

HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM REVIEW

Our Mission

To end homelessness, CSB innovates solutions, creates collaborations, and invests in quality programs.

We thank our Partner Agencies for their assistance in collecting data and ensuring data accuracy for our community reports.

Homelessness Prevention and Rapid Re-housing Program (HPRP) Review

Summary

The HPRP program funding became available through the Housing and Urban Development Department in July 2009. The City of Columbus, Franklin County and the State of Ohio received HUD allocations for which they contracted for with non-profit entities through August 2009. The City of Columbus and Franklin County awarded their entire HPRP allocation to Community Shelter Board (CSB). Overall the following amounts were received by CSB, for use through July 2012 (HUD imposed a three year spend-down requirement):

Funder	Amount
City of Columbus	\$2,642,649
Franklin County	746,920
State of Ohio	1,239,401
Total	\$4,628,970

An HPRP Steering Committee was formed immediately after the announcement of the availability of HPRP funds to determine how these funds will be used. The HPRP Steering Committee was formed with representatives from the City of Columbus, Franklin County, United Way of Central Ohio (UWCO) and the Alcohol Drug and Mental Health Board of Franklin County (ADAMH).

HUD limited the usage of funding and allowed allocations in two broad categories, Homelessness Prevention and Rapid Re-housing activities. In addition to these direct client service categories, costs related to data management and administration were also allowed for limited amounts.

In the two broad service categories, the funds could be used for services (housing relocation and stabilization activities) or financial assistance (payment of rent, security deposits, arrearages, utilities) for either homeless or at risk individuals and families.

The HPRP Steering Committee decided on investments in two program categories – maintenance of effort programs and new programs. The maintenance of effort (MOE) programs were programs that, as a result of the availability of HPRP funds were losing their previous funding. New (NEW) programs were programs that the HPRP Steering Committee decided to implement as a result of the availability of these funds to move forward the community’s plan to end homelessness, the Rebuilding Lives Plan. These new programs were implemented on a pilot basis, to study their effectiveness and make decisions regarding their sustainability after the HPRP funds terminate. The HPRP funds allowed the unprecedented opportunity to test out new programs in our community. Along with the piloting aspects, hundreds of households benefited from these funds. In an environment where the effects of the recession were just starting to affect the homeless system, these funds helped counteract a sudden increase in homelessness and positively affected the outcomes of those that experienced homelessness.

The following programs were either implemented as NEW programs or as MOE programs during the availability of HPRP funding. The type of program and the amount of funding allocated to each program is also noted below.

HPRP Type	Investment type	Allocated Funding
Prevention Programs		
ADAMH Prevention	NEW	\$378,388
CHN Prevention	MOE	80,859
Stable Families Family Prevention	MOE	200,000
Gladden Single Adult Prevention	NEW	574,522
Housing Locator	NEW	15,750
Central Point of Access	NEW	439,307
Program Management		53,775
Total Prevention Programs		\$1,742,601
Rapid Re-housing Programs		
VOAGO Rapid Re-housing Single Adults	NEW	519,040
CHN Placement	MOE	40,077
CSB Transition DCA	MOE	1,714,874
Program Management		229,434
Total Rapid Re-housing Programs		\$2,503,425
Data Management		193,066
Administration		189,878
Total HPRP funding		\$4,628,970

The HPRP Steering Committee prioritized funding for rapid re-housing type programs as proven solutions to end homelessness for individuals and families served. While prevention funds are beneficial as well, it is very difficult to appropriately target households that “but for” prevention assistance would become homeless. In turn, our community has extensive experience with rapid re-housing programs and our data shows that this type of assistance has long-term stabilization effects on households that are already in a homeless situation.

Overall, 54 percent of funds were used for rapid re-housing type activities, 38 percent for prevention activities, 4 percent for data management costs and 4 percent as administrative costs. Sixty-five percent of the available funds or \$2,994,490 was used towards providing financial assistance to homeless and at risk individuals and families.

