

Rebuilding Lives Updated Strategy: Recommended Strategies RLUS Steering Committee

Key:

- S = Strategies that developed from discussions at the Steering Committee meetings;
- R = Strategies that developed from the research;
- C = Strategies that were a combination of the research, Steering Committee meetings, and other conversations
- Numbers shown after each strategy indicate the number of Steering Committee votes received at the September 25, 2007 meeting.
- Strategies in **bold** indicate those receiving the highest number of votes.

I. Client Service Delivery Strategies

A. Community-based Prevention and Infrastructure

- S 1. Explore free legal services to help people avoid eviction. Work with the Legal Aid Society, Bar Association, and other groups to provide legal representation with eviction prevention for low-income residents. **3**
- S **2. Work with other systems to improve discharge planning for people returning from prison, hospital, and other institutions (housing, employment, support). 18**
- C 3. Develop and implement prevention and school mobility reduction program for families. **1**

B. Emergency and Transitional Services for Homeless People

- R 1. Convert some shelter beds and transitional housing inventory to transitional living with support services provided by institutional providers or other systems. **8**
- R 2. Provide Transitional Rent Assistance Subsidy (TRAS) to move long-term stay families (8 weeks or longer) from shelter to housing faster. Advocate for the use of TANF funding to help pay for TRAS. **8**
- R 3. Improve collaborative with Choices and increase housing placements for women exiting Choices to reduce homeless shelter admissions. **9**
- R 4. Convert Tier II shelter for families to rolling stock housing model, i.e. permanent housing with transitional support. **6**
- R 5. Create additional staff positions (“brokering” case managers) to assure that linkages are made to community-based services. **7**
- R 6. Increase short-term rent subsidies and “one-shot” relocation assistance programs for single adults. **10**
- S **7. Develop a single point of entry for all single adult shelters. Establish assessment process that includes triage and diversion prior to admission to single adult shelters. Improve/formalize linkage and referral process from shelter as point of contact to community-based prevention resources with clear referral pathways. 18**
- C 8. Increase the level of dignity, respect, and safety within shelters. Improve staff quality by providing more competitive wages, more staff training, and incentives for staff retention. **8**
- C 9. Improve resident behavior by making expectations clear upon admission and by enforcing rules consistently. **2**

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- C 10. Develop life skills training for shelter consumers. **3**
- C 11. Improve linkage to community support services from shelters. **5**

C. Services for Homeless People Living Outdoors

- R **1. Create a centralized database that all outreach providers use to collect information about homeless persons who are not living in shelters. Maintain a record of contacts and other data to identify persons with long-term needs. 10**
- R 2. Align street outreach to be focused on rapid re-housing. **4**
- R 3. Create a supply of time limited and outcome driven “safe havens” housing for long-term unsheltered homeless individuals who are in urgent need of housing. **7**
- S 4. Identify and target the hardest to serve through outreach. **3**
- S 5. Focus on making housing and services accessible and available for long-term outreach clients. **1**
- S **6. Create a unified model for homeless outreach to increase efficiency and reduce duplication among outreach providers. Place a call center and dispatch system for homeless outreach within the centralized assessment system for single adult shelters. 12**
- S 7. Further develop coordination between the public sector (City of Columbus and other jurisdictions) and homeless outreach providers (Critical Access to Housing). **4**

D. Permanent Housing

- R **1. Create 1,600 more Permanent Supportive Housing units for adults to achieve a sustainable housing and shelter system. Data suggests that 2,700 units for single adults and 150 units for families will result in sustainability on an ongoing basis. Consider more scattered-site housing with community-based services (vs. site-based services). Determine a time frame to achieve this goal. 15**
- R 2. Provide more housing opportunities to create faster exit from shelter for frequent “episodic” shelter users. Alternatives include rapid re-housing, linkage to mainstream housing, and automatic referral to PSH. **8**
- R 3. Investigate the possibility of bringing other systems into the central housing referral and eligibility screening process, including the ADAMH system and possibly others. **2**
- R 4. Consider a “rolling stock” PSH model in which services can be tapered down as residents improve while rent subsidy remains in place. **7**
- R 5. Customize client services and supports based on their individual need. **8**
- S **6. Create a central housing referral and eligibility screening process that simplifies applications, reduces duplication of effort, and lowers frustration for clients. Provide options and incentives for housing providers to accept referrals. Improve assessment for PSH to match client need to program. Manage waitlists for PSH through single system of care. Create a list of long-term shelter clients, episodic shelter clients, and chronic street homeless persons who are eligible for Permanent Supportive Housing. 14**

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- S 7. Build a brief assessment for Permanent Supportive Housing into the initial shelter assessment process. Determine key points that trigger automatic referral to supportive housing. Include these data components in the HMIS system. Make direct referrals to housing when they arrive at shelters or are otherwise contacted. **3**
- S 8. Develop higher program expectations for assisting with consumer recovery and increasing independence. **4**
- S 9. Increase PSH unit turnover by developing “move up” incentives and supports to move tenants to more independent housing (less costly than PSH). Create incentives for both clients and providers to move to more independent living settings. Create a utilization review process for existing PSH residents. Identify residents who achieve stability and are good candidates for independent living. **7**
- C 10. Provide continuum of PSH programs for people in different stages of recovery, from sobriety-based housing to low-demand, relapse-tolerant housing and allow movement between the programs. **5**
- C 11. Make outcomes flexible for different PSH programs to encourage movement. **0**
- C 12. Increase PSH for families. **3**
- C 13. Develop transitional employment programs for PSH residents. **8**
- C 14. Improve Shelter Plus Care occupancy. **1**

II. Research and Evaluation Strategies

A. Community-based Prevention and Infrastructure

- R **1. Investigate successful housing outcomes achieved by the ADAMH Board’s new housing liaison position. Replicate this position or function within each major institutional system of care (e.g. state prison, county jail, VA medical system, psychiatric hospitals, physical rehab, etc.). Provide training for specialized housing search staff. 13**
- R **2. Explore feasibility of central registry for landlords and property owners to register available housing units. 10**
- C 3. Investigate opportunities for shared responsibility and cost for persons who go from institutions directly to homelessness. **6**
- C 4. Identify “at-risk” groups for homelessness and provide services. **5**
- C 5. Learn more about the housing needs of immigrants and refugees and focus on outreach and prevention. **2**

B. Emergency and Transitional Services for Homeless People

- R 1. Conduct additional study to determine why women’s shelter use has been trending higher during the past three years. **6**
- R **2. Identify the distinguishing characteristics that place families at greater likelihood for a long-term stay in shelter (8 weeks or longer). 11**

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- R 3. Research the number of shelter users who arrive from recent institutional placement. **8**
- C 4. Research best practices for shelters and replicate where possible. **2**

C. Services for Homeless People Living Outdoors

- R 1. Study outreach contacts to determine if outreach providers are reaching people who experience ongoing street homelessness vs. those who use shelter and housing services. **4**
- R 2. Data suggests that some agencies are more successful with finding housing for persons who experience street homelessness. Determine what makes these agencies more successful. Replicate their best practices and offer training for outreach providers. **6**
- R **3. Develop a set of outcomes for street outreach that address housing and service referrals, housing placements, length of stay in unsheltered settings, and other outcomes.** **10**
- R 4. Research effectiveness and cost of outreach programs to determine most effective use of resources. **6**
- C 5. Conduct point in time count of unsheltered persons more than once per year, e.g. during summer months. Current annual point in time count occurs in last week of January as required by HUD. **9**

D. Permanent Housing

- R 1. Find out if Permanent Supportive Housing Programs admit a disproportionate number of persons with severe mental disability vs. those with serious alcohol / other drug issues. Restructure admission criteria to serve the population according to need. **5**
- R 2. Develop a tiered service contract for Permanent Supportive Housing Programs with various levels of funding that differ by diagnosis and level of function. Provide step-down funding for Year 1, Year 2, and consequent time periods (or other time periods that are supported by research). **4**
- R **3. Find out why some shelters are more successful placing homeless persons into Permanent Supportive Housing. Replicate best practices and train providers.** **11**
- R 4. Obtain more data about disability and level of functioning for current clients. **1**
- R 5. Review Shelter Plus Care program to determine if it is serving persons who are chronically homeless. Revise program admission and review procedures as needed to target the chronic homeless Rebuilding Lives population. **0**
- R 6. Research tenant characteristics and how they affect housing outcomes. **6**
- R 7. Research how PSH for families is currently used, including occupancy levels, to be sure current housing resources are fully utilized and best practice approaches are being implemented. **2**

E. System Issues

- R 1. Improve HMIS to include homeless outreach, prevention / triage, PSH placement, PSH utilization review. Create an expanded “dashboard” report on a regular basis to indicate performance. **9**

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- R 2. Conduct periodic data matching between HMIS and other systems to determine use patterns. **4**
- C 3. Co-create a system of measurable outcomes that is flexible, rewards innovation, insures continuous quality improvement, moves toward performance-based contracting, **6**
- C 4. Research how tenant requirements for participation in services correlates with program outcomes and tenant characteristics. **3**
- C 5. Develop more shared services and reduce administration. **2**
- C 6. Survey staff members to discover training interests and incentives that provide motivation. **3**
- C 7. Research how CSB and agencies can collaborate to make staff training available for all agencies. **0**
- C 8. Plan services in partnership with other care systems to improve housing outcomes (e.g. ADAMH, ODR, FCCS, FCDJFS, etc.). **3**
- C 9. Investigate homeless count models and feasibility of local implementation of different models. **0**

III. Advocacy Strategies

A. Community-based Prevention and Infrastructure

- R **1. Coordinate emergency aid from programs such as Prevention, Retention, and Contingency (PRC), Emergency Assistance, LIHEAP, etc., in the community. These programs operate with different models and locations at present, and could be either consolidated better or networked and coordinated. Create a universal screening and intake form with a benefits determination system, possibly using “Benefit Bank” model. 18**
- R 2. Establish state-supported General Assistance for single adults with zero income with incentives to work, or a pilot program for homeless adults. **2**
- R **3. Support efforts to increase income and financial support for persons who are homeless or at risk of homelessness, including employment programs, subsidy programs, exchange programs (work for rent, etc.), and public benefits for persons with disabilities. 10**

B. Emergency and Transitional Services for Homeless People

- R **1. Create incentives for homeless programs to refer people to mainstream service systems, including ADAMH, MR/DD, healthcare, and other systems. 7**

D. Permanent Housing

- R 1. Consider routing all supportive service funding for PSH through the ADAMH system to draw down Medicaid as first payer. **5**
- R **2. Increase supply of affordable housing and rent subsidies. 7**
- R 3. Increase housing trust fund support at national, state, and local levels. **3**
- R 4. Replicate Earned Income Tax Credit at state level for homeless / very low income residents. **4**

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- R 5. Create a state supplement to SSI for people with disabilities, or a supplemental rental assistance benefit for homeless persons with SSI. **3**

- R **6. Explore use of “Benefit Bank” application for all shelter and prevention program users.**
10

- R 7. Increase state cap on tax credits for Permanent Supportive Housing from 9% to 25% or higher. **4**

- R 8. Increase state support for services and operating costs in PSH. **4**

- C 9. Expedite disability determination through Social Security Administration. **3**