

AGENDA

RLFC Meeting on HPRP Proposals

Thursday, August 6, 2009

11:30 am – 2:00 pm

Community Shelter Board

Meeting purpose: To present local HPRP proposals and receive feedback and forward to RLFC for consideration

Attendees Rebuilding Lives Funder Collaborative members, CSB staff, guests

Time	Item	Presenter
11:30 am	Welcome, Introductions, Agenda Review	Emily Savors
11:35 am	Overview of State HPRP	Barbara Poppe
11:45 am	Overview of Local Dollars Available and HPRP Steering Committee Allocation Plan (A)	Barbara Poppe
11:55 am	Coordinate Emergency Aid Strategy (A) <ul style="list-style-type: none"> • Presentation (5 minutes) • Discussion/Suggestions for Improvement 	Joe McKinley
12:10 pm	Adult System Improvement (A) <ul style="list-style-type: none"> • Single Point of Contact for Adult Shelter <ul style="list-style-type: none"> ○ Presentation (5 minutes) ○ Discussion/Suggestions for Improvement • Rapid Re-Housing for Single Adults <ul style="list-style-type: none"> ○ Presentation (5 minutes) ○ Discussion/Suggestions for Improvement 	Dave Davis
12:40 pm	Re-entry Housing Advocacy – Mental Health Population (A) <ul style="list-style-type: none"> • Presentation (5 minutes) • Discussion/Suggestions for Improvement 	Susan Lewis Kaylor
12:55 pm	CSB Direct Client Assistance Program (A) <ul style="list-style-type: none"> • Presentation (5 minutes) • Discussion/Suggestions for Improvement 	Janet Bridges
1:05 pm	Housing Locator Program <ul style="list-style-type: none"> • Presentation • Decision to Accept Placeholder Request 	Tiffany Nobles
1:20 pm	Community Shelter Board Program Management (A) <ul style="list-style-type: none"> • Presentation (5 minutes) • Discussion/Suggestions for Improvement 	Dave Davis
1:55 pm	Next Steps	Barbara Poppe
2:00 pm	Adjourn	

Next Meeting: Full RLFC Meeting: Thursday, August 27, 2009 from 11:30 am – 2:00 pm

(A) = Attachment (H) = Handout (P) = Previously Distributed

Summary of HPRP Sources Uses

Funding Submission to ODOD						
Formula						\$ 1,039,400
Homeless Prevention Pilot						\$ 200,000
						\$ 1,239,400
Formula						
		Homelessness Prevention		Rapid Re-Housing		Total
	New or MOE or Required	Financial Assistance	Housing Relocation & Stabilization	Financial Assistance	Housing Relocation & Stabilization	
CHN	MOE	70,000	15,000	75,000	15,000	175,000
CSB DCA	MOE			550,277		550,277
Huckleberry House	MOE			177,660		177,660
Housing Inspections	REQ			52,680		52,680
Sub-total		\$ 70,000	\$ 15,000	\$ 855,617	\$ 15,000	\$ 955,617
		7%	2%	90%	2%	
CSP Implementation costs	REQ	estimated costs for PA & CSB				\$ 63,383
Administration	REQ	2.5% maximum per ODOD				\$ 20,400
Total						\$ 1,039,400
Homeless Prevention Pilot						
Stable Families	MOE		200,000			200,000
Note: CSP implementation and administration are not eligible costs per ODOD regulations.						

Local HPRP						
City						2,642,649
County						746,920
						\$ 3,389,569
Formula						
		Homelessness Prevention		Rapid Re-Housing		Total
	New or MOE or Required	Financial Assistance	Housing Relocation & Stabilization	Financial Assistance	Housing Relocation & Stabilization	
CHN HP for Mental Health Populations	New	250,000				250,000
CSB DCA	MOE			840,000		840,000
Adult SPOC/RRH	New		305,623	576,000	360,000	1,241,623
Coordinate EA	New		120,000			120,000
Housing Locator	New		60,000		60,000	120,000
CSB Program Management	REQ	26,172		224,383		250,555
Housing Inspections	REQ			163,140		163,140
Sub-total		\$ 276,172	\$ 485,623	\$ 1,803,523	\$ 420,000	\$ 2,985,318
		9%	16%	60%	14%	
CSP Implementation costs	REQ	estimated costs for PA & CSB				\$ 290,490
Administration	REQ	5% maximum per HUD				\$ 169,478
Total						\$ 3,445,286
Variance with available funds (gap)						\$ (55,717)
Defer until Feb 2010						
Community Mediation Services	MOE		90,000			90,000
CSB Stable Families	MOE	226,000	324,830			550,830
Note: gap will be resolved in February 2010 after all proposals are no longer estimates.						

New = new program

MOE = maintenance of effort (existing program that has not had funding renewed by other source)

REQ = required activity per HUD HPRP regulations

Team: Coordinate Emergency Aid to prevent homelessness

Participants: Community Shelter Board, Franklin County Department of Jobs & Family Services (co-convener) and United Way of Central Ohio (co-convener) and other stakeholders outlined in the proposal.

1. What is the proposed plan? Please describe target population and how services will be delivered, including identification of service and housing providers. (not more than 2 pages)

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

As part of the Rebuilding Lives Updated Strategy, Franklin County Department of Jobs & Family Services and United Way of Central Ohio agreed to convene stakeholders and begin to develop a plan that would coordinate emergency assistance available through various community-based assistance programs.

The long-term objective is to help the community be better able to: prevent duplication of services for individuals/families; maximize available dollars to have the greatest impact; create last transformative change in the administration of emergency aid; leverage existing networks; and, support implementation of other Rebuilding Lives strategies.

This project will be divided into three components designed to develop an understanding of how emergency assistance programs operate in the community and to examine how it can be coordinated:

- **Discovery** – Develop an inventory of emergency assistance resources and the purposes of these funds, how people qualify and access them, what is and is not coordinated, how these resources can be coordinated and what needs to happen in order for this coordination to happen. This discovery process will include an examination of other systems, such as Access Health Columbus, that have developed linkage or coordination plans that have worked well in our community or elsewhere. In addition, a list of desired characteristics of an implementing agency.
- **Pilot Development/ Implementation** – Identify a target population in which to pilot a coordinated aid system that would include development of a common application form and potentially include electronic approvals. The duration of this pilot is expected to be two years.
- **Coordinated Emergency Aid Expansion** – Using the experience from the pilot implementation, as well as analysis of local/national best practices, design a system that can be expanded to include major providers of emergency assistance throughout the community for other people in need.

Phase 1 Proposal Template

The initial discovery phase of this project will begin once the Rebuilding Lives Funders Collaborative approves the project plan. UWCO has given preliminary authorization of up to \$25,000 to bring together stakeholders to develop the key elements of this system.

Planning partners are expected to include the following groups: Citizens Advisory Council/ FDJFS consumer, City of Columbus, Community Shelter Board, Emergency Food & Shelter Board, Franklin County Department of Jobs & Family Services, FIRSTLINK, Impact Community Action Agency, Mid-Ohio Food Bank, Mid Ohio Regional Planning Commission and United Way of Central Ohio.

