing • Clients rights have increased and they are taking a more active role with their lives. • Three new housing facilities have been created
<p>4. What has not worked well with the Rebuilding Lives approach?</p> <ul style="list-style-type: none"> • What have been the greatest challenges? • In moving forward with Rebuilding Lives, what should change? 	<ul style="list-style-type: none"> • Sometimes clients move too quickly from shelters to permanent supportive housing when they are not ready to live independently • It seems that the homeless population has become more difficult to serve (i.e. more drug abuse) • Some clients are not able to access some wrap-around services, such as mental health, as quickly as needed due to waiting lists
<p>5. What are examples of best practices that are being implemented to serve homeless persons in Franklin County?</p>	<ul style="list-style-type: none"> • Reach Out program • Multidisciplinary approach (PACT Team model)
<p>6. What suggestions, recommendations, or changes would you make for the future of Rebuilding Lives?</p>	<ul style="list-style-type: none"> • There is a need for affordable housing for ex-offenders • Centralize intake process

**Program Service Providers: Permanent Supportive Housing
(invited n=6, participated n=5)**

Focus Group Questions	Summary of Comments
<p>1. What do you believe is the purpose/goals of Rebuilding Lives?</p> <ul style="list-style-type: none"> • Have these changed since Rebuilding Lives was first implemented? If so, how? 	<ul style="list-style-type: none"> • Provide housing for persons who are chronically homeless, not just homeless, with special needs and supportive services so that they can be successful • To be a part of a larger coordinated system to serve persons who experience homelessness
<p>2. Overall, to what extent do you believe Rebuilding Lives is has created “permanent housing alternative with a priority for services-enriched housing for the homeless”?</p> <ul style="list-style-type: none"> • What does it mean to use a “community-wide” approach? • What has been the Rebuilding Lives process of using a community-wide approach to create and provide permanent supportive housing for the homeless? 	<ul style="list-style-type: none"> • Rebuilding Lives has been very effective in creating permanent housing alternatives, but the job is not yet complete • People have obtained stable housing and able to make choices in their lives who would have otherwise been living in the streets or in shelters • A community-wide approach means multiple agencies providing supportive services
<p>3. What do you believe has worked well with the Rebuilding Lives approach?</p> <ul style="list-style-type: none"> • What have been some of the greatest successes? • In moving forward with Rebuilding Lives, what should remain the same? 	<ul style="list-style-type: none"> • The supportive services that people receive have worked well. Without it, they would return to homelessness • Safe Haven and the harm reduction approach to housing, Stages of Change model, have worked well • The PACT Team model has worked well • Flex funds that are available to help bridge the financial gap until rent subsidies are available to clients • Rebuilding Lives partnerships have worked well • Persons with long-term unemployment are eligible for Rebuilding Lives

Program Service Providers: Permanent Supportive Housing (Con't)

Focus Group Questions	Summary of Comments
<p>4. What has not worked well with the Rebuilding Lives approach?</p> <ul style="list-style-type: none"> • What have been the greatest challenges? • In moving forward with Rebuilding Lives, what should change? 	<ul style="list-style-type: none"> • Clients meeting HUD criteria for housing subsidies • Helping clients obtain employment and/or increasing their income • Housing some populations of homeless (i.e. sexual predators, couples without children) • Assessing clients for mental health and substance abuse, who do not want to be assessed • Not enough supportive housing to meet the need
<p>5. What are examples of best practices that are being implemented to serve homeless persons in Franklin County?</p>	<ul style="list-style-type: none"> • Housing First • Harm Reduction model • Stages of Change model
<p>6. What have been some effective strategies of building community support for Rebuilding Lives and the facilities where they are located?</p>	<ul style="list-style-type: none"> • Conducting open houses at facilities • Good Neighbor Agreement • Community Advisory Committee meetings
<p>7. What suggestions, recommendations, or changes would you make for the future of Rebuilding Lives?</p>	<ul style="list-style-type: none"> • Continue to identify alternative sources of housing subsidies • Had housing specialists inside shelters to do outreach for services

Franklinton Community Residents
(invited *n*=7, participated *n*=5)

Focus Group Questions	Summary of Comments
<p>1. What has been your experience with homeless issues in Franklinton?</p> <ul style="list-style-type: none"> • What was it like before Rebuilding Lives was implemented (before 2000)? • What is your experience now? 	<ul style="list-style-type: none"> • Franklinton has always had homeless programs located in their community • There is a perception that Franklinton has been a “dumping ground” for homeless programs • Prior to 2000, participants experienced homeless men “hanging out” in the community, panhandling, and “disrespecting residents in the community” during the daytime hours when the Open Shelter was not open • There is perceived improvement in the community since 2000.
<p>2. What was your community’s experience with the Open Shelter and the public inebriate program?</p> <ul style="list-style-type: none"> • What impact did the closing of the Open Shelter and the public inebriate program have on the Franklinton community, including homeless persons? 	<ul style="list-style-type: none"> • Closing the Open Shelter has been positive for the community and has resulted in a perception of fewer homeless persons in the community • Netcare now takes homeless persons who are publicly inebriated to Safe Haven or the Engagement Center at Maryhaven
<p>3. What was the community’s experience with the relocation of the Volunteers of America’s men’s shelter?</p> <ul style="list-style-type: none"> • What impact did the relocation of this shelter have on the Franklinton community, including homeless persons? 	<ul style="list-style-type: none"> • The community’s perception is that the relocation of the Volunteers of America men’s shelter has been a definite improvement • There is a perception that there are fewer men on the streets during the morning hours
<p>4. Please describe what you know about the YMCA’s program at Sunshine Terrace.</p> <ul style="list-style-type: none"> • How, and to what extent, does this program serve the Franklinton community, including homeless people? 	<ul style="list-style-type: none"> • Sunshine Terrace is perceived as serving Columbus, “not Franklinton” • There is a perception that the criminal element that was associated with the Open Shelter has moved to Sunshine Terrace • There is a perception that it would be beneficial if all Sunshine Terrace residents were part of Rebuilding Lives

Franklinton Community Residents (con't)

