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Partners in Prevention: Community-Wide Homelessness Prevention in Massachusetts and the United States

Donna H. Friedman
University of Massachusetts Boston, donna.friedman@umb.edu

John McGah

Julia Tripp
University of Massachusetts Boston, Julia.Tripp@umb.edu

Michelle Kahan

Nicole Witherbee

See next page for additional authors

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Authors

Donna H. Friedman, John McGah, Julia Tripp, Michelle Kahan, Nicole Witherbee, and Amy Carlin

Partners in Prevention: **Community-Wide Homelessness Prevention** **in Massachusetts and the United States**

Donna Haig Friedman, Ph.D.

John McGah

Julia Tripp

Michelle Kahan

Nicole Witherbee

Amy Carlin

Prepared by:

**Center for Social Policy,
McCormack Graduate School of Policy Studies,
University of Massachusetts Boston**

for

The Boston Foundation



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McCormack Graduate School
at **UMASS BOSTON**

April 2005

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The Boston Foundation

The Boston Foundation, one of the nation's oldest and largest community foundations, has an endowment of almost \$675 million, made grants of \$51 million to nonprofit organizations, and received gifts of \$41 million last year. The Boston Foundation is made up of 750 separate charitable funds, which have been established by donors either for the general benefit of the community or for special purposes. The Boston Foundation also serves as a civic leader, convener, and sponsor of special initiatives designed to build community. For more information about the Boston Foundation and its grant making, visit www.tbf.org, or call 617-338-1700.

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Acknowledgements

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Dear Members of the Greater Boston Community:

Every so often an opportunity presents itself that enables us to take a significant step toward solving a seemingly intractable and overwhelming problem. In the last few years, Massachusetts has made notable progress in addressing the issue of homelessness as it affects both families and individuals. Expensive and inconvenient motel rooms are no longer used as emergency shelter for families. Some innovative pilot projects aimed at “rapid re-housing” have been launched with funds once earmarked for shelter. The Governor’s Inter-Agency Council on Homelessness and Housing, established in 2003, is the first effort to coordinate all of the state’s work in these areas, moving us out of a “silo mentality” into a more comprehensive and integrated approach.

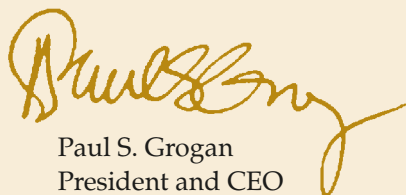
The Boston Foundation’s work on affordable housing solutions, through initiatives such as the Commonwealth Housing Task Force and our investment in the Home Funders program, is aimed at stimulating the supply of housing accessible to those who have been priced out of rising rental and home ownership markets. Two years ago, these important efforts were complemented by the establishment of our Homelessness Prevention Initiative. Joining the Boston Foundation in this effort as funding partners are the Starr Foundation in New York City, Tufts Health Plan, the Massachusetts Medical Society and Charitable Alliance Foundation, and some of our own donor-advisors.

The Homelessness Prevention Initiative seeks to identify the most effective strategies for preventing homelessness and stabilizing the housing of those at risk. The Initiative focuses on both individuals and families, recognizing the numerous issues that affect housing stability, including economic reversals, health-related issues, mental illness and addiction, domestic violence, and discharge from corrections and other residential programs. The Initiative’s Prevention Think Tank regularly convenes advocates, funders, service providers and public officials around the same table to advance key strategies in this area.

This report by the Center for Social Policy, *Partners in Prevention*, is a comprehensive examination of a number of approaches to preventing homelessness used in other parts of the country and right here in Massachusetts. This information is invaluable to advancing not only our efforts through the Homelessness Prevention Initiative, but the efforts of government policy-makers looking to replicate and adapt proven approaches.