This group may include other interested corporate partners like AEP and Columbia Gas of Ohio, and, major non-profit assistance providers such as Lutheran Social Services and Salvation Army which have an interest in emergency assistance.

Stakeholders will review current methodologies used by groups like CSB, FIRSTLINK/211 (food referrals), Stable Families Homeless Prevention Project, IMPACT Community Action Agency and Franklin County Department of Jobs & Family Services. This may also include analysis of other providers of emergency assistance – such as settlement houses or shelters.

Stakeholders will develop a coordinated assistance pilot for a specific target population that will utilize a portion of the ARRA Homeless Prevention Fund (HPF) resources. This is expected to work in conjunction with another HPF project such as the group targeting single adults. The stakeholders working on that project are looking to develop a diversion/prevention process that is common for all agencies; identify community resources that can be utilized in diversion/prevention process; develop one phone number or resource for community to access; and, identify resources for prevention for those who are not homeless

All HPF supported activities will be consistent with HUD requirements. A total of \$120,000 has been recommended for this project which approximates two years of coordination by a single staff person at a location to be determined.

Key elements of this system, as articulated in the RLUS plan, may include:

1. a common method of eligibility determination, assessment of need, and referral to emergency aid programs
2. priority given to families and individuals with the greatest need
3. limits placed on the frequency and level of assistance provided
4. ability to distribute HPF to targeted families and individuals
5. a common database system to document contacts and assistance provided

The group will examine a single point of contact eligibility system for the pilot and will begin by exploring the feasibility of utilizing the current community information and referral system established through FIRSTLINK. It is the community's 211 organization, manages appointments for people seeking emergency food supply for the Mid-Ohio Food Bank and maintains a database of various emergency assistance programs for people in need.

Phase 1 Proposal Template

2. What are the goals and metrics for the pilot project?

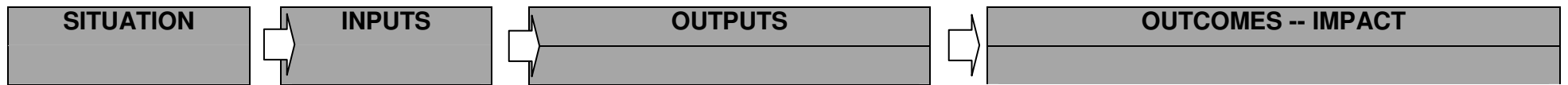
Prevention

Period ending	# New Admits	# Carryover	# Exits	# HH served	# Successful Housing Outcomes	# Unsuccessful Housing Outcomes	Other Outcomes
12/31/09							
3/31/10	TBD	TBD	TBD	TBD	TBD	TBD	TBD
6/30/10	TBD	TBD	TBD	TBD	TBD	TBD	TBD
9/30/10	TBD	TBD	TBD	TBD	TBD	TBD	TBD
12/31/10	TBD	TBD	TBD	TBD	TBD	TBD	TBD
3/31/11	TBD	TBD	TBD	TBD	TBD	TBD	TBD
6/30/11	TBD	TBD	TBD	TBD	TBD	TBD	TBD
9/30/11	TBD	TBD	TBD	TBD	TBD	TBD	TBD
12/31/11	TBD	TBD	TBD	TBD	TBD	TBD	TBD
3/31/12							
6/30/12							
9/30/12							
Total # (unduplicated)							

Other Goals or Metrics?

- Number of individuals who will be served by the program
- Number will be prevented from becoming homeless and are diverted from the shelter system as measured by a successful housing outcome.
- Number who will be able to maintain their housing for at least one year.
- Cost per household served
- Value of leveraged funds per household from sources other than HPF.
- Sustainability of the program after HPF funding is no longer available.

**Phase 1 Proposal Template
LOGIC MODEL**



FIRSTLINK fielded more than 250,000 requests in CY 2008 for assistance related to food, housing/shelter, utilities and other short-term emergencies.

Community Shelter Board funded emergency shelters served more than 7,400 people in the last program year and provided more than 350,000 nights of shelter. More than 1,600 of those served were children.

The Mid-Ohio Food Bank (MOFB) reported more than 846,000 requests to its network of 128 pantries in 2008, an increase of more than 15% over the previous year.

Food stamp recipients in Franklin County increased from 81,402 in 2001 to 130,233 in 2006 (up 60%). However, a Food Research & Action Center report estimated that in 2005 eligible households didn't claim \$31 million in benefits.

A Community Action Agency research report issued by Community Research Partners in 2006 identified more than 20 different governmental funding streams and a total investment of more than \$200 million from all funding sources for

1. Discovery –

Develop an inventory of emergency assistance resources and the purpose of these funds, how people qualify and access them, what is and is not coordinated, how these resources can be coordinated and what needs to happen in order for resources to be coordinated. This discovery process will include an examination of other systems, such as Access Health Columbus, that have developed linkage or coordination plans that have worked well in our community and elsewhere.

2. Pilot development/ Implementation –

Identify a target population in which to pilot a coordinated aid system that would include development of a common application form and potentially include electronic approvals.

Coordinated Emergency Aid Expansion – Using the experience from the pilot implementation as well as analysis of local/national best practices, design a system that can be expanded.

1. Summary of available resources and how people quality/access them.
1. Summary/analysis of other linkage and coordination systems
2. HPF plan to use resources for two-year pilot
3. Recommendation regarding expansion of coordinated emergency aid based on increased knowledge gained from components 1 & 2

Short-Term

1. Increased knowledge about the current emergency aid programs and how they can be better coordinated
1. Increased knowledge about how to building a coordinated emergency aid system using best practices
2. TBD – people linked to coordinated emergency assistance

Long-Term

3. Creation of plan that expands coordinated emergency aid into an integrated community system



ASSUMPTIONS
Partners commit to participate in discovery, pilot and long-term plan



EXTERNAL FACTORS
Availability of government emergency assistance resources at risk

4. What is the proposed 3-year HPRP budget to support the plan?
- < Financial Assistance: The HPRP funding can be allocated for short-term or medium-term rental assistance, and one-time housing relocation assistance, including security or utility deposits, utility payments, moving cost assistance. CSB will administer these funds for the project by making direct payments to vendors on behalf of participants.
 - < Housing Relocation & Stabilization Services: HPRP funding to support case management, housing placement, and other services should be identified in the budget.

Use of Funds			
	Homelessness Prevention	Rapid Re-housing	Total Amount Budgeted
Financial Assistance	\$0	\$	\$0
Housing Relocation and Stabilization Services	\$120,000	\$	\$120,000
Subtotal	\$120,000	\$	\$120,000

Describe cost assumptions:

One FTE coordinator for two years at an annual cost of \$60,000. This includes salary, benefits and associated office costs. Columbus Service Point equipment and data costs are built into the overall HPRP plan as part of project administration.