Focus Group Questions	Summary of Comments
<p>5. Please describe what you know about, and your experiences with, the Community Shelter Board's Good Neighbor Agreements and the requirement for shelter certification.</p>	<ul style="list-style-type: none"> • While other communities may have had a different experience with the Good Neighbor Agreement process, the process did not work as well in the Franklinton community, particularly with regard to the Sunshine Terrace project.
<p>6. Is there anything you would like to add or suggest to improve how homeless persons are served in communities such as Franklinton?</p>	<ul style="list-style-type: none"> • There is a perception that persons who experienced homelessness are often housed in shelters that are located in areas with high crime and drug use. This may present barriers to persons trying to "rebuild" their lives and actually contribute to them remaining in the cycle of homelessness • Good Neighbor Agreements would include a strategy of how to "rebuild a community" where shelters are located

Columbus Coalition for the Homeless
(invited n=5, participated n=2)

Focus Group Questions	Summary of Comments
<p>1. What has been your experience with Rebuilding Lives?</p> <ul style="list-style-type: none"> • How did the Columbus Coalition for the Homeless first become involved with Rebuilding Lives? • What has your agency's involvement with Rebuilding Lives include? 	<ul style="list-style-type: none"> • The Coalition's experience with Rebuilding Lives has been very position • Coalition members have participated in Rebuilding Lives from its inception • The Coalition has been involved in outreach efforts who are typically targeted for Rebuilding Lives programs
<p>2. What do you believe is the purpose/goals of Rebuilding Lives?</p> <ul style="list-style-type: none"> • Have these changed since Rebuilding Lives was first implemented? If so, how? • To what extent do you believe that Rebuilding Lives is accomplishing its goals? • To what extent is Rebuilding Lives changing the process of providing emergency shelters and supportive housing to persons in Franklin County? 	<ul style="list-style-type: none"> • The purpose of Rebuilding Lives is to target the chronically homeless population and provide them with supportive housing using local social services • Create 800 units of supportive housing • Rebuilding Lives is doing an excellent job of accomplishing its goals • Rebuilding Lives has created a cultural shift in the way people think about housing persons who experience homelessness • There is a perception that Rebuilding Lives is not as effective as it needs to be in serving the most difficult population of homeless (i.e. those with multiple problems, including mental health, alcohol and chemical addiction, sexual offenders, persons from prisons, etc.)

Columbus Coalition for the Homeless (Cont'd)

Focus Group Questions	Summary of Comments
<p>3. How, and to what extent, do you believe Rebuilding Lives is being accountable to the clients, community, and funders?</p> <ul style="list-style-type: none"> • Community acceptance plans and Good Neighbor Agreements, shelter and program certification, annual program evaluations, and enhanced public and community information. 	<ul style="list-style-type: none"> • There are serious flaws with the shelter and housing evaluation strategy that is used by Rebuilding Lives. The outcomes of these evaluations only partially present the “truth” about the housing situation • There is a perception that little has been done to evaluate the experiences of those served by Rebuilding Lives • There is a perception that local community members, who are not corporate businesses, have not always been included in the process to the extent that is needed, minimizing the voice, ownership, and responsibility of the community • Perception that the weaknesses and gaps of Rebuilding Lives are often withheld from the public • The Good Neighbor Agreement is a way to “involve the community and silence them at the same time”
<p>4. To what extent do you believe the Community Shelter Board has been helpful to the Rebuilding Lives approach?</p> <ul style="list-style-type: none"> • If not helpful, what could be done differently? 	<ul style="list-style-type: none"> • The Shelter Board has been helpful in its focus on supportive housing and expanding services to women, children, and families • People who are living on the streets seem to be ignored
<p>5. What do you believe has worked well with the Rebuilding Lives approach?</p> <ul style="list-style-type: none"> • What have been some of the greatest successes? • In moving forward with Rebuilding Lives, what should remain the same? 	<ul style="list-style-type: none"> • There appears to be good dialogue among service providers, which has resulted in collaboration and mutual support • Supportive housing is now available to persons who experience homeless that was not previously available • Some people’s lives are actually being “rebuilt”
<p>6. What has not worked well with the Rebuilding Lives approach?</p> <ul style="list-style-type: none"> • What have been the greatest challenges? • In moving forward with Rebuilding Lives, what should change? 	<ul style="list-style-type: none"> • The shelter program needs more attention to reduce their sizes • Funding and support of shelters is lacking • Shelters need to focus on implementing best practices

Rebuilding Lives Permanent Supportive Housing Clients
(invited n=unknown, participated n=7 females, 5 males)

Focus Group Questions	Summary of Comments
<p>1. Have you stayed in any shelters in Columbus? What was your experience?</p> <ul style="list-style-type: none"> • Do you think it is difficult or easy to find emergency shelter in Columbus? If so, why? 	<ul style="list-style-type: none"> • While men, overall, found that shelters were easy to locate and enter, this was not the case with women • Women found that shelters often did not have available spaces • Most focus group participants expressed negative experiences with shelters
<p>2. How were you able to get into the apartment where you are now staying?</p> <ul style="list-style-type: none"> • What did you have to do? How easy or difficult was it to get this program? Did you have to complete an application? Did you have to provide any other paperwork? Did you have to meet with anyone to talk about needing housing? 	<ul style="list-style-type: none"> • The process of applying to a permanent housing facility was not perceived as being difficult • The primary concern about admission to a permanent housing facility was the waiting time. Sometimes this was several months
<p>3. Tell me what the apartment and program are like where you are now.</p> <ul style="list-style-type: none"> • Are there rules and procedures (i.e., things that you have to do) to stay where you are in your housing? If so, how did you learn about these rules and procedures? What do you think of these rules? • Has being at this apartment helped you in any way (e.g. get food, see a doctor, find a job, apply for Social Security/Disability benefits, seek treatment for alcohol/drug addition)? • What do you do if you have any questions or concerns about the housing where you are staying? 	<ul style="list-style-type: none"> • Experiences with permanent supportive housing was overall perceived as being very positive • While some rules and procedures were recognized as being needed, clients are not always comfortable having guests visit them because of the rules (i.e. guests needing to sign in at the front desk) • Having supportive housing has helped clients feel safer and better about themselves • Clients feel that having a case manager as a result of being in supportive housing has helped them to better access resources in the community • Clients' case managers are the first, and primary, persons they go to when they have questions about their housing