Prevention has been identified by the Interagency Council on Homelessness and Housing as one of only a few key strategies to ending homelessness. Preliminary findings from the Homelessness Prevention Initiative’s grantees indicate that prevention is a cost-effective approach. It takes only small amounts of money—far less than it costs the state for emergency shelter—to keep people in their homes and prevent homelessness. This report reinforces our belief that the time for action is now.

Sincerely,



Paul S. Grogan
President and CEO
The Boston Foundation

Executive Summary

To ground our recommendations for Massachusetts, the Homelessness Prevention Initiative (HPI) evaluation team has systematically explored examples of community-wide homelessness prevention efforts already underway in Massachusetts and in other parts of the country. We selected communities that met the following criteria: ¹

- The prevention network included an entire county, city, region or state.
- Cross-organizational resource-sharing, policies and interventions were in place. ²
- The collaboration engaged in primary prevention, that is, it addressed potential homelessness before it occurred. ³
- The cross-organization collaboration was focused on: preventing families and/or individuals from losing their hold on housing; or preventing discharge from an institution to the streets.

Six community-wide prevention initiatives met these criteria and are detailed in this report: Cape Cod, MA; Columbus/ Franklin County, Ohio; the state of Minnesota; New York City, NY; Washington DC; and Worcester, MA. In addition to those six communities, we have incorporated information on two innovative stand-alone prevention programs, which represent a private sector response to prevention and a social support program for youth leaving foster care.

Overview of Learnings

Involved partners in the six communities hold one belief in common: *Preventing families and individuals from losing their housing is both humane and cost effective.* This message holds currency and wins supporters across all public and private sectors of the communities we studied.

A lead agency and strong, trustworthy leadership are critical components of success. Every community-wide prevention approach includes extensive partnering among non-profit organizations and their funding sources.

Most communities are serving *both families and individuals* who are at risk of losing their housing. Runaway youth and persons being discharged from institutions are included in many communities' prevention priorities. Some communities have targeted high need community districts for homelessness prevention funding.

All communities are struggling to develop strategies for handling a demand for prevention that far exceeds available resources. This struggle affects eligibility criteria and target population choices.

In every community, core prevention strategies include *flexible and tailored use of available resources*, allowing providers to individualize their responses to families and individuals who are at risk of homelessness. Decisions regarding what and how much to offer each family and individual are anything but easy. Demand far exceeds the limited resources for prevention.

Every community provides a range of *prevention assistance options*, including:

- *cash assistance* in the form of rental support (one time, periodic, or ongoing), fuel or utility assistance, first/last month/security deposit, food stamps, or other housing related costs;
- *non-cash housing-related assistance* in the form of relocation assistance, housing search, housing maintenance/repair, or mortgage assistance; and
- *case management* in the form of referrals for specialized services, domestic violence support and protection, post-placement follow-up services, employment related assistance (job search/skills/training), or substance abuse and/or mental health treatment.

Some communities provide other resource options, including landlord-tenant or family mediation, connections with informal supports, substance abuse or mental health treatment, child care, legal assistance, or budget/credit assistance. None of the communities we studied have incorporated an *early warning* system into their prevention program design. Most communities coordinate intake, but use *more*

than one point of entry as a means for households to access homelessness prevention resources.

Successes

Broad-based partnerships. Most communities have been very successful in engaging representatives from all sectors (e.g., business, philanthropy, faith-based and others) in the work of homelessness prevention. Several communities have been particularly successful in building upon and creating a “small town” constituency for their prevention work.

Community-wide outcome measurement and prevention of shelter use by households served. Some communities have created community-wide approaches to outcome measurement, an exceedingly difficult task. Such an effort requires agreement on standardized data collection and outcome measurement approaches by all organizations involved. Those communities with outcome data report that households who receive prevention, for the most part, do not subsequently seek shelter.

Cost-effectiveness of prevention. Some communities have documented the cost effectiveness of prevention by comparing prevention costs to those associated with emergency shelter provision. For example, Washington, DC reports that on average \$7,000 is spent per household for prevention as compared to \$11,500 per household for shelter. In 2003 in Hennepin County, MN, the average cost per family for prevention was \$444; the average cost per single adult served was \$422; the average cost per youth served was \$244. For singles leaving correctional facilities, the average cost was \$559 per household.