5. How does this proposal address the charter requirements?

The activities noted in Section 2 will result in a plan to implement a coordinated system of aid designed to prevent homelessness and are consistent with the charter. It will include goals/metrics for the pilot phase, and, provide a method to assess continuation or expansion to other vulnerable populations beyond HPF funding.

6. How should implementing providers be selected?

It is expected that the implementing provider will have experience in coordinating information and referral and/or connecting people with emergency assistance. The planning group will assess if it makes sense to establish this pilot using FIRSTLINK, the community’s 211 provider. If not, the group will use criteria developed as part of the initial planning process to identify another experienced provider. It is expected that the provider will be under contract with CSB to implement the plan.

7. Are the services of a Housing Locator requested? If yes, describe needs and expectations?

The scope of this project is to create a system to determine eligibility for financial assistance and support a coordinated approach to providing the assistance. Project staff may need knowledge of various housing opportunities in order to best determine which resources are best suited for a particular client. Depending on how it is implemented, the services of a housing locator may be needed in order to match clients with affordable housing opportunities.

Participants:

1. What is the **proposed plan**? Please describe target population and how services will be delivered, including identification of service and housing providers. (not more than 2 pages)

Prevention Services (diversion):

Proposed Plan

There is a need to improve the single adult emergency homeless shelter system that operates in the community. The plan is to reduce the number of single adults admitted to the system and to increase the number of single adults that successfully exit the system. This plan is to be achieved through the implementation of a centralized community system for diversion/prevention and exiting/rapid re-housing.

Target Population/Need for Project

This plan targets those who are homeless and at-risk of homelessness due to the current economic crisis. There is no coordinated system for assessment, triage, diversion or shelter intake for single adults. 3,646 single men and 1,166 single women entered the emergency shelter system during the prior year. 78% and 74% of single men and single women, respectively, had an unsuccessful exit from the adult system (71% of families exit the family system to permanent housing.) Average cumulative length of shelter stay during the most recent semi-annual period was 45 and 33 days, respectively. Persons with multiple episodes of homelessness are not identified and directed to more intensive assessment and targeted for linkage to permanent housing. The ability to be self-sufficient is greater in stable housing than emergency shelter. People who successfully exit to permanent housing are less likely to experience a repeat episode of homelessness and require additional emergency shelter services. Shorter shelter stays reduce daily shelter demand and need for overflow services. High daily shelter census for most shelters results in increased wear and tear on facilities; challenging work environments for staff; and inability to provide individualized services for shelter residents.

Diversion/Prevention Services

When an individual contacts the system in crisis, diversion will be attempted to link to other community resources in lieu of shelter admission.

Key features of service delivery will involve:

- the design of a centralized means of contact for the adult shelter system to handle diversion and shelter admission; this may involve a single agency, a virtual access point or a combination;
- diversion to provide initial determination of the appropriate type of assistance the individual may require to prevent admission to shelter; and
- the utilization of prevention measures that are focused on stabilizing housing, links to community resources and mainstream benefits and help develop plans to prevent future housing instability.

Phase 1 Proposal Template

Services offered will be consistent with HUD eligible uses guidelines for housing relocation and stabilization services including;

- outreach and engagement,
- case management, and
- housing search and placement

Service Providers

Potential providers include agencies that are part of the adult shelter system or other appropriate non-profit agencies that can cost efficiently develop a centralized point of contact for the system.

Rapid Re-Housing:

RRH will include the identification of appropriate homeless individuals in the shelters or on the streets and the development of housing assistance and client pathways to services for successful housing outcomes. These individuals will be those with immediate needs and most likely to quickly obtain and sustain stable housing.

Services offered will be consistent with HUD eligible uses guidelines and may include short – or medium-term rental assistance.

Potential service providers will be agencies that currently provide those types of services.

Adult System Improvement Plan Update – July 17, 2009

Adult system shelter operators met in April to discuss the proposed changes for improvement to the adult shelter system and agreed that they should look at a community system for prevention/diversion and exiting from shelters.

Subsequent to this meeting a series of meeting were undertaken with each adult shelter provider to flow chart their client process from first contact to exiting from shelter. Based on the observations made and after reviewing the flows and documents used during the client intake process there appear to be possibilities to:

- Reduce clients having to do multiple triages and intakes
- Reducing to only one source who can say there are no beds available
- Decrease having to refer clients around to each shelter searching for a bed
- Develop common language and message from each shelter
- Reduce client manipulation of the system
- Have an adult “system” – it must be neutral with no special ties to any one shelter
- Increase communication between shelters – opportunity to build trust
- Share relationships with landlords across all of our shelters

The proposed plan to improve the adult system remains intact as well as target groups, prevention services, rapid re-housing services and the goals and metrics.

2. What are the goals and metrics for the pilot project?

Prevention

Period ending	# New Admits	# Carryover	# Exits	# HH served	# Successful Housing Outcomes	# Unsuccessful Housing Outcomes	Other Outcomes
12/31/09							
3/31/10							
6/30/10							
9/30/10							
12/31/10							
3/31/11							
6/30/11							
9/30/11							
12/31/11							
3/31/12							
6/30/12							
9/30/12							
Total # (unduplicated)							

Other Goals or Metrics?

- Reduce by 20% the number of people admitted to shelter system.
- Increase by 30% of callers/walk-ins are linked to community prevention
- Average cumulative length of stay in shelter system is less than 30 days
- Number of individuals/families that had previous stay at CHOICES 30 days prior to admission to family center is zero
- Number of days that shelter system uses overflow is cut to one half the prior year rate; cost of overflow is reduced
- Number of people that report being engaged with community based services at exit to program