Rebuilding Lives Permanent Supportive Housing Clients (Cont'd)

Focus Group Questions	Summary of Comments
4. Have you tried to get housing other than where you are staying now? How has that worked?	<ul style="list-style-type: none"> • Participants expressed that they had not tried to get housing other than where they are staying
5. Is there anything that would make it easier for you to get services that would help you?	<ul style="list-style-type: none"> • Some people are not aware of the resources that they can access. Making this information more available would be helpful • Having individualized attention and someone assigned to work with clients through the process of applying for housing and other services is helpful • Assistance with the transition of moving from the street or a shelter into permanent supportive housing in a community would be helpful • Assistance with security deposits would be helpful

Appendix G: Inventory of Emergency Shelter Facilities

Single Adult Emergency Shelter System Facilities, 2006

	Regular Capacity	Seasonal Overflow Capacity	Total Capacity
Men's Programs			
Faith Mission on 8 th Avenue	95	0	95
Faith Mission on 6 th Street	110	50	160
Faith Mission on 6 th Street Emergency Overflow		30	30
Friends of the Homeless Men's Shelter	130	15	145
Maryhaven Engagement Center (inebriate shelter)	42	0	42
Volunteers of America Men's Shelter	40	0	40
YMCA beds		20	20
Total Capacity	417	115	532
Women's Programs			
Faith Mission Nancy's Place	42	8	50
Faith Mission Nancy's Place Emergency Overflow	0	5	5
Friends of the Homeless Rebecca's Place	47	7	54
Maryhaven Engagement Center (inebriate shelter)	8	0	8
Total Capacity	97	20	117

Source: The 2006 Community Report on Homelessness: A Snapshot; FY2006 Program Evaluation, CSB

Family Emergency Shelter System Facilities, 2006

Shelter Type	Family Programs	Capacity (Units)
Tier I	YWCA of Columbus Family Center	50
Tier II	Homeless Families Foundation Family Shelter	46
Tier I	Volunteers of America Family Shelter	24
	Total Capacity	120

Source: The 2006 Community Report on Homelessness: A Snapshot; FY2006 Program Evaluation, CSB

Appendix H: Funder Collaborative and Continuum of Care Steering Committee Membership

Rebuilding Lives Funder Collaborative Members

Columbus and Franklin County Affordable Housing Trust Corporation
Franklin County Administration
ADAMH Board of Franklin Board
Franklin County Children Services
City of Columbus Administration
Franklin County Department of Job and Family Services
The Columbus Foundation
Franklin County Board of Mental Retardation and Developmental Disabilities
Columbus Public Health
Mid-Ohio Regional Planning Commission
Columbus Mayor's Office
Ohio Capital Corporation for Housing
Columbus Medical Association Foundation
Osteopathic Heritage Foundation
Columbus Metropolitan Housing Authority
United Way of Central Ohio
Community Shelter Board
Veterans Service Commission
Corporation for Supportive Housing

Continuum of Care Steering Committee

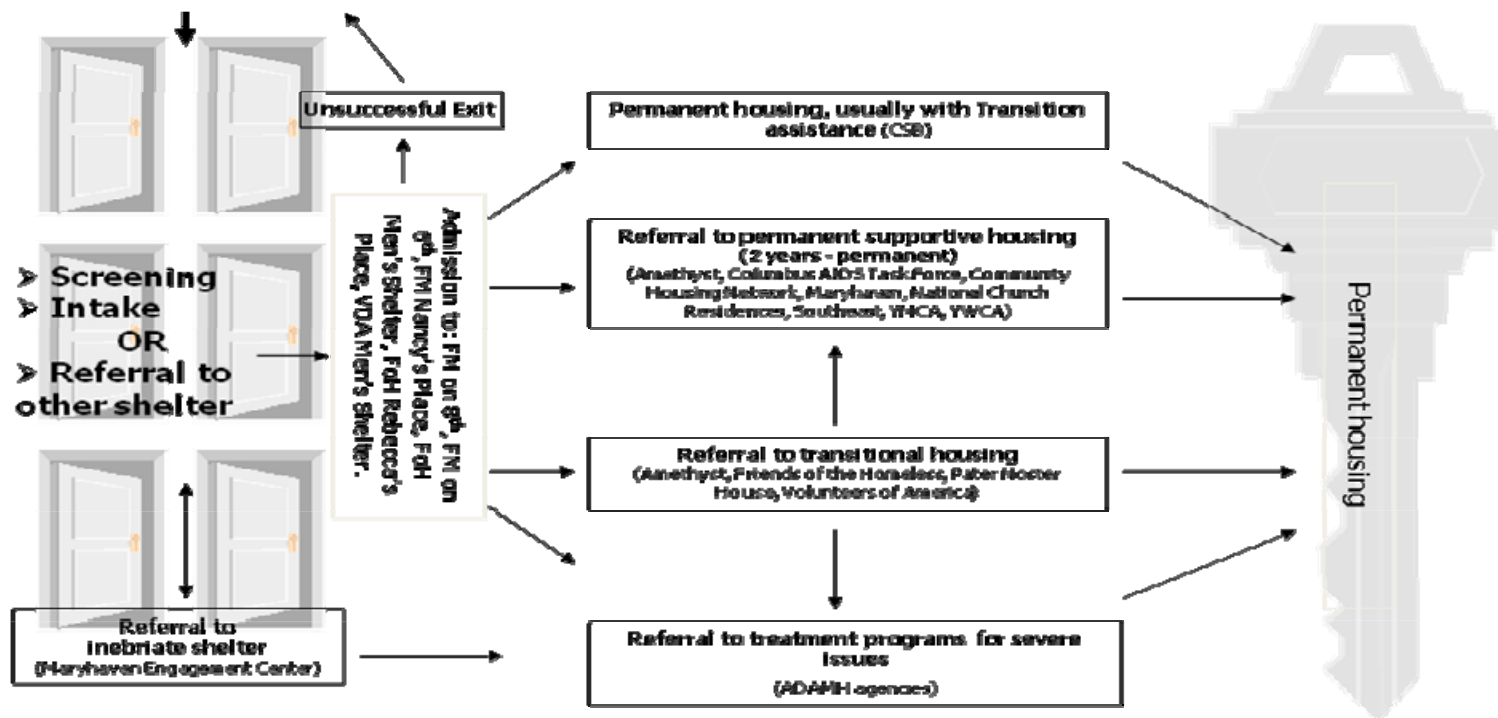
ADAMH Board of Franklin County
Community Shelter Board
City of Columbus
Corporation for Supportive Housing
Citizens Advisory Council
Franklin County Board of Commissioners
Columbus City Council
Franklin County Department of Job and Family Services
Columbus Metropolitan Housing Authority
Legal Aid Society of Columbus
Columbus Coalition for the Homeless
Ohio Capital Corporation for Housing
The Columbus Foundation
United Way of Central Ohio
Columbus Health Department
Veterans Administration
Community Connection for Ohio Offenders
Veterans Service Commission