Promising Results. In Columbus/Franklin County, Ohio, 99% of those households receiving prevention services did not subsequently use shelter. In Washington, DC, 77% of families remained stably housed post-intervention; 12% were terminated without permanent housing. In Hennepin County, MN, prevention was considered successful if recipients did not seek shelter within 12 months of their case closing dates. Success rates were: 99% for families; 94% for individuals. Hennepin County’s success indicator for youth was stabilization for at least 6 months post-intervention, in a family home or another appropriate housing resource. The success rate for youth was 89%. Long-term outcome data are not available from any community we investigated.

Challenges

Community-wide prevention initiatives are taking place within the broader context of devolution in the United States, a situation in which the federal government has retreated from its past commitments for ensuring that a safety net is in place for all U.S. households.

Within this context of devolution, local communities are feeling the pinch of having responsibility for prevention in the face of uncontrollable external forces: budget cuts, an inadequate supply of low cost housing and rental assistance, and growing numbers of households with inadequate incomes.

Implementers in every community identified the supply of low cost housing as essential to the success of their prevention interventions and view the freeze on and threats to the Section 8 program as a serious setback in their efforts to shift public resources from emergency shelter to prevention.

Without the essential resources of permanent low cost housing and adequate incomes, community-wide homelessness prevention efforts may stave off homelessness for some households, but will not be able to decrease the overall demand for emergency shelter.

Perplexing Dilemmas

For communities about to embark on similar initiatives, the following set of questions requires serious consideration:

Of those households in need, who gets served through prevention assistance? Who does not get served? Does the answer need to be all or nothing?

Would an early warning system be a humane and wise way of offering help to at-risk households or simply exacerbate the problem of having the demand for prevention resources exceed the available resources?

How can community-wide homeless prevention initiatives be sustained over time?

How might implementation become evidence-based over the long term?

Introduction

A central objective of the Homelessness Prevention Initiative (HPI) is to generate information for state policymakers on viable statewide approaches for investing in homelessness prevention. Therefore, to contextualize the policy relevance of HPI evaluation findings and to add to the strength of recommendations, the evaluation team has systematically explored examples of community-wide homelessness prevention efforts already underway in Massachusetts and in other parts of the country.

We selected communities that met the following criteria: ⁴

- The prevention network included an entire county, city, region or state.
- Cross-organizational resource-sharing, policies and interventions were in place. ⁵
- The collaboration engaged in primary prevention, that is, it addressed potential homelessness before it occurred. ⁶
- The cross-organization collaboration was focused on:
 - ◆ Preventing families and/or individuals from losing their hold on housing; or
 - ◆ Preventing discharge from an institution to the streets

In addition, we include a brief write-up of two innovative prevention standalone programs. ValueOptions of Maricopa Co., AZ is a for-profit company that implements a model of prevention that creates housing; Lifelong Family connections is a program in Massachusetts that connects youth leaving the foster care system with substantive social connections for life.

Note: *As a companion to this report, recognizing the importance of documenting changes in the State of Massachusetts' approach to family homelessness during the past year, the authors examined the Massachusetts Department of Transitional*

...the evaluation team has systematically explored examples of community-wide homelessness prevention efforts already underway in Massachusetts and in other parts of the country.

Assistance's implementation of homelessness pilot initiatives. These programs aimed to end the state's reliance on hotel/motel shelter and to enable families living in motels to move into stable housing as quickly as possible. That report can be found at www.mccormack.umb.edu/csp.

This report begins with a summary of learnings from a *cross-community perspective*. We contrast and compare communities' approaches along several dimensions, including: overall strategies and philosophies; the people they serve; the range of interventions they use; organizational and leadership structures; partnership approaches; funding and sustainability strategies; outcome measurement approaches; successes and challenges. The primary focus is on highlighting lessons relevant for Massachusetts. This section ends with a set of questions that present perplexing dilemmas for any city, state or region planning body attempting to undertake a community-wide prevention initiative.