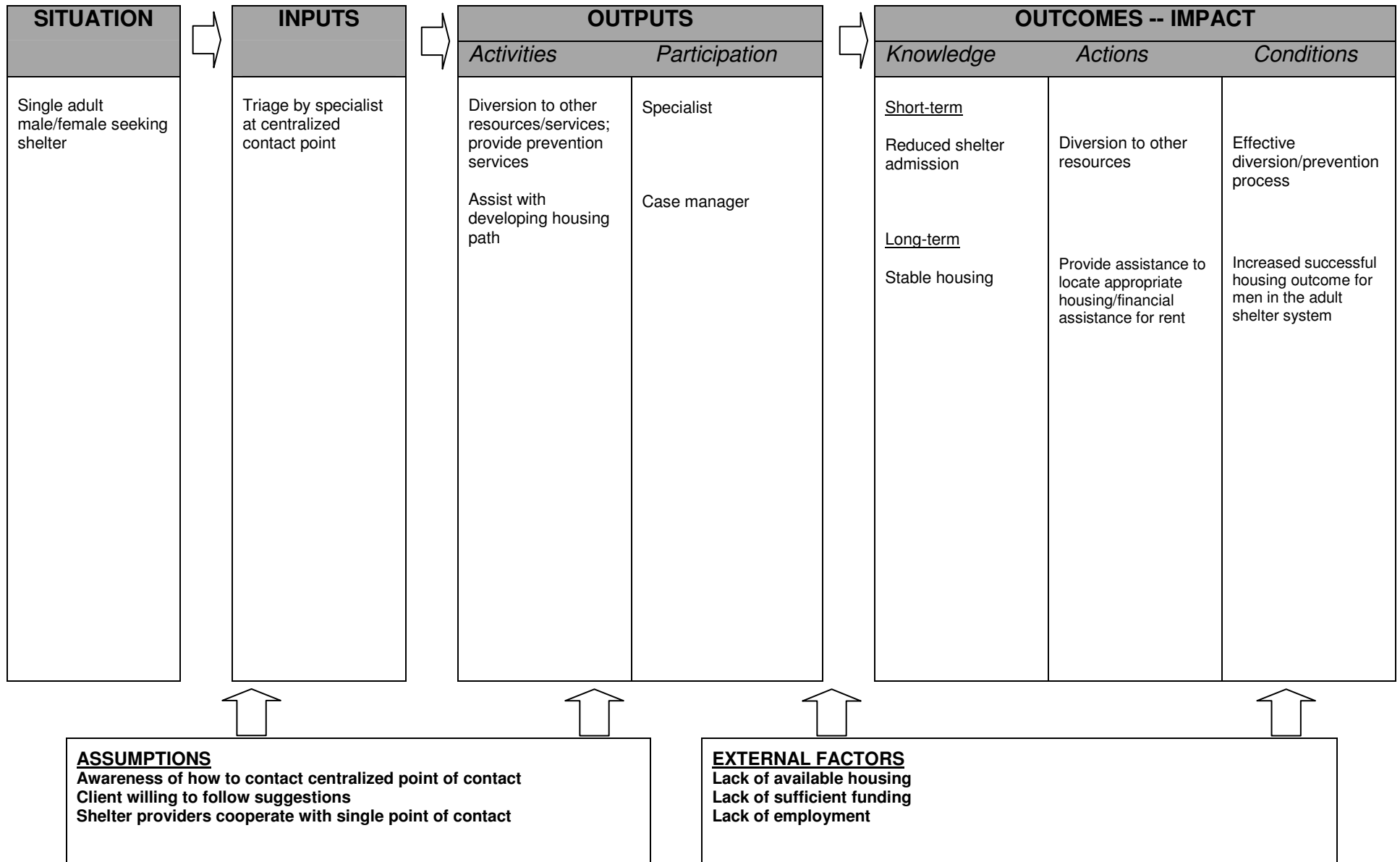
Rapid Re-Housing

Period ending	# New Admits	# Carryover	# Exits	# HH served	# Successful Housing Outcomes	# Unsuccessful Housing Outcomes	Other Outcomes
12/31/09							
3/31/10							
6/30/10							
9/30/10							
12/31/10							
3/31/11							
6/30/11							
9/30/11							
12/31/11							
3/31/12							
6/30/12							
9/30/12							
Total # (unduplicated)							

Other Goals or Metrics?

- Increase of 33% in successful housing outcomes for men and 50% for women
- Less than 5% recidivism within 90 days after shelter exit to successful housing outcome

**Phase 1 Proposal Template
LOGIC MODEL**



Phase 1 Proposal Template

3. Implementation timeline and benchmarks.

Task	7/31/09	8/31/09	9/30/09	12/31/09	3/31/10	9/30/10	12/31/10	3/31/11	6/30/11
Complete Adult system Improvement planning	X								
Develop RFP to procure provider	X								
Issue RFP	X								
Select Provider		X							
CSB Board/RLFC Approval		X							
Finalize contracts with city/county			X						
Finalize Plan for overflow process			X						
Hire staff (5 FTE) for diversion/prevention			X						
Hire case managers (2FTE) for RRH			X						
Implement centralized community contact process or SPOC			X	X	X	X	X		

Phase 1 Proposal Template

4. What is the **proposed 3-year HPRP budget** to support the plan.
- ⟨ Financial Assistance: The HPRP funding can be allocated for short-term or medium-term rental assistance, and one-time housing relocation assistance, including security or utility deposits, utility payments, moving cost assistance. CSB will administer these funds for the project by making direct payments to vendors on behalf of participants.
 - ⟨ Housing Relocation & Stabilization Services: HPRP funding to support case management, housing placement, and other services should be identified in the budget.

Use of Funds			
	Homelessness Prevention	Rapid Re-housing	Total Amount Budgeted
Financial Assistance	\$	\$576,000	\$576,000
Housing Relocation and Stabilization Services	\$305,623	\$360,000	\$665,623
Subtotal	\$305,623	\$936,000	\$1,241,623

Describe cost assumptions:

- Prevention costs are based on hiring 5 diversion specialists (including 1 supervisor) to work in the centralized access system for 1 year.
- Rapid Re-housing costs are based on hiring 2 case managers for supportive services and providing financial assistance to 960 clients at \$600 each for a 3 year period.

5. How does this proposal address the charter requirements?

The proposal is taken from the charter and elements are incorporated as part of the proposed plan, including the Project Mission and Goals and Metrics.

6. How should implementing providers be selected?

The Adult System providers have not considered this question. The development of a Request for Proposals would readily identify those most interested and capable.

7. Are the services of a Housing Locator requested? If yes, describe needs and expectations?

Several of the Adult System providers have expertise in this area, but if available a Housing Locator may prove beneficial in assisting clients in locating private market housing and negotiating leases.

8. Describe the type of prevention aid the Coordinated Emergency Aid program should provide?

Those resources to maintain or establish housing stability not allowed under HPRP, e.g., food, child care, medical concerns, furniture, etc.

Team: Homelessness Prevention for Mental Health Population**Participants:**

1. What is the **proposed plan**? Please describe target population and how services will be delivered, including identification of service and housing providers. (not more than 2 pages)

Prevention Services: The ADAMH Board of Franklin County's system of care provided services for approximately 42,000 individuals in Franklin County in 2008. Among other planning, funding, and evaluation responsibilities, ADAMH purchases access for our community's residents to the Ohio Department of Mental Health (ODMH) operated Regional Psychiatric Hospitals (RPH). The target populations for this proposal are 1) persons in regional psychiatric hospitals who are homeless at admission or who lose their housing during their stay, or 2) persons who are ready to be discharged from ADAMH residential care facilities (RCF) and are homeless or have lost their housing during their stay.

RPH Population: In 2008, 19% of the admissions to the local RPH, Twin Valley Behavioral Healthcare (TVBH), were individuals who were homeless. Of these 184 admissions, 132 people had one hospital stay, but 22 (14%) had multiple stays in the same year. Thirty-eight (38%) of these homeless individuals were experiencing their first admission to a state hospital. These clients have very serious disorders compounding their life situation – 70% have Schizophrenia or Other Psychotic Disorders; 12% have Mood Disorders; and 25% have Alcohol and Other Drug Disorders as either primary or secondary diagnosis. Demographically, 69% are male and 57% are African American or Multi-Racial.

This purchasing is measured in projected "hospital bed days." Pre-purchasing in excess of need prospectively reduces the available funds for community-based alternatives to hospitalization. When bed day use exceeds projected levels, the over-run must be repaid to ODMH, in turn constraining community-based allocations in following years. In SFY 2008, the Board paid ODMH \$1.28 M for over-utilization. For the current period, SFY 2009, ADAMH increased its planned bed day purchase by \$1.1 M, yet current utilization points to an additional \$833 K in bed day utilization that ADAMH will have to pay to ODMH at year-end.

The most significant barrier to timely, clinically appropriate discharge from the RPH is the lack of appropriate housing alternatives. ODMH RPHs are not permitted to discharge patients to the streets or shelters, so these individuals who are homeless at admission, *or* who lose their housing or rent subsidy during their stay, are more prone to have hospital stays that exceed clinical necessity. These extended stays are designated as "Continued Stay Denials" (CSD). Thirty-five (35) of the homeless clients, or 19%, experienced CSD at a system cost of \$226,070 – about 18% of the hospital bed day cost over-run. This trend is consistent with public and private psychiatric hospitalization demands across the county. Local factors include:

- Increased volume and percentage of clients who are new to the hospital and the system, whose clinical distress is related to the present economic crisis. The average bed days used in March, 2009 exceeded all but one other month since July 2001
- Multi-year increases in the low-income population of the county without other payer sources for hospital care
- Disproportionate private hospital bed reductions in Central Ohio compared to other urban centers
- A greater proportion of patients requiring more complex, innovative treatment for co-existing alcohol and other drug disorders with their mental illness

RCF Population: Annually, the ADAMH system provides residential care to approximately 175 adults who need mental health and/or substance abuse treatment, room & board, and personal care services. This level of care is often the appropriate "step-down" placement for individuals being discharged from psychiatric hospitals. The residential care facilities offer opportunities for further clinical stabilization and build community living skills. Yet, demand exceeds local capacity and consumers remain in the hospital longer than is necessary awaiting placement. These Homelessness Prevention Funds would support the stabilized residential consumers' move to more independent housing. In turn, hospitalized individuals will utilize the newly created openings in this level of care.

Community Housing Network's Housing Facilitator will make the initial contact with the clients. In doing so, the Housing Facilitator will conduct outreach activities for those who will be exiting TVBH or other ADAMH residential facilities in the near future. The clients and their case managers will complete all necessary paperwork and return it to the Housing Facilitator who will then place the clients in the housing unit. Case managers from ADAMH provider agencies will provide on-going supports including benefits access; vocational referrals; mental health and alcohol/other drug services; wraparound services; assistance in incorporating peer support and other service referrals.

This program would assist Franklin County in serving up to 175 individuals a year over an average of three to six months and provide funding for security deposits; rent; past due bills for utilities, telephone, rent payments; credit repair; obtaining proper forms of identification; start-up furnishings; etc.

Rapid Re-Housing:

2. What are the goals and metrics for the pilot project?

Prevention

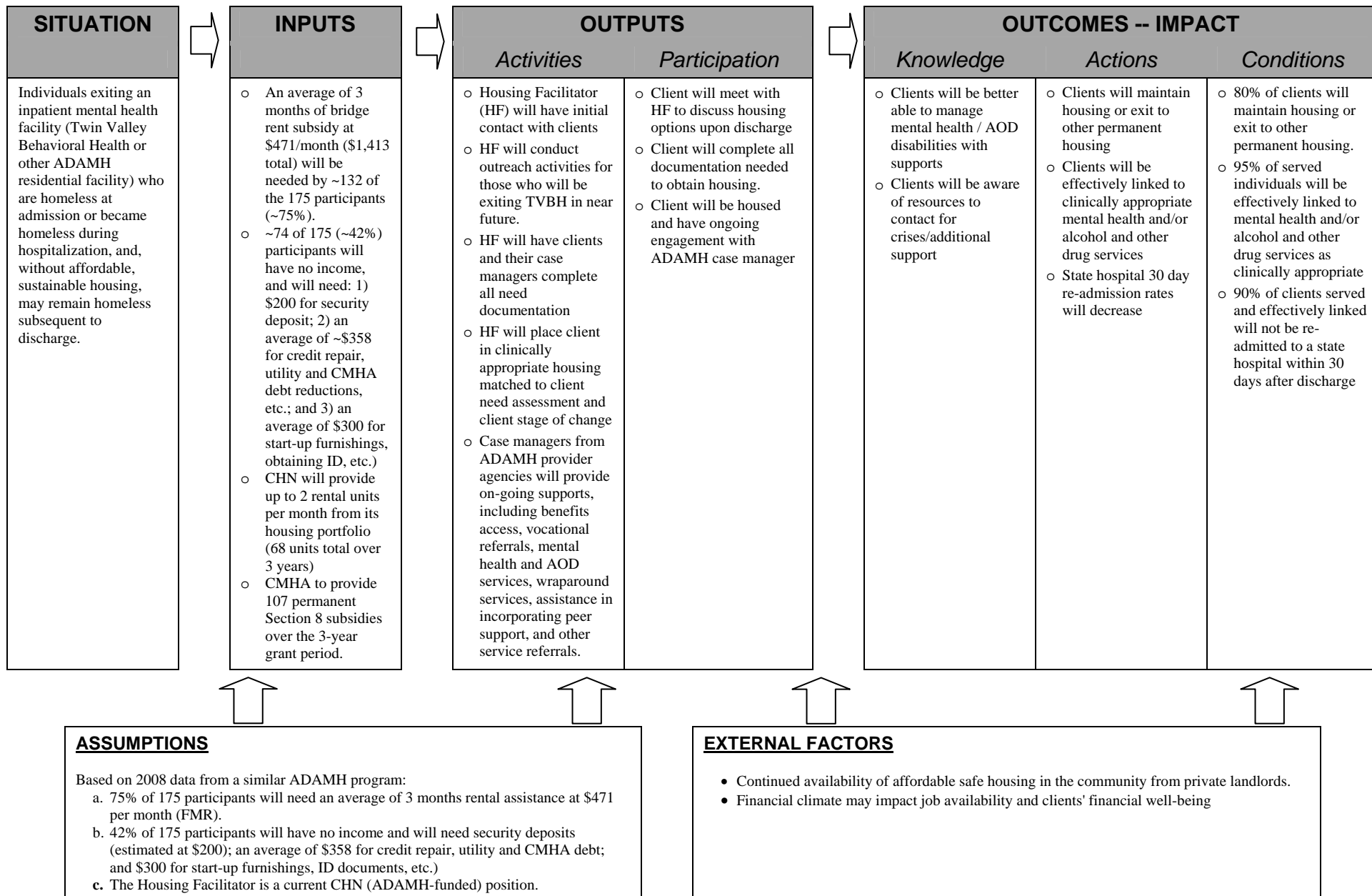
Number of new admits will be close to 5 per month or 15 per quarter until the last quarter. The number of exits is based on an average of three months rental assistance per participant, so essentially those who moved in one quarter will receive three months assistance and “exit” the program, but most will stay housed. CHN estimates a 20% annual turnover rate for people who move out of housing; based on 2008 data from a similar ADAMH program, 40% of people who move out of housing will have successful housing outcomes (i.e., exit to other permanent housing).