Appendix I: Emergency Shelter Admission Processes

Single Adult Systems Admission Processes

Franklin County Adult Emergency Shelter System

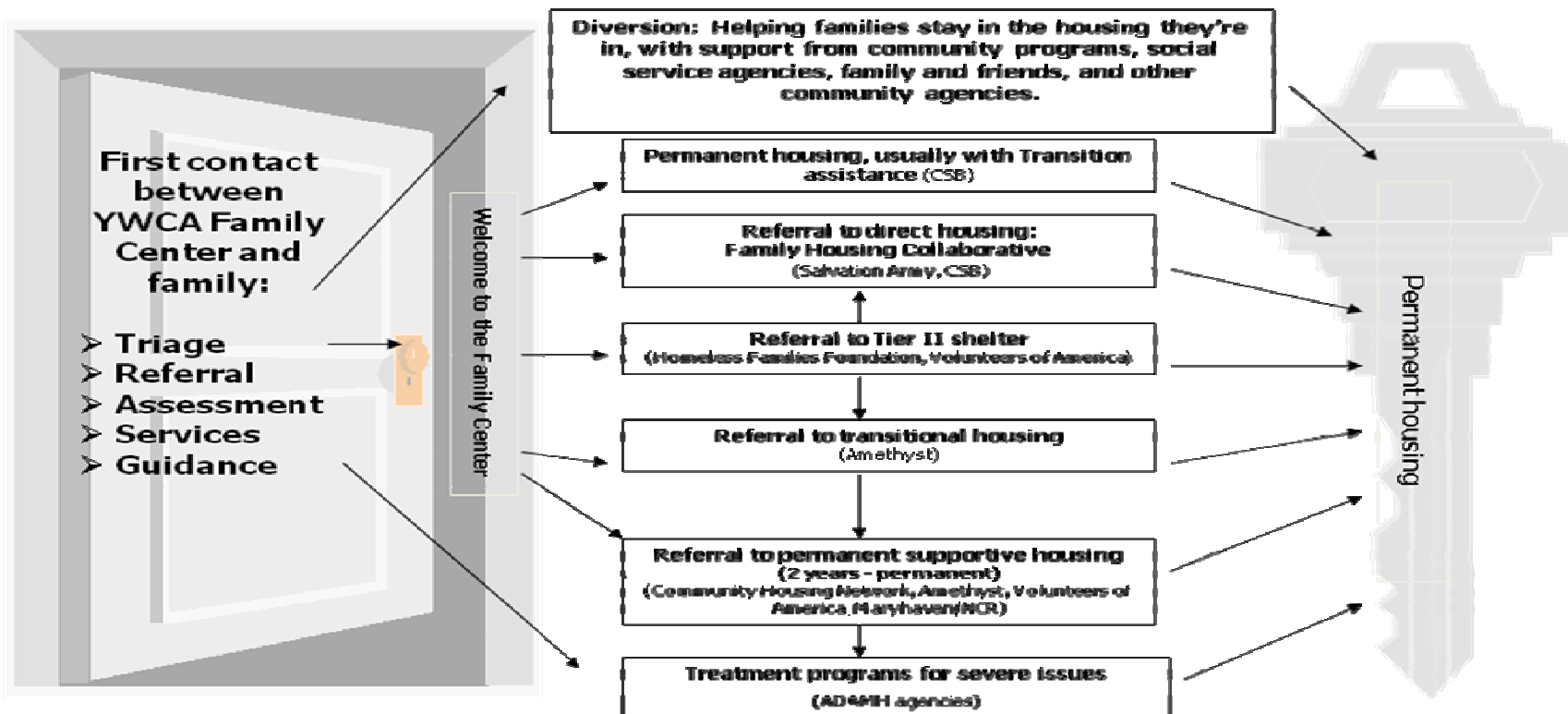
Contact between an Adult Shelter and client:



Source: CSB

Family System Admission Processes

Franklin County Family Emergency Shelter System



Appendix J: The Good Neighbor Agreement Process

The following are the steps described by CSB for establishing a Good Neighbor Agreement:

- 1) When a developer (shelter operators, supportive housing developers, program sponsors) of supportive housing or a homeless shelter has Site Control, the developer must initiate a proactive approach to gain community support. The developer is responsible for maintaining a complete written account of all activities, including correspondence and meeting records.
- 2) All stakeholders shall be appropriately notified in writing by the developer and provided the opportunity to participate in developing and executing a Good Neighbor Agreement that will guide the relationship of the developer and the stakeholders. The developer must document the notification process and response. The stakeholders shall include the following among others as appropriate:
 - i) Neighbors
 - ii) Neighborhood organizations and agencies
 - iii) Neighborhood businesses
 - iv) Other community-based groups
- 3) The developer shall sponsor meetings with stakeholders, providing information about all of the following:
 - i) The needs of the homeless population
 - ii) The laws protecting homeless people
 - iii) The agency's experience providing shelter services and/or supportive housing
 - iv) The proposed development, including an operations plan
 - v) Best Practices Guidance, see www.csb.org
 - vi) Model Agreements, see www.csb.org
 - vii) The Good Neighbor Agreement Template
- 4) The developer and the stakeholders shall identify and address any concerns of the neighbors, as well as how the community can serve the development and how the development can serve the community.
- 5) The developer and stakeholders shall negotiate a Good Neighbor Agreement as appropriate to the neighborhood and the development, considering neighborhood specific provisions that promote good relations, including agreement on all or part of the following:
 - i) Property
 - ii) Neighborhood Codes of Conduct
 - iii) Community Safety

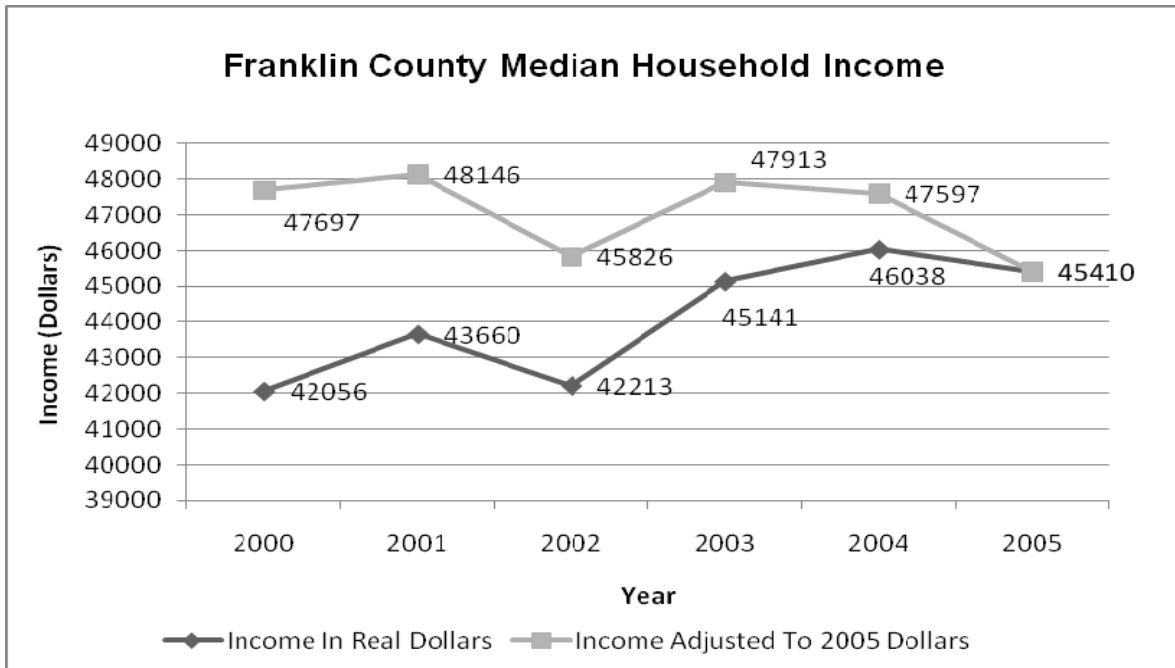
- iv) Regular communication and information sharing
 - v) Neighborhood participation in the project
 - vi) An agreement monitoring and compliance process, including a complaint/ dispute resolution process
 - vii) Who will sign the agreement
- 6) The developer shall make all reasonable efforts to obtain a signed agreement between the developer and the stakeholders.
- 7) The parties to the Agreement shall sustain dialogue, implement the plan and hold follow-up meetings as needed.

Appendix K: Contextual Assumptions Data

The 1998 report of the Scioto Peninsula Relocation Task Force included a five-year investment plan to implement the reconfiguration of the men’s emergency shelter system and development of permanent supportive housing. The plan articulated a number of assumptions upon which the plan was based. The following demographic, economic, and program data provide indicators of the extent to which these assumptions held true. The availability of measurement data to varies, with specific data available for some assumptions, but not for others.

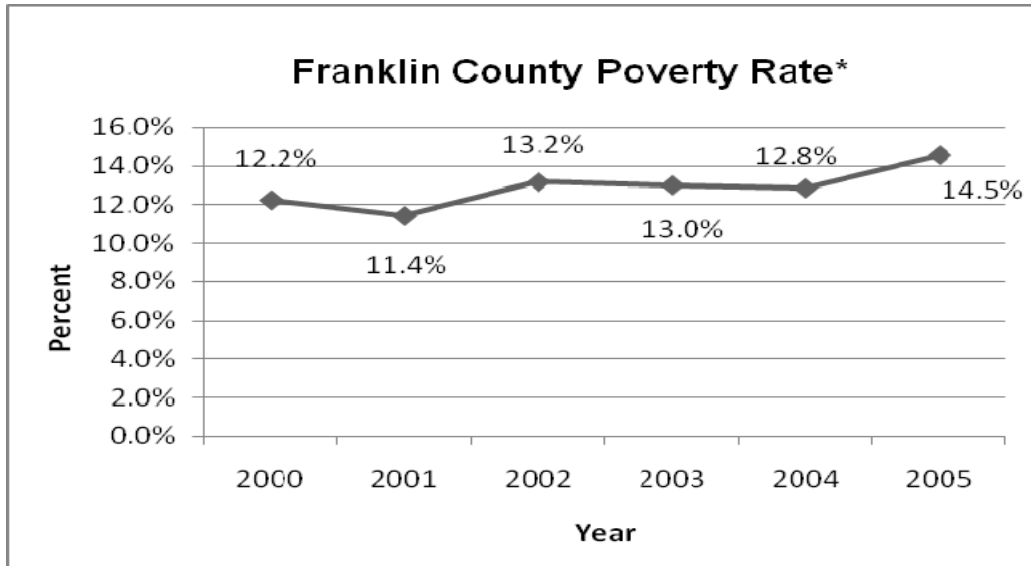
Assumption #1: The local economy remains strong.

- **Median household income has decreased when adjusted for 2005 dollars.**
While median household income in Franklin County increased by \$3,354, from 2000 to 2005 in “real” dollars, it decreased by \$2,287 when adjusted to 2005 dollars.



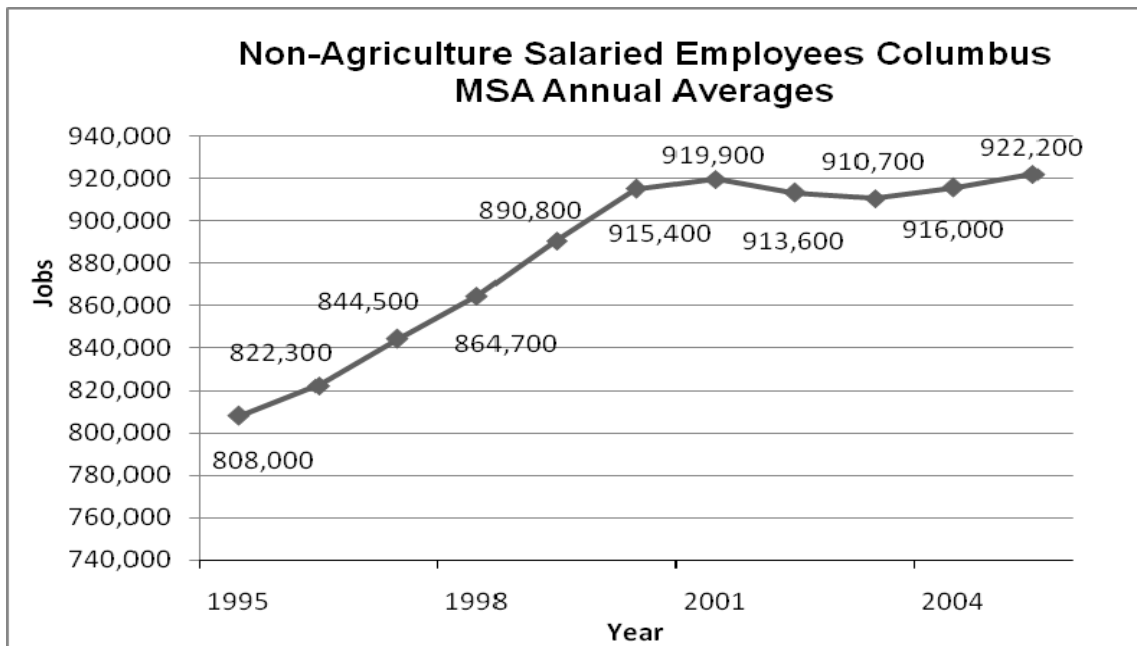
Source: American Community Survey 2000-2005

- **The Franklin County poverty rate has increased.** The Franklin County poverty rate increased by 2.3 percentage points, from 12.2% in 2000 to 14.5% in 2005.



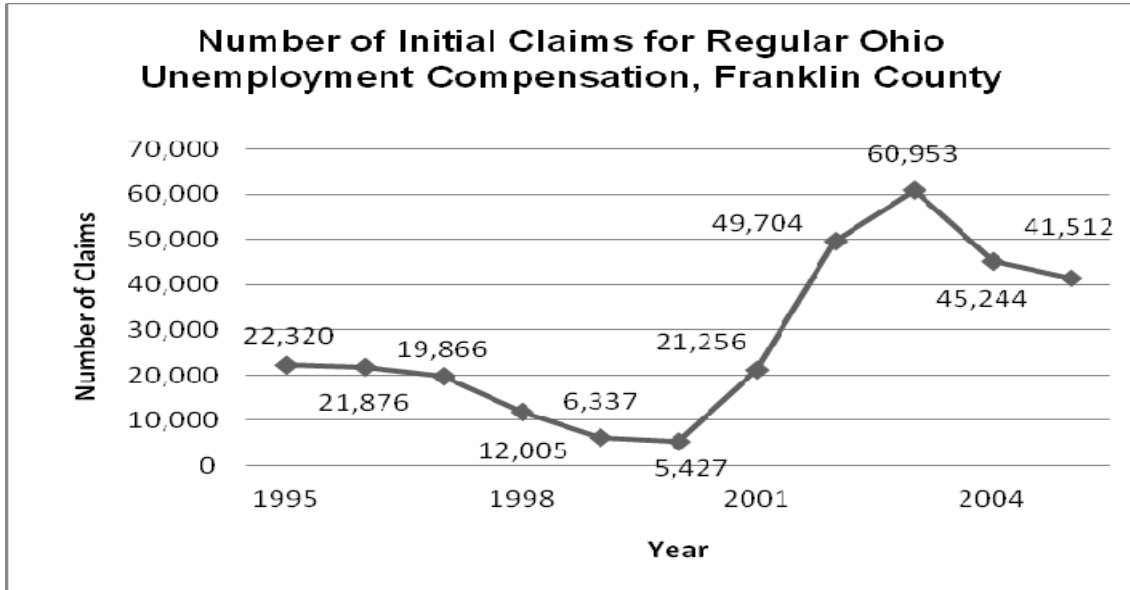
Source: American Community Survey 2000 - 2005

- **The number of persons employed has increased.** Although the number of persons employed in the Columbus Metropolitan Statistical Area dropped by nearly 9,000 from 2001 to 2003, from 2003 to 2005, the number of persons employed increased by 12,000, with a total employment increase of 32,000 from 1999 to 2005.



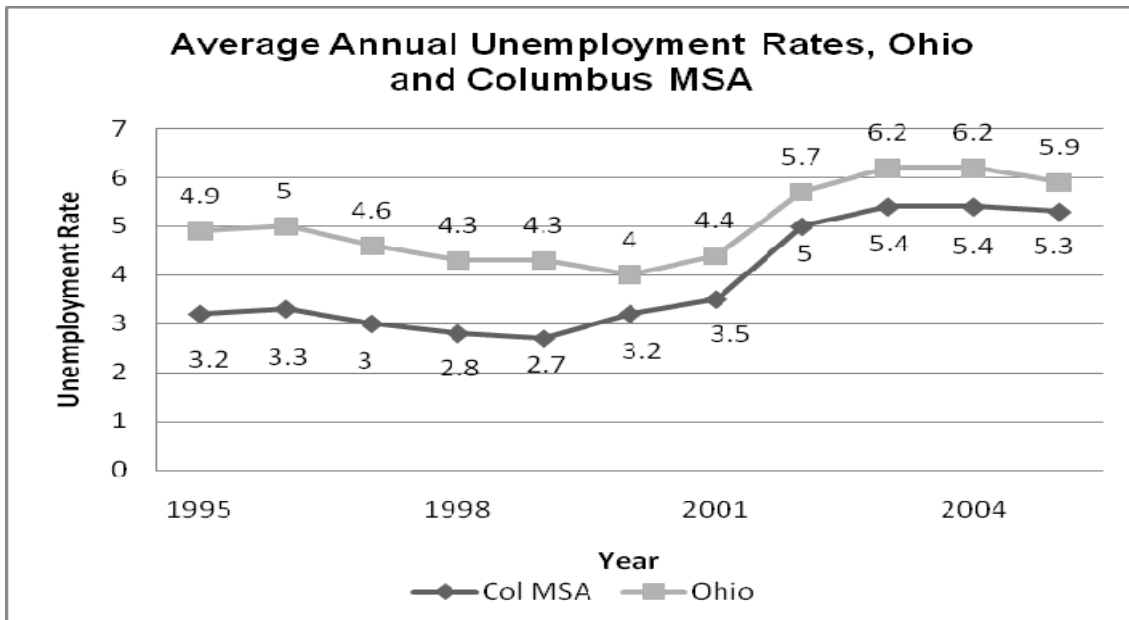
Source: Ohio Department of Jobs and Family Services, Labor Market Information

- Claims for unemployment benefits remain relatively high.** While annual claims for unemployment benefits in Franklin County decreased by 18,400 from for 2005 compared to 2003, the 41,500 claims in 2005 remain significantly higher than the 1999 figure of 6,330.



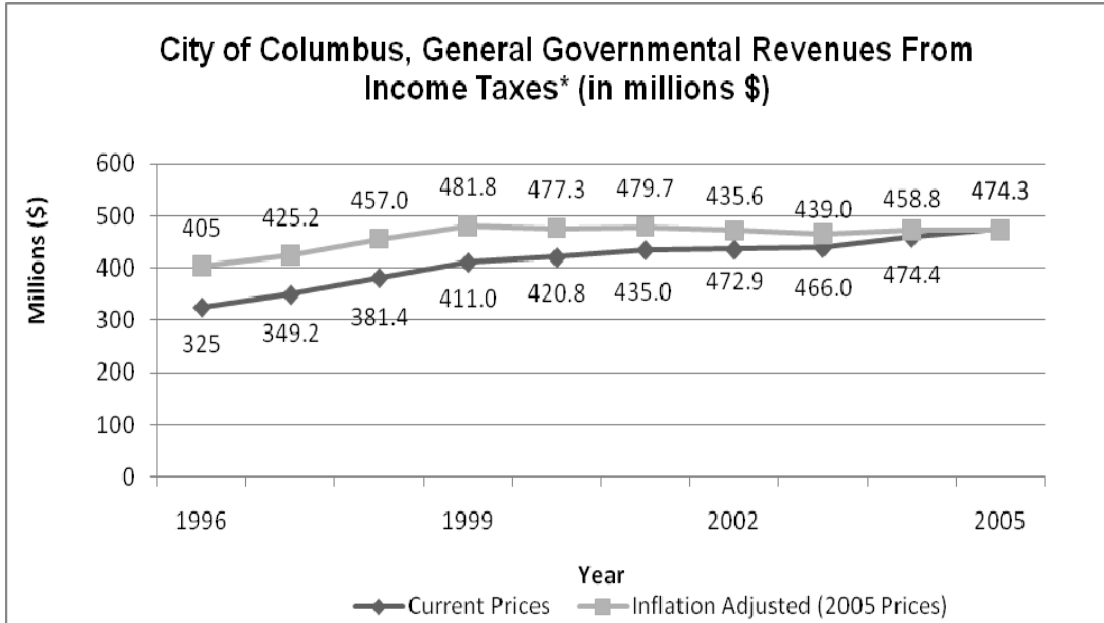
Source: Ohio Department of Jobs and Family Services, Labor Market Information

- Unemployment remains much higher than in 1999, but is still lower than the state figure.** The average annual unemployment rates for the Columbus MSA rose from 2.7% in 1999, to 5.3% in 2005. Throughout this period, however, the Columbus MSA unemployment rate remains lower than the state figure.



Source: Ohio Department of Jobs and Family Services, Labor Market Information

- Columbus revenues adjusted for inflation are below 1999 levels.** General revenues from income taxes to the City of Columbus, adjusted for inflation, increased by \$76.8 million from 1996 to 1999. Inflation-adjusted tax revenues were generally flat from 1999 through 2005, and with drops in income tax revenues in four of seven years during this period.



Source: Consolidated Annual Financial Report 2005, City of Columbus

Assumption #2: The number and characteristics of homeless men does not vary significantly from trends over the past few years.

- The population of homeless men is older than in the past, but otherwise is generally unchanged.** Data on the number and characteristics of men using the emergency shelter system in Franklin County show that there was a 6.6% drop in the total numbers of single males from 1997 to 2005. In 2005, this group was older, but the racial characteristics remained the same. A December 2006 report to the RLUS Steering Committee found no dynamics that have had a major impact on the demand for emergency shelter over this period.

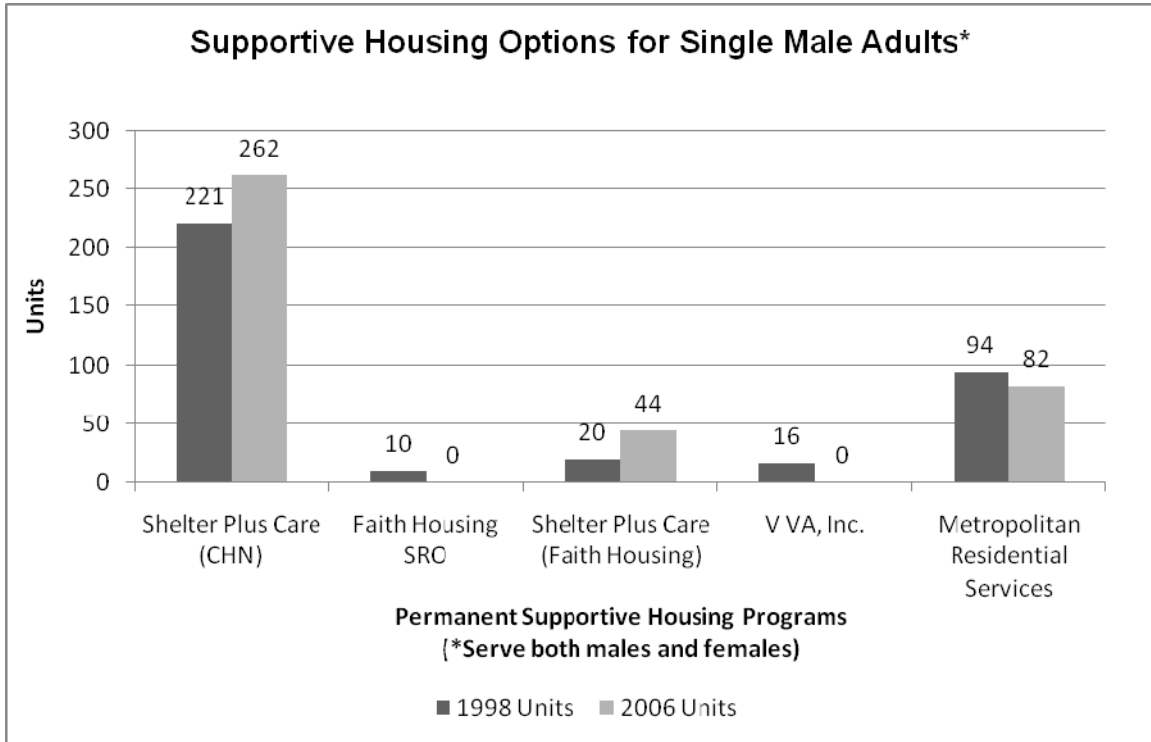
Demographic Characteristics for Annual Prevalence Populations of Single Adult Male Households, Columbus Ohio: 1997 and 2005

Characteristic	1997	2005
• Single Adults: Male	4,159	3,885
• Median Age (years)	38.0	42.6
• Race: % African-American	59.0%	60.3%
• Race: % White	36.8%	36.0%

Source: CSB HMIS

Assumption #3: All existing supportive housing options for single men remain in place.

- **Supportive housing options for men in 1998 have remained in place.** A CSB permanent supportive housing inventory report indicates that the units available to single men and women in the five facilities in 1998 (361) were still operational in 2006, and the total units in these facilities had increased to 388 units in 2006.



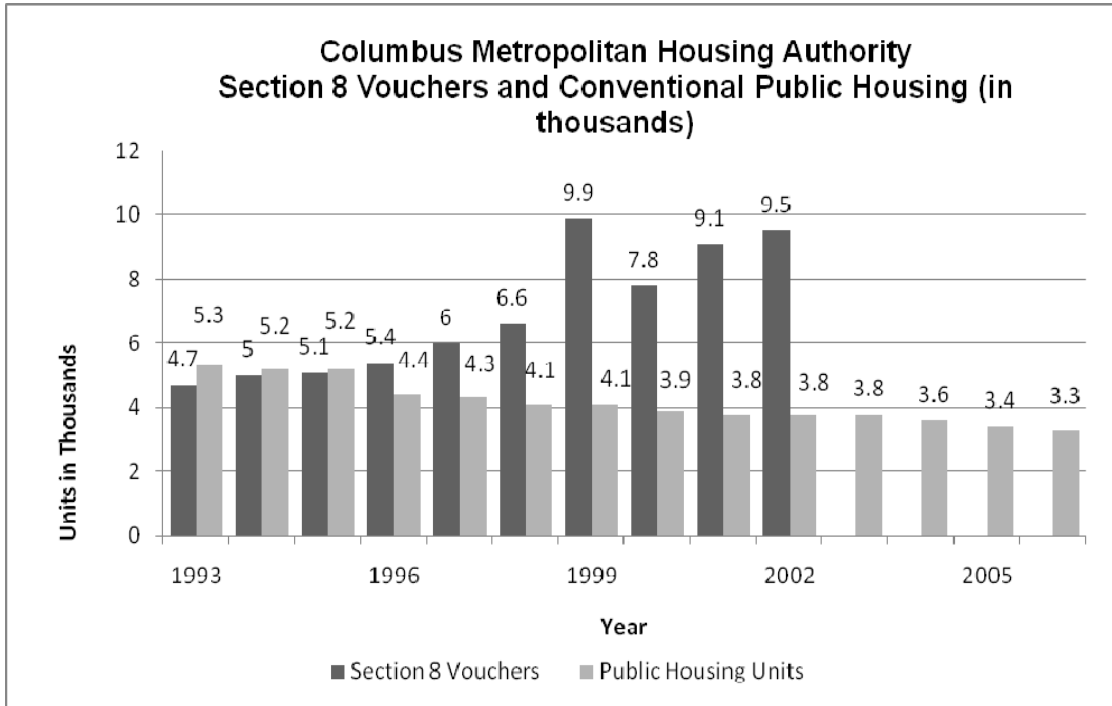
Source: CSB

Assumption #4: All supportive housing developed under the 5-year plan is used to house homeless men (i.e. there is not broader market competition for the housing)

- **As of 2006, supportive housing options exist for single men, single women, and families.** Two of the Rebuilding Lives permanent supportive housing programs (East Fifth Avenue Apartments and WINGS) provide a total of 107 housing units exclusively for women. One program (The Commons at Chantry) provides a total of 50 housing units for men, women, and families. All but three of the remaining 13 programs (Cassady Avenue Apartments, Parsons Avenue, and 40 West Long Street with a total of 130 units) provide a total of 473 units to both single men and women.

Assumption #5: The supply of general population affordable housing is maintained and created as recommended.

- **Public housing units have decreased and Section 8 vouchers have increased.** While the number of public housing units has steadily decreased 24% (1,030 units) from 1997 through 2005, the number of section 8 vouchers has increased 57% (3,471) from 1997 through 2002.



Source: Columbus Metropolitan Housing Authority