CSB staff developed, in a short amount of time, an extensive number of forms, documentation, public awareness materials for the general public and landlords, and policies and procedures to ensure compliance with HUD HPRP standards. The development of this documentation had to be made at a time when the information received from HUD was often contradictory and vague in nature. HUD implemented new requirements such as habitability standards that required inspections of each unit when a household received HPRP assistance. In addition, new, rent reasonableness standards were required. CSB had to employ a housing inspector in order to comply with these new requirements. During the HPRP funding availability, CSB experienced

several high volume times that were driven either by demand or by HUD requirements (HUD imposed a 60% spend-down by July 2011). During these times, CSB contracted with additional housing inspectors and worked with the City of Columbus for the availability of their staff to perform inspections. CSB also used temporary help to process the financial assistance requests during these high-demand time periods. In an effort to conserve the available dollars for usage towards direct service provision, with the exception of the housing inspector, no additional full-time staff was hired by CSB to administer these funds. CSB staff provided extensive training and technical assistance to all programs using HPRP funds. Six percent of the HPRP funds or \$283,202 was used towards the management of the HPRP financial assistance programs implemented throughout the three year grant period. In general, these funds were necessary to process the financial assistance requests received from CSB's partner agencies using HPRP funding, including housing inspections and eligibility checks.

Multiple audits/monitoring visits were performed by the grantees of these funds, the City of Columbus, Franklin County and the State of Ohio, in addition to HUD. All the monitoring visits found CSB in compliance with the HUD requirements for the implementation of HPRP. In addition, CSB met the spend-down requirements imposed by HUD and we expect a full spend-down of the available funds by the contractual due dates.

Below, this report summarizes the uses of funds for each of the program that received HPRP funding and results of the program, if available.

Prevention Programs

ADAMH Prevention

The ADAMH Prevention program was implemented as a new HPRP program. ADAMH approached the HPRP Steering Committee with the request of funding this program for individuals that are using ADAMH funded residential and hospital facilities. Individuals served by this program were identified as homeless or at risk of homelessness at their exit from these facilities. ADAMH was incurring extensive costs by not being able to release these individuals from their respective facility, even if stable, due to lack of housing. In collaboration with the Columbus Metropolitan Housing Authority (CMHA) Section 8 vouchers were set aside for the individuals served. This new program offered a bridge subsidy for homeless or at risk of homelessness individuals exiting ADAMH facilities until the Section 8 voucher became available.

The program, started in November 2009, was very successful and ran out of allocated funds prior to the termination of the HPRP program. One hundred thirty one individuals were served and HPRP funds provided for an average of \$2,888 in financial assistance for each individual. Short-term and medium term rental assistance was used, per the individual's need, until the Section 8 subsidy became available. Once the HPRP funds for this program were exhausted, ADAMH

committed additional bridge funds to support the individuals served by the program who were waiting for their Section 8 vouchers.

CHN Prevention

Previous to the HPRP funds, Community Housing Network (CHN) received State of Ohio funds to work with individuals housed in CHN owned or managed properties to prevent them from becoming homeless. The State of Ohio stopped funding this program at the onset of HPRP and the HPRP Steering Committee decided to continue funding this program. Services and financial assistance funds were awarded to this program starting with January 2011. Per HUD requirement, CSB had to submit a waiver request to HUD to allow the program to serve households in CHN owned units. The program experienced a slower than expected usage of financial assistance funds available due to the restrictions imposed by the HPRP rules. CSB worked with CHN to identify the appropriate amount of funding needed for this program to ensure efficient usage of HPRP funds.

Since its implementation and through 12/31/2011, the program served 214 households. The average financial assistance received by 120 participants was \$345.

Stable Families Family Prevention

The State of Ohio provided continuation funding for this pilot program, using time limited HPRP funding. The funds were available starting September 2009 and ended September 2010. The funds were used to continue the family homelessness prevention program started in 2008. CSB used the available funding to cover costs related to the provision of case management services and saved local funding that otherwise would have been used to cover these costs.

With these funds, the Stable Families program served 207 families and provided them, on average, with three months of case management and housing stabilization services.

Gladden Single Adult Prevention

With the implementation of the Central Point of Access (CPOA) for single adults, it became apparent that our community lacked a homeless prevention program for single adults. One of the desired outcomes for the CPOA program was an increased diversion rate. However, individuals that needed just a minimal amount of financial assistance in a very short period of time were not able to be diverted due to lack of appropriate resources. CSB staff contacted Gladden Community House, who already provided prevention services for their Franklinton service area, and asked about their availability to provide prevention assistance to the broader community. Gladden agreed and a new prevention program was implemented in late 2010, specifically focused on single adults that contact CPOA and need prevention services instead of shelter services. The prevention

services translated into minimal case management and financial assistance for those that met HUD qualifications for assistance. During the program operations and based on the availability of funding for the program, rental assistance was provided for 1, 2 or 3 months in addition to other financial assistance such as utilities and arrearages.

The program experienced great success and ran out of funds by August 2011, prior to the end of the HPRP. Four-hundred-ninety-five households were served through this program and prevented from becoming homeless. On average, the participants received \$1,080 in financial assistance. An additional 52 households were served by the program without receiving financial assistance. Since this program ended a number of months ago, CSB staff assessed the recidivism rate for individuals served in this program. To date, 6 percent of individuals entered emergency shelter after prevention funds were received, on average, 193 days after the assistance was received. This represents a low recidivism rate and a positive outcome for the program. The unknown aspect for the program is if appropriate targeting was done in the provision of the prevention services. Is the low recidivism rate due to targeting individuals that would not have become homeless in the first place or is it because the services provided by the program were effective? Even though CSB followed HUD's rules in implementing the eligibility criteria for this program, we do not have a definitive response to this question. A very recent study conducted in New York regarding their extensive prevention program, showed that 10-20 individuals out of 100 are indeed prevented from becoming homeless by using prevention programs. The New York results are considered positive. We do not know if the same results would be found in Columbus, in a much different environment than New York. If we apply the same prevention rates to the population served by this program, then we may conclude that 50-100 households were in fact prevented from becoming homeless.

Because of the uncertainty of the effectiveness of prevention programs in general, CSB is following HUD's recommendation by focusing on rapid re-housing programs as proven interventions to end homelessness for families and individuals in crisis. However, we are grateful to have had the opportunity to pilot this program for single adults and to Gladden Community House that took the challenge on ramping up a new program in a very short period of time and working very closely with CSB staff during the implementation of this program.

Central Point of Access

The Central Point of Access (CPOA), a Rebuilding Lives Plan strategy, was implemented in March 2010, by Lutheran Social Services – Faith Mission (LSS). CSB issued a Request for Proposals for the implementation and LSS submitted an application that received the HPRP funding award. The program was implemented as a two year pilot program, focused on changing the way single adults in crisis contact the emergency shelter system. While previously the system was structured using a “no wrong door” approach where single adults could access shelter directly at any emergency shelter in the community, CPOA implemented a centralized approach to access shelter. The previous model was flawed in that no diversionary efforts were made by emergency shelters, each

shelter had their own methods of intake into shelter and most importantly, individuals had to look for an available bed by accessing each shelter separately. CPOA, physically located at 315 E Long St, changed that model. Individuals were required to contact CPOA either in person or through phone, using a toll free number. The program design called for triage and diversion efforts at the front door so that shelter access be given only to those that need shelter as a last resort option. If shelter access was needed, CPOA assigned a shelter bed to the individual based on the individual's eligibility, bed availability and client choice. A standardized intake assessment was given to all individuals so that the experience of the individual accessing shelter was common across the system. Lastly, transportation was provided, if needed, to individuals to access their assigned shelter.

The implementation of CPOA tested a few goals for the system. As a community, we are interested in increasing diversion rates from shelter to other safe housing locations and we were able to test several diversionary efforts. The Gladden Prevention program was implemented as a result of the need for a prevention/diversion program at CPOA. Higher diversion rates were achieved by CPOA when this prevention program was available. Unfortunately, there are no sufficient resources to continue to fund a prevention program for single adults that is linked with the front door for shelter access. The pilot also showed that prevention/diversion programs for single adults are more difficult to locate than programs focused on serving families. CPOA also tested an efficient usage of the community's inventory of shelter beds. We want to ensure that all shelter beds in our community are used at full capacity when in demand. CPOA focused on making sure that there were no empty shelter beds while there was also a waitlist for services.

Through the implementation of the CPOA, we were able, for the first time, to assess the need for crisis response services in our community. All CPOA contact information was tracked in Columbus ServicePoint. We are now able to show volume of contact, demographics of those individuals that contact CPOA, what the resolution of a contact is and whether or not we meet demand for shelter services for single adults. This is tremendously valuable information for our community.

Through December 31, 2011, CPOA was contacted by 8,450 individuals (these are unique individuals that may have contacted CPOA multiple times). Sixty-five percent of the contacts were men and 35 percent were women, with 60 percent of black/African American race and 2 percent Hispanic ethnicity. On average, CPOA had 30 individual intakes per day.

CPOA also tracked the living situation of individuals prior to their CPOA contact. Thirty-one percent contacted CPOA from a doubled-up situation, living with friends or family. Twenty-six percent were living in places not meant for human habitation and 11 percent came from an emergency shelter as their prior living. The most concerning statistic relates to individuals that are coming to CPOA from other systems of care. As such, 8 percent of individuals accessed CPOA services coming from hospitals, treatment facilities or psychiatric facilities. In addition, 3 percent of individuals received services after being exited from jail or prison. These percentages point towards the necessity of improving discharge planning for individuals at risk of homelessness that exit other systems of care.

CPOA tracked the method of contact for individuals in need of crisis services. Eighty-two percent contacted CPOA in person and fifteen percent by phone¹.

Twelve percent of individuals were diverted from shelter overall, while 30 percent were immediately admitted to shelter. Based on these results, more work needs to be done on increasing the diversion rate from shelter to other safe housing locations. Forty-eight percent of individuals were put on a “waitlist” for services as beds were not immediately available. In general, we had a waitlist for services that fluctuated throughout the pilot phase. In the overflow season the waitlist was minimal, close to zero, most of the winter months. During the summer months the waitlist increased, sometimes significantly. Below is a table that shows the monthly trending of the waitlist throughout the pilot’s implementation.

Month/Year	2010		2011	
	Men	Women	Men	Women
April			20	12
May	16	13	10	9
June	26	13	17	9
July	40	15	9	9
August	35	15	3	11
September	31	14	15	16
October	20	11	10	5
November	5	3	1	2
December	0	0	0	0
January	1	1	0	0
February	0	0		
March	2	1		

The availability of this information prompted CSB to implement significant changes in the shelter system as of July 2011. The waitlist for services was coupled with an increasingly long average length of stay for single adults in shelter. One of the reasons that shelters identified for this increase was the uncertainty of the individual regarding the availability of a shelter bed through CPOA if exited from the current location. CSB realized that there needed to be a change in the service structure for individuals that have access to shelter services. As a result, CSB required shelters to implement a standardized assessment structure for the individuals entering emergency shelter. Each individual is now assessed within 5 days of entry into shelter and a plan is developed for a successful exit from shelter. A system-wide, standardized Vulnerability Assessment is also completed for all individuals at this stage. The individual is now accountable for making progress on this plan and the shelter case manager has to follow up and work with the individual to facilitate progress on the plan. After a couple of check-ins, if the individual made no progress toward his/her plan, the individual may be asked to leave the shelter within 30 days of entry into shelter. This approach allows individuals that were previously waitlisted for services to have an opportunity to enter an emergency shelter and work with shelter staff to end their homelessness and stabilize

¹ Information is missing for the remainder of contacts (about 300).

in housing. Currently, 88 percent of women and 96 percent of men on the waitlist receive access to shelter within 2 days (July – December 2011), compared to 80 percent of women and 84 percent of men accessing shelter within the same amount of time prior to July 1, 2011.

To track efficiency of shelter utilization, we implemented a new measure, called “shelter linkage” that measures the percent of individuals that were referred to a shelter by CPOA and indeed accessed the assigned shelter. The current shelter linkage rate is 88 percent, which is positive, however, there is still room for improvement.

The CPOA provider and participating agencies (emergency shelter and outreach) feedback was requested as means to provide input regarding the functionality of the CPOA.

The strengths of the system were identified as having a unified database, a standardized process for all individuals to get into shelter, a streamlined contact, a unique phone number and/or physical location. The ease of accessibility for clients was mentioned, direct engagement with staff and support services while waiting for shelter.

The CPOA provider stated that CPOA is working well. They have grown accustomed to the challenges and difficult situations and now know how to handle them. Client feedback is good as well, people know where to go, are seen quickly by staff and are also provided with support services while waiting.

From the participating agencies perspective here are a few key points noted regarding challenges and opportunities for improvement for the system:

- < More diversion is needed
- < CPOA has hurt some of the outreach relationship building with shelter providers and made outreach relationships obsolete in terms of bringing people to the shelter. However, CPOA made it easy to know where to send people, and the sheltering process started once the individual got to CPOA, rather than spending time walking to individual shelters to check for beds.
- < The overflow provider would like to try and figure out a way to get individuals from the overflow site into program beds as they become available for better service opportunities.
- < Some agencies expressed frustration because they were receiving clients late at night; lateness of curfew is a challenge from this standpoint.
- < People had difficulty identifying their place on the waitlist. More education of the consumer about the CPOA processes is needed. There is no appropriate awareness about waitlist procedures and service restrictions.
- < Improved accessibility is needed, completing the intake in-person sometimes prevents consumers from returning to original location if they took a bus or got a ride. There could be multiple walk-in locations that could provide this service.
- < When several clients arrive at the emergency shelter at the same time, this result in longer wait times and more frustration and stress on the part of the staff service specialist and the clients. Because of limited staffing, activities occur in waves that vacillate throughout the shift and for this reason it is difficult to establish a predictable and consistent workflow.

- < Better communication with partner agencies is needed. Partner agencies should have a designated point of contact for CPOA to call.
- < Shelter staff turnover presents challenges regarding ability to use the online database, data verification and monitoring accurate, real-time bed availability.
- < Some problems continue with the virtual data system, data entry errors with restrictions, client exits without informing the emergency shelter program, internet issues and power outages.
- < Prior to the CPOA implementation it was noted that 5-6, maximum 10 people would congregate around the CPOA location. Once CPOA was implemented the counts increased to even 40 individuals sleeping outside. This increase was attributed to the physical location of the CPOA.

The unintended consequence of the CPOA implementation with a physical location was the concentration of a significant number of individuals experiencing homelessness in the Discovery District area. This concentration was challenging for the Discovery District business community who ultimately asked for the CPOA to be moved. CSB and the City of Columbus, in collaboration with key community stakeholders worked on a re-design of the CPOA that doesn't entail a single physical location. CSB issued a new Request for Proposals for implementation of a Coordinated Point of Access for single adults with this new structure. HandsOn Central Ohio received the award and with CSB's assistance, a new, virtual design was put in place. CSB relied on HandsOn's experience as a call center operator with this new virtual design. In the new model, individuals are asked to call CPOA and diversion and shelter intake is provided on the phone, rather than in-person. CSB is also relying on HandsOn for increased diversionary efforts. HandsOn, as the community's 211 service provider, has extensive referral resources available for individuals in crisis. CPOA will take advantage of these resources to increase the diversion rates for single adults. The new CPOA model will be implemented as of February 28, 2012. This program is the only HPRP funded program that will continue to be funded after the HPRP funding ends. Local funds will be used to continue this essential community program.

Coordinate Emergency Aid

Coordinate Emergency Aid is a strategy under the Rebuilding Lives Plan. The strategy initially received an allocation of HPRP funds for implementation. UWCO, as the convener of this strategy, started to plan for its implementation. During this planning process the decision was made to forego usage of HPRP funds for the implementation of this strategy. More time and community planning is needed for this very broad strategy. The funds allocated to the program were reassigned to other HPRP funded programs.

Rapid Re-housing Programs

VOAGO Rapid Re-housing Single Adults

The new rapid re-housing program for single adults was implemented in November 2010, after a request for proposals process managed by CSB. This was the first rapid re-housing program geared towards single adults in our community. The Rebuilding Lives plan calls for a strategy to implement housing subsidies for homeless single adults. The HPRP funds provided the perfect opportunity to implement a pilot for this community strategy. Volunteers of America of Greater Ohio (VOAGO), in collaboration with CHN, were identified as the providers to implement this new pilot program. The design of the program called for homeless single adults to receive rapid re-housing stabilization services and financial assistance for up to six months.

Since its implementation and through 12/31/2011, the program served 160 individuals, and 121 received financial assistance. The average financial assistance received by participants was \$1,631. CSB does not yet have sufficient data to assess the success of this program. A longer period of time is needed to study the long-term benefit of the program by analyzing the recidivism rate for the individuals served. With the limited data that we have available, the program is showing good outcomes, achieving an 80 percent successful housing outcome rate.

CHN Placement

Previous to the HPRP funds, Community Housing Network (CHN) received State of Ohio funds to house homeless individuals and families in CHN owned or managed properties. The State of Ohio stopped funding this program at the onset of HPRP and the HPRP Steering Committee decided to continue funding this program. Services and financial assistance funds were awarded starting with January 2011. Per HUD requirement, CSB had to submit a waiver request to HUD to allow the program to serve households in CHN owned units. The program experienced a slower than expected usage of financial assistance funds available due to the restrictions imposed by the HPRP rules. CSB worked with CHN to identify the appropriate amount of funding needed for this program to ensure efficient usage of HPRP funds.

Since its implementation and through 12/31/2011, the program served 90 households and 59 received financial assistance. The average financial assistance received by participants was \$337.

Housing Locator

The City of Columbus, through the Affordable Housing Trust, executed a contract with SocialServe.com, an entity that provided the City with a website that is helping agencies provide services to homeless individuals and families with affordable housing locator services. The website is www.comehomeco.org. Come Home Central Ohio is an affordable housing network managed

by the City of Columbus and Franklin County and is a one-stop shop with easy access to the information and resources needed to find affordable homeownership and rental opportunities.

CSB Transition DCA

HPRP funds were used to provide limited-time financial assistance to individuals and families in shelter or living in places not meant for human habitation. Per HUD guidelines, the program was implemented to serve individuals that have income below the 50% AMI mark and needed assistance to move from homelessness into permanent housing. At the onset of the program rental assistance was set at a maximum of three (3) months, in addition to a security deposit. Utility assistance was provided as well, for current and past due utilities, as well as rental arrearages. Usage of HPRP funds for this program started in February 2010, after extensive training provided by CSB staff. The start-up of the program was slow, as providers got used to the new requirements imposed by HUD. As the providers' comfort with the new requirements improved, the utilization of funding increased as well. CSB staff worked with providers extensively to increase the spending ratio, in light of the HUD imposed 60% spend-down of funds by July 2011. Once this requirement was met, funds started to be used at a faster rate than what the available funding provided for. During 2011 CSB had to reduce the availability of rental assistance to two months then to one month, starting August 2011. The eligibility criteria was made more restrictive as well, in order to conserve funds. The 50% AMI requirement was reduced to 35% in the fall of 2011. In addition, family programs were moved from this funding source to local funding sources and only single adults are currently using HPRP funds to exit from shelter or from the streets to housing.

Since its implementation and through 12/31/2011, the program served 1,275 households. The average financial assistance received by participants was \$1,110.

As a direct effect of the HPRP funds availability, successful exit rates from emergency shelters into permanent housing increased significantly. The single adult emergency shelter system for men experienced the largest positive increase in successful housing outcomes (SHO) since CSB reporting is available. While prior to the HPRP funds the SHO rate for this system was hovering around 22 percent, lately this percent increased to 30 percent, representing a huge positive gain for our community. The same positive effect is noted for single adult women. Overall, the emergency shelter system experienced great success regarding the SHO measure, posting positive increases for FY10, FY11 and so far in FY12, while the HPRP funds were available.

Overall through 12/31/2011, 1,032 households were served using HPRP prevention funds (exclusive of CPOA activity) and were potentially helped from becoming homeless and 1,525 households were assisted using rapid re-housing funds to quickly end their homeless episode. Without the availability of these funds, we believe our community would have experienced an even larger crisis and a significant increase in the street homeless population.

The HPRP funds gave our community the unprecedented opportunity to test new prevention programs, design new rapid re-housing programs and implement a coordinated point of access for crisis response services for single adults.

CSB thanks the City of Columbus and Franklin County for their continued support and assistance in the implementation of the HPRP funded programs.



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