Period ending	# New Admits	# Carryover	# Exits	# HH served	# Successful Housing Outcomes	# Unsuccessful Housing Outcomes	Other Outcomes
9/30/09	10	0	1	10	9	1	
12/31/09	15	9	9	24	23	1	
3/31/10	15	15	15	38	37	1	
6/30/10	15	15	15	51	49	2	
9/30/10	15	15	15	63	61	2	
12/31/10	15	15	15	75	73	2	
3/31/11	15	15	15	86	84	2	
6/30/11	15	15	15	97	94	3	
9/30/11	15	15	15	107	104	3	
12/31/11	15	15	15	117	113	4	
3/31/12	15	15	15	126	122	4	
6/30/12	15	15	15	135	131	4	
9/30/12	0	15	15	128	125	3	
Total # (unduplicated)	175				143	32	

Rapid Re-Housing

Period ending	# New Admits	# Carryover	# Exits	# HH served	# Successful Housing Outcomes	# Unsuccessful Housing Outcomes	Other Outcomes
9/30/09							
12/31/09							
3/31/10							
6/30/10							
9/30/10							
12/31/10							
3/31/11							
6/30/11							
9/30/11							
12/31/11							
3/31/12							
6/30/12							
9/30/12							
Total # (unduplicated)							

3. LOGIC MODEL



4. Implementation timeline and benchmarks.

Because this program is building from an existing program, the partnerships, staffing, and processes are already in place, allowing the team to begin serving consumers as soon as the program is funded.

Period	9/30/09	12/31/09	3/31/10	9/30/10	12/31/10	3/31/11	6/30/11
Initial leasing	X						
Case managers assigned to clients	X						
Total of 25 placed in housing		X					
Total of 40 placed in housing			X				
Total of 55 placed in housing				X			
Total of 70 placed in housing					X		
Total of 85 placed in housing						X	
Total of 100 placed in housing							X

5. What is the **proposed budget** to support the plan.
- < The HPRP funding can be allocated for short-term or medium-term rental assistance, and one-time housing relocation assistance, including security or utility deposits, utility payments, moving cost assistance. CSB will administer these funds for the project by making direct payments to vendors on behalf of participants.
 - < Other funding to support case management, housing placement, and other services should be identified in the budget.

Use of Funds			
	Homelessness Prevention	Rapid Re-housing	Total Amount Budgeted
Financial Assistance	\$201,316	\$	\$201,316
Housing Relocation and Stabilization Services	\$48,684	\$	\$48,684
Subtotal	\$250,000	\$	\$250,000

Describe cost assumptions:

Based on 2008 data for similar programs:

Financial Assistance-

- ~75% of the 175 persons (132) to be served will need an average of about 3 months rent at \$471 per month (FMR), for a total of approximately \$186,516.
- 42% of the 175 persons served (74) will have no income and will need security deposits of about \$200 (total = \$14,800)

Housing Relocation and Stabilization Services-

- ~42% of the 175 persons served (74) will have no income and will need
 - o Credit repair at an average of ~\$358 (total ~ \$26,484)
 - o Start-up furnishing/client assistance of about \$300 each (total = \$22,200)

6. How does this proposal address the charter requirements?

In a collaborative effort, this expansion would enable Franklin County to develop a homelessness prevention program that would target individuals at imminent risk of homelessness who are exiting inpatient mental health or residential facilities. Our community has taken on this challenge and intends to use the Homelessness Prevention Program strategically to maximize resources and assist the greatest number of homeless and at risk individuals and families. Funds would be used consistent with the Housing and Urban Development (HUD) eligible uses guidelines. Data regarding clients would be collected and entered into the Housing Management Information System. Resources would be expended by September 30, 2011. By preventing homelessness for persons with severe mental illness, the community will be able to address the needs of at risk homeless individuals with severe mental illness, maximize available mental health system dollars, enable clients to receive care in the least restrictive setting possible and leverage existing service and housing networks.

7. How should implementing providers be selected?

The Community Housing Network has been selected as the lead agency of this project because of its experience as ADAMH's housing manager. Since 2006, CHN's ADAMH-funded Housing Facilitator has provided housing assistance to over 130 TVBH clients and consumers in other ADAMH residential programs. In 2008, the Housing Facilitator helped 20 TVBH clients obtain permanent housing. The ADAMH system's six lead agencies for services and supports for adults with severe mental illness will be the referring bodies.

8. Are the services of a Housing Locator requested? If yes, describe needs and expectations?

The Housing Facilitator is already staffed from an existing ADAMH-funded program. The purpose of this position is to expedite and facilitate appropriate housing placement for persons exiting TVBH in need of housing. The Housing Facilitator works in partnership with TVBH and case managers to guide the client through the housing placement process, from intake, to acquiring ID and other documentation, applying for CMHA subsidies, selecting an apartment, negotiating with landlords, credit repair, lease signing, and apartment and neighborhood orientation.

Continuation Program – Direct Client Assistance

Agency: Community Shelter Board

Project Name: Direct Client Assistance

1. What is the proposed HPRP project? Please describe target population and how services will be delivered.(not more than 2 pages)

Rapid Re-Housing:

The Community Shelter Board's Rapid Re-housing program provides individuals and families exiting emergency shelters or who are experiencing street homelessness with short-term housing placement assistance that successfully places the household into decent, affordable housing. Through the program, clients receive assistance with rent, security deposits, utility payments, etc. The target population of the program is single men, single women and families who are homeless or at risk of becoming homeless in Columbus and Franklin County all of whom are at or below 50% of Area Median Income (AMI).

Residents of shelters are made aware of this program via the case management services they are receiving as a part of their shelter stay. Outreach workers from various agencies engage individuals living outside and provide them with information. Case managers provide relocation assistance, case management, mediation services, linkage to other social service and health care programs, and tenant education. CSB coordinates with all local shelters and homeless outreach providers to ensure community wide coordination and access to the program. The collaborating agencies include: Capital Crossroads, CHOICES, Community Housing Network, Homeless Families Foundation, Lutheran Social Services-Faith Mission, Maryhaven, National Church Residences, Southeast-Friends of the Homeless, The Open Shelter, Volunteers of America of Greater Ohio, YMCA of Central Ohio, and YWCA Columbus. CSB also has a partnership with the Columbus Metropolitan Housing Authority and Community Properties of Ohio through which families in need of long-term subsidy are placed in public housing or project-based Section 8 housing. In addition to administering Direct Client Assistance, CSB provides key technical support to agencies, including:

- < caseworker training and consultation;
- < quality assurance and outcome monitoring; and
- < resource coordination and administration.

The program provides short-term housing placement assistance that successfully places the household into decent, affordable housing. Case managers located in emergency shelter and with outreach agencies provide assistance accessing Direct Client Assistance funds for rapid re-housing (rent, security deposit, or utility costs).

Last year, CSB's partner agencies provided shelter services to 3,462 homeless single men, 1,247 homeless single women, and 748 families. On average more than 7,000 men, women, and children receive emergency shelter assistance each year. The Community Shelter Board has been effectively working to house persons who are homeless or threatened with homelessness in a manner that:

- < Moves families and individuals out of shelter.

Continuation Program – Direct Client Assistance

- < Ensures our community's ability to meet the nightly demand for shelter by providing an alternative to emergency shelter and reducing time spent homeless and future recurrences of homelessness.
- < Provides services in a non-duplicative manner. With centralized program coordination and a decentralized distribution system (satellite partners / shelters / supportive housing), services are provided in a non-duplicative and efficient manner.

The Community Shelter Board and our partner agencies have developed homeless assistance programs that efficiently and effectively help low-income families and individuals obtain and maintain housing. Direct Client Assistance is used to help quickly re-house and stabilize individuals and families experiencing homelessness.

The program is designed to move clients referred from shelter or the streets into permanent housing. This is done through linkages to financial assistance, employment assistance, housing assistance, and support services. Direct Client Assistance applications are accepted throughout the year from referring shelters and homeless assistance programs. Participants must be willing to partner with the provider agency in their housing search and applying for financial assistance. Participants are expected to take an active role in obtaining required documentation and in locating suitable housing. In addition to financial assistance offered through the program, partner agency staff is required to provide individualized assistance to help participants obtain housing, including information, referral, advocacy, assistance accessing other resources, and other support as indicated. Once housed, aftercare support is provided as needed to help assisted households maintain permanent housing.

Continuation Program – Direct Client Assistance

2. What are the goals and metrics for the project?

Include only those Households to be served by HPRP funding

Prevention – NOT APPLICABLE

Period ending	# New Admits	# Carryover	# Exits	# HH served	# Successful Housing Outcomes	# Unsuccessful Housing Outcomes	Other Outcomes
12/31/09							
3/31/10							
6/30/10							
9/30/10							
12/31/10							
3/31/11							
6/30/11							
9/30/11							
12/31/11							
3/31/12							
6/30/12							
9/30/12							
Total # (unduplicated)							

Other Goals or Metrics?

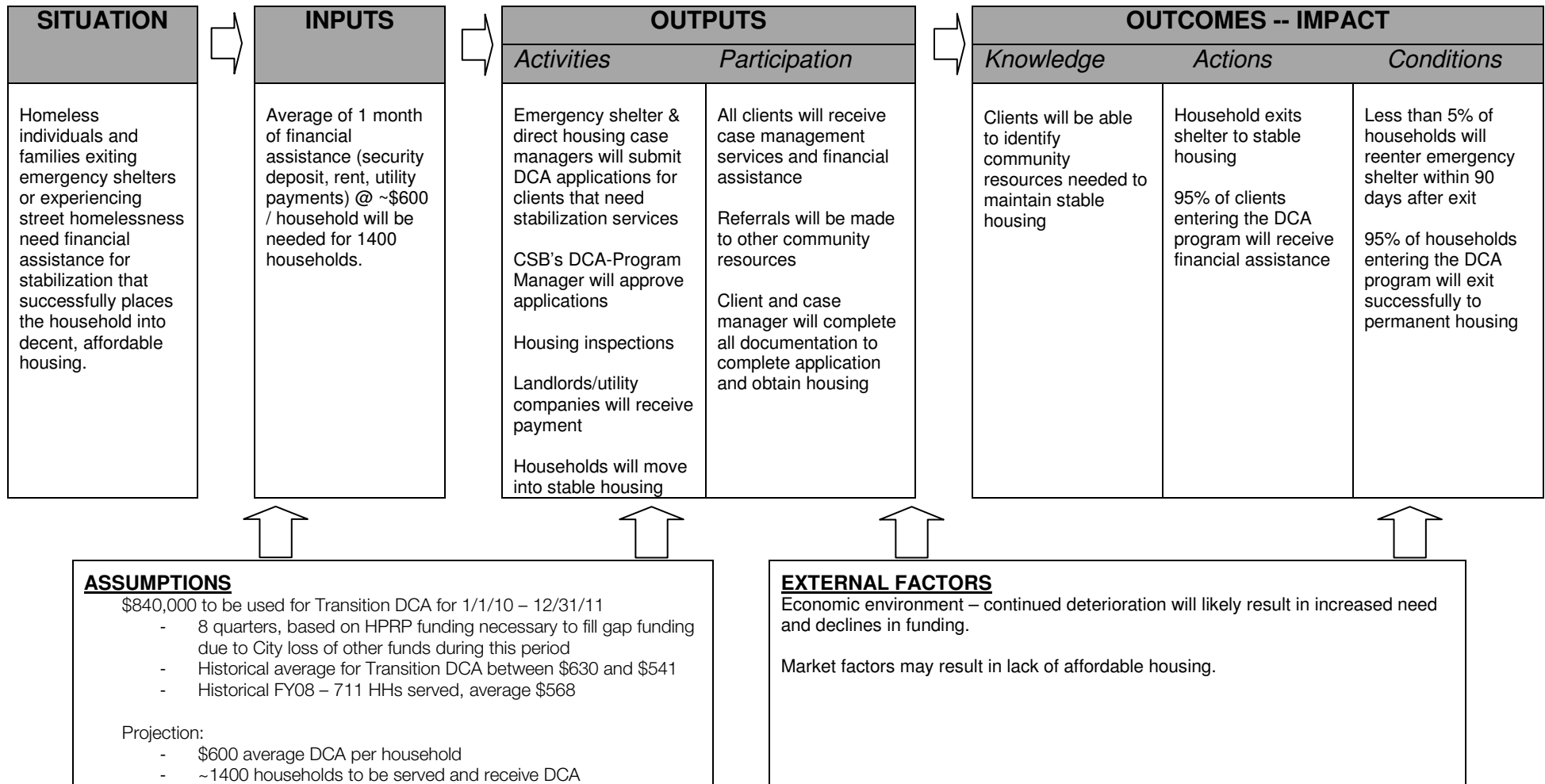
Continuation Program – Direct Client Assistance

Rapid Re-Housing

Period ending	# New Admits	# Carryover	# Exits	# HH served	# Successful Housing Outcomes	# Unsuccessful Housing Outcomes	Other Outcomes
12/31/09							
3/31/10	175	0	175	175	166	9	-
6/30/10	175	0	175	175	166	9	-
9/30/10	175	0	175	175	166	9	-
12/31/10	175	0	175	175	166	9	-
3/31/11	175	0	175	175	166	9	-
6/30/11	175	0	175	175	166	9	-
9/30/11	175	0	175	175	166	9	-
12/31/11	175	0	175	175	166	9	-
3/31/12							
6/30/12							
9/30/12							
Total # (unduplicated)	1,400				1,328	72	-

Other Goals or Metrics?

LOGIC MODEL Complete one for each type of program



Continuation Program – Direct Client Assistance

3. What is the **proposed 3-year HPRP budget** to support the plan.
- < Financial Assistance: The HPRP funding can be allocated for short-term or medium-term rental assistance, and one-time housing relocation assistance, including security or utility deposits, utility payments, moving cost assistance. CSB will administer these funds for the project by making direct payments to vendors on behalf of participants.
 - < Housing Relocation & Stabilization Services: HPRP funding to support case management, housing placement, and other services should be identified in the budget.

Use of Funds			
	Homelessness Prevention	Rapid Re-housing	Total Amount Budgeted
Financial Assistance	\$	\$840,000	\$840,000
Housing Relocation and Stabilization Services	\$		
Subtotal	\$	\$840,000	\$840,000

Describe HPRP cost assumptions:

\$840,000 to be used for Transition DCA for 1/1/10 – 12/31/11

- 8 quarters, based on HPRP funding necessary to fill gap funding due to City loss of other funds during this period
- Historical average for Transition DCA between \$630 and \$541
- Historical FY08 – 711 HHs served, average \$568

Projection:

- \$600 average DCA per household
- ~1400 households to be served and receive DCA

Describe how this funding request relates to costs previously covered by local funding?

The City covered these costs in the past. The City has lost resources and will no longer be funding these costs beginning 1/1/10 through 12/31/11.

How does this proposal address an important community need?

A recent examination of poverty data by Community Research Partners (“CRP”) revealed that, while the county population has increased 2.5% since the turn of the twenty-first century, the number of families living in poverty has grown at nearly 20 times that rate - by 40.8%. Another CRP study found that 35% of foreclosure filings in Columbus during 2006 and 2007 were rental properties. These foreclosed households join the growing ranks of those at risk of homelessness.

Homelessness among families with children is on the rise, with a 7.5% increase over the past two years and current demand for CSB’s direct client assistance, funds that provide assistance for households to move out of shelter, are up significantly.

Homelessness is a lagging indicator of an economic downturn. While food demand rises quickly, the demand for housing assistance will appear months and years into a down economy, thus CSB is projecting increased needs for the upcoming few years. Individuals and head of household that loses his/her job may go for several months before being evicted. Reliance on family and friends will stave off homelessness until the family has exhausted their full resources. Finally, with no other place to turn, they will be in a housing crisis.

In FY08, emergency shelters served about 7,500 people. Every day, shelters provide housing for approximately 1,000 clients. Financial assistance addresses an immediate housing crisis and links individuals and families to resources. Housing crises have a profound impact on the individuals and families it affects, including physical and mental health problems, difficulty maintaining employment, and poor educational attainment amongst children. Direct Client Assistance provides short-term financial assistance to resolve housing crises.

4. If these funds are not awarded, what will happen?

Funding will not be adequate to serve these ~1400 households that need to be served. Households will not receive assistance to move out of shelter to stable permanent housing.

5. How will the program be sustainable after HPRP funding ends?

CSB intends to request additional funding from the City to again fund the direct client assistance program after 2011.

Program – Direct Client Assistance Project Management

Agency: Community Shelter Board

Project Name: Direct Client Assistance Program Management

1. What is the proposed HPRP project? Please describe target population and how services will be delivered.(not more than 2 pages)

CSB will be responsible for administering all HPRP financial assistance programs (collectively described in this proposal as DCA – Direct Client Assistance). The chart below describes the current DCA programs that will be receiving “maintenance of effort” support as well as “new” projects expected to be supported by HPRP (State of Ohio Formula, Ohio HPP, County formula, and City formula). HPRP Financial Assistance requirements are extensive and comprehensive. The full requirements have not yet been issued by HUD so this proposal is only an estimate of the costs to comply and administer HPRP financial assistance. Additionally, the extent of the HPRP programs to be implemented locally is not yet known. CSB actual costs may be greater or lesser once implementation begins.

HP = Homelessness Prevention

RRH = Rapid Re-Housing

Existing CSB DCA Programs	New DCA Programs
1. Transition (RRH)	1. CHN HP for Mental Health Population
2. Direct Housing (RRH)	2. Huck House RRH
3. Stable Families (HP)	3. CHN Prevention & RRH
	4. Adult RRH

CSB staff will process DCA applications and write checks to the appropriate vendors to prevent homelessness or rapidly re-house homeless persons. This includes review of applications, managing expenditures and monitoring program performance indicators and outcomes to assure compliance with fiscal and funder requirements, financial processing, and tracking to meet funder data specifications and community needs. CSB staff will also provide training to and be a resource for the partner agency staff working with clients to be served via HPRP funds. Additionally, CSB staff will coordinate HPRP required housing inspections with the financial assistance process.

Program – Direct Client Assistance Project Management

Implementation timeline and benchmarks.

Task	9/30/09	12/31/09	3/31/10	6/30/10	9/30/10	12/31/10	3/31/11
Revise DCA procedures to comport with HPRP regulations	X						
Processing applications:							
Verification of application completeness & appropriateness, including HUD required inspections and rent reasonableness		X	X	X	X	X	X
Housing inspection coordination		X	X	X	X	X	X
Financial back-up verification and account coding		X	X	X	X	X	X
Review and sign-off of applications		X	X	X	X	X	X
Check printing and signing		X	X	X	X	X	X

Program – Direct Client Assistance Project Management

2. What is the **proposed 3-year HPRP budget** to support the plan.
- ⟨ Financial Assistance: The HPRP funding can be allocated for short-term or medium-term rental assistance, and one-time housing relocation assistance, including security or utility deposits, utility payments, moving cost assistance. CSB will administer these funds for the project by making direct payments to vendors on behalf of participants.
 - ⟨ Housing Relocation & Stabilization Services: HPRP funding to support case management, housing placement, and other services should be identified in the budget.

Use of Funds			
	Homelessness Prevention	Rapid Re-housing	Total Amount Budgeted
Financial Assistance	\$26,172	\$224,383	\$250,555
Housing Relocation and Stabilization Services			
Subtotal	\$26,172	\$224,383	\$250,555

Describe HPRP cost assumptions and projection:

\$250,555 to be used for DCA program management for the three year period covered by the grant

- 1.5 FTE to administer program over 3 years, including salary, benefit, and non-staff costs.
- Based on 1 new staff and a share of existing staff to administer the programs.
- 90% of DCA costs are expected to be used for Rapid Re-housing, therefore 90% of program management costs are expected to be for Rapid Re-housing.

Actual costs may vary as described in item #1. CSB requests that the actual costs of implementation be covered with this proposal treated as an estimate of costs. CSB will provide quarterly reports on the cost of DCA implementation; estimates of future cost will be updated and submitted to the Steering Committee for approval and amendment.

Program – Direct Client Assistance Project Management

2. How does this proposal address an important community need?

Funding of these program management costs allows for the processing of the critically needed Direct Client Assistance consistent with the HPRP requirements.

3. If these funds are not awarded, what will happen?

Our community will not be able to provide HPRP financial assistance to support the programs described in item #1.

4. How will the program be sustainable after HPRP funding ends?

These costs are not expected to be needed after HPRP funding ends, as costs are related to processing of additional Direct Client Assistance applications funded by HPRP.