Section Two of the report offers a detailed analysis of each of the six community-wide initiatives. These communities (in alphabetical order) are: Cape Cod, MA; Columbus/Franklin County, Ohio; the state of Minnesota; New York City, NY; Washington DC; and Worcester, MA.

Section Three of the report describes two innovative stand-alone prevention programs. One program is a private sector response to prevention, and the other is a social support program for youth leaving foster care.

1.

Homelessness Prevention Community-Wide Approaches

The following section of the report summarizes learnings from a *cross-community perspective*. These communities are:

Cape Cod, MA: This initiative is designed to enable precariously housed families and individuals on the Cape to preserve their tenancies or secure new stable housing. The initiative began in 1993, under the leadership of Housing Assistance Corporation (HAC), with an initial infusion of \$265,000 in state funds earmarked for homelessness prevention. The established community-wide effort now matches and exceeds the annual state allotment with other privately raised dollars. As of January 2004, an involved inter-faith network has raised \$750,000. Since 1993, the Dennis/Yarmouth network has raised \$500,000 of that total through events and ongoing promotions, including a food certificate program with supermarkets that works to increase public awareness and investment. The Cape Cod initiative is characterized by extensive and longstanding collaborations that result in a pooling of resources among public, nonprofit, philanthropic, and community groups. HAC is the conduit for use of all prevention funds. Households access resources through more than one point of entry. No standardized eligibility criteria are in place, although specific income guidelines must be used for release of specific public funds.

Columbus/Franklin County, OH: This initiative, begun in the late 1980s by the Community Shelter Board, Inc, was designed to address the growing demands for emergency shelter. The initiative is characterized by broad-scale collaborations among public, corporate, nonprofit, and philanthropic sectors, resulting in a pooling of resources from many public and private funding streams. Eligibility criteria include the following: Household income is at 50% or below Area Median Income; household resides in Columbus/Franklin County; household has steady, verifiable income and housing costs do not exceed 50% of family's or 45% of an individual's income. Coordinated satellite points are in place for intake and screening. After more than a decade of prioritization of

prevention, within the past year this community has drastically reduced prevention resources.

The State of Minnesota: This prevention enterprise, begun in 1993, was initiated by state government with support from both the legislature and governor. Among other funding sources, the state uses Temporary Assistance for Needy Families (TANF)/Emergency Assistance (EA) funds for the initiative. Grants are provided to local communities through a biennium competitive bidding process. Use of funds is determined by local communities, and because funding is limited, leveraging other resources locally is a key component for success. The state requires outcome tracking; subsequent funding is related to performance. One half of all counties in Minnesota are grantees. Hennepin County has been at the vanguard of homelessness prevention efforts in Minnesota and combines the state initiative with other local efforts.

Washington, DC: This initiative, begun in 1997 and led by the Community Partnership for the Prevention of Homelessness, was designed to enable precariously housed families to secure stable housing and develop viable community connections in order to maintain it. The Partnership also hoped to decrease overall demand for emergency shelter through investing in prevention. Contractual agreements were developed and are in place with eight neighborhood-based family support collaboratives in areas with the highest poverty concentrations in the District. The Partnership has a single front-door entry and in-depth assessment process in place. Eligibility criteria include a requirement for the head of household to be employed or deemed able to be employed; an intensive case management plan is required. Grants to collaboratives average \$7,000/family, \$4,000 of which is earmarked for four months of intensive case management/services. The rest of the grant is flexibly used for families' housing and other needs. A standardized outcome measurement system is in place.

Worcester, MA: This initiative was begun in 1987, led by two predecessor organizations to the current lead agency, Central Massachusetts Housing Alliance

(CMHA). A primary objective has been to enable precariously housed families and individuals to preserve their tenancies or secure new stable housing. Extensive and long-standing collaborations are in place among public, nonprofit, philanthropic, corporate, and faith-based organizations. CMHA serves as convener, broker of resource sharing, facilitator and conduit for dispersal of publicly and privately generated funds among partners. CMHA also serves as a “gateway” for those in need of a wide array of prevention supports. Collaborating partners mobilize for an annual Walk for the Homeless that raises funds as well as public awareness and investment in solving homelessness.

New York City, NY: January 2004 marked the start of New York City’s prevention initiative led by the Mayor’s Department of Homeless Services. A primary objective is to lower the demand for emergency shelter by preventing loss of housing for individuals and families living in the city’s highest need communities. A competitive Request for Proposal (RFP) process resulted in grants of \$2 million each year for three years to six grantees (one in each of the six neighborhoods); contracts were signed in September 2004. The primary funding source is a city tax levy. Grantees have flexibility with prevention interventions, but interventions are designed for individuals and families whose incomes are at or below 200% of federal poverty level and are in a housing crisis. The city is using a data-based, outcome-driven approach. In the context of a long history of conflictual and litigious relationships between the city and homeless advocates, this prevention initiative appears to be helping to change those relationships for the better.

Cross-Community Learnings

Strategy/Philosophy

The six communities under review hold one belief in common: *Preventing families and individuals from losing their housing is both humane and cost effective.* Local leaders and implementers use this philosophy to engage the general public, businesses, philanthropy, faith-based communities and policymakers in their long-term prevention efforts.

Every community-wide prevention approach includes *extensive partnering* among non-profit organizations and their funding sources. Some communities have extended their reach deeply and broadly across other resident and neighborhood groups, businesses, foundations, and faith-based organizations as well.

In every community, core prevention strategies include *flexible and tailored use of available resources*, allowing providers to individualize their responses to families and individuals who are at risk of homelessness. Interventions are reported to vary based upon the severity of need and particular circumstances of participants.

Decisions regarding what and how much to offer each family and individual are anything but easy. Demand far exceeds the limited resources for prevention. In the face of these challenges, public funding sources in most communities place eligibility constraints on the use of public funds. For example, in Washington, DC, Columbus/Franklin County, and Minnesota, families eligible for receipt of specific public prevention resources must have incomes high enough to ensure that they can maintain stable housing with prevention assistance that includes intensive case management and, perhaps, cash assistance.

Characteristically, local collaboratives work around these restrictions (e.g., Worcester and Cape Cod, MA; Hennepin County, MN) directing public resources to households fitting the criteria and securing private or other public funds/resources for those who are ineligible but are in need of prevention assistance. These collaboratives are struggling to find ways to weave a seamless pathway for the persons seeking help in the face of fragmented, restrictive, and limited funding streams.

The People Served

Most communities are serving *both families and individuals* who are at risk of losing their housing. This is the case for Worcester and Cape Cod in Massachusetts, as well as New York City in New York, Hennepin County in Minnesota, and Columbus/Franklin County in Ohio.

Washington, DC’s prevention program is targeted for *families only*, as is Minnesota’s statewide homeless

The People Served in Cape Cod

There was a young family in the Dennis Yarmouth area: a father, mother and three little ones. The father is hardworking and going to school while holding a full-time job. The mother is doing piecework at home taking care of the three children. There has been much sickness and unexpected medical bills, and the family has not had enough money to take care of the expenses. Will they buy food or pay bills? This is the predicament they face. They could have lost their home for failure to pay bills. They approached the Housing Assistance Corporation in Hyannis and received some financial counseling and a donation to keep their heads above water.

(From the Dennis-Yarmouth Ecumenical Council for the Homeless website)

prevention grant program. Hennepin County in Minnesota has designed its local approach to use the state prevention funds for families and other local, state, and federal funds for high-risk individuals and runaway youth. Both Hennepin County and New York City include persons being discharged from institutions in their prevention priorities.

Both Washington, DC and New York City prioritized high need community districts for homelessness prevention funding. High need locations are the geographical areas in which the majority of past emergency shelter seekers resided prior to becoming homeless.

All communities are struggling to develop strategies for handling a demand for prevention that far exceeds available resources. This struggle affects eligibility criteria and target population choices. Washington, DC and Columbus/Franklin County, Ohio, for example, in an effort to ensure that limited prevention support will be effective in staving off homelessness for households served, have set stringent eligibility criteria for families' access to prevention resources. That is, families' household incomes must be high enough to ensure that they can sustain their rental expenses. These strategies have been characterized by some local stakeholders in these communities as "creaming," resulting

in the unintended consequence of shelters being used by households with the most challenging psychological, social, and economic obstacles to overcome.

The Range of Interventions

Every community provides a range of prevention assistance options, including:

- *cash assistance* in the form of rental support (one time, periodic, or ongoing), fuel or utility assistance, first/last month/security deposit, food stamps, or other housing related costs;
- *non-cash housing-related assistance* in the form of relocation assistance, housing search, housing maintenance/ repair, or mortgage assistance; and
- *case management* in the form of referrals for specialized services, domestic violence support and protection, post-placement follow-up services, employment related assistance (job search/skills/training), or substance abuse and/or mental health treatment.

Some communities provide other resource options, including landlord-tenant or family mediation, connections with informal supports, substance abuse or mental health treatment, child care, legal assistance, or budget/credit assistance (See Table 1).

The Range of Interventions in Worcester

The Central Massachusetts Housing Alliance holds walk-in hours three days a week. During these times landlords and tenants alike can come in for information about their rights and help with tenancy issues. Clients can get advice, forms, help with understanding the housing court process, mediation, apartment listings, and sometimes cash assistance. This program draws many people who might otherwise not be seen before they lose their tenancies. Serving landlords as well as tenants has helped the agency to develop lasting relationships with landlords in the community that then allows them to refer families behind in rent. It is also a way to ensure that landlords are educated and follow proper procedures that will, in the end, protect tenants as well as the landlord.

Organizational Structures and Leadership

A lead agency and strong, trustworthy leadership are critical components across communities. Every community identified a lead agency that carried primary responsibility for several important functions, including serving as the fiscal conduit for prevention resources, the convener of partners, and the facilitator of collective decision making processes (See Table 2). This leadership role emerged as a core component in the effectiveness of communities' prevention efforts. In several instances, charismatic leaders mobilized people and organizations during start-up and have continued to do so during subsequent transitions and more evolved phases of the initiative. The leaders in many of these communities have extraordinary skill in building consensus and sharing authority with collaborating partners. These leaders have been willing to take risks and innovate.

Organizational Structure and Leadership in Washington, DC

The Community Partnership administers the program, working with each of the Family Support Centers. The Family Support Centers sign Memoranda of Understanding with TCP agreeing to provide families with transitional case management until their goals are met, and to assist them to find housing as soon as possible. In some cases, the Centers add eligibility criteria to those of CCG, e.g., a certain number of days clean from substance abuse.

These agencies were selected based on their track records of serving families in poverty; evidence of connection with the local community, including the capacity to offer support systems, and relationships with housing providers who can arrange housing on short notice; and location within a geographic area with a high incidence of family homelessness. The Centers are characterized by strong family advocacy programs and approaches that engage with families in developing service plans. Several of the Centers have housing specialists on staff who have long-term relationships with local landlords and the district's Housing Authority.

Most communities coordinate intake, but use *more than one point of entry* as a means for households to access homelessness prevention resources. Only two communities, New York City and Washington, DC, use a centralized intake approach for assessing eligibility and needs of persons seeking help. New York City administrators plan to create additional intake centers as their homelessness implementations unfold.

An *early warning system* has been thought of as an important homelessness prevention component. The idea is that effective prevention may be easier with households in the early rather than late stages of housing distress. Examples of early warning systems include establishing formal agreements with utility companies, healthcare providers or landlords regarding steps that will be taken to provide information early on to households having trouble paying their utility bills or rent. None of the communities we studied have incorporated an early warning system into their prevention program design.

Partnership Approaches

"There are very few people who cannot be served when you bring the whole community to the table."

(Worcester service provider)

The belief expressed above appears to be one held in common by all communities we studied. Nearly every experienced community has built upon or created collaborations among a wide variety of likely and unlikely partners. For example, on the Cape and in Worcester, a "small town constituency" has been built, bringing together representatives from the nonprofit, business, faith-based, philanthropic and government sectors. In other communities, (Washington, DC, New York City, Hennepin County, MN) existing or newly created collaboratives or advisory boards have been a requirement for a community's receipt of public homelessness prevention funds.

Building these partnerships requires overcoming competitive relationships among partnering organizations. All communities have built ongoing structures for collaboration that they consider essential for continuity, consistency, and trust building. Success with partnership building is particularly evident in the Worcester, Cape, and Columbus/Franklin practices of

Partnership Approaches in Minnesota

The Minnesota initiative has bi-partisan support among legislators. Legislators, planners and homeless advocates have been able to work effectively together to get things done. For example, when the program was originally being designed, it was the Minnesota Coalition for the Homeless that argued for centralized oversight, an emphasis on outcomes, and greater local control and flexibility over design and implementation to meet the legislation's goals.

Partnerships are also fostered through the local advisory committee requirement for each grantee. This brings together many partners including representatives of the faith-based community, advocates for the homeless, homeless or formally homeless people, housing developers, local public housing authority staff and employers. In addition, many stakeholders have recognized the importance of proactively building strong relationships with landlords. These partnerships have proven effective in keeping people housed, and working with landlords for new tenant placements.

pooling a wide array of prevention resources. In these communities, the lead agency facilitates collective decision-making regarding the dispersal of public and privately raised funds across the participating partner organizations.

The delicacy of relationships and transparent, ongoing accountability mechanisms between lead agencies and public funding sources cannot be overemphasized. In a few communities, concerns about lead agency under-performance have led to substantial funding cutbacks and have affected access to prevention resources for households in those agencies' catchment areas. In addition, doubts about lead agency performance undermine public support for the prevention effort as a whole.

Funding and Sustainability Strategies

Most communities have built their prevention networks by developing diverse funding portfolios that include both public and private resources. These strategies allow providers to work around funding constraints when family or individual needs require flexibility. However, public dollars are the primary funding base for communities' efforts. Table 3 provides detail for each community on its total funding amounts and funding sources, both public and private.

The most recent funding cutbacks in Columbus/Franklin County, Ohio illustrate the importance of public funds for sustainability of prevention initiatives. In the Columbus community, severe public budget cuts, along with other concerns related to project performance, led the Community Shelter Board, Inc. to severely limit funding for prevention for the foreseeable future.

Funding in New York City

Funds for the NYC prevention initiative are the result of a city tax levy. Political will was successfully leveraged based upon the belief that investment in prevention will in the long-run reduce shelter demand and be cost effective. The city funds allocated to grantees totals \$2M per community district (CD) per year with a goal of reaching a minimum of 400 households per year. The program is currently funded for just under three years. The Department of Homeless Services is currently looking for other supplementary funding sources.

The public awareness dimension of fundraising is dealt with most extensively and directly by the Cape and Worcester communities. For example, since 1993, the Cape's interfaith community has taken a lead in using an array of successful, long running events and promotions to raise a total of \$800,000 for prevention efforts. Fundraising efforts include golf tournaments, auctions, Ham/Bean suppers, tag sales and citrus sales (selling oranges and grapefruit). The most involved mechanism is the year round food certificate program, which mobilizes the energies of many other nonprofit,

private, and corporate organizational partners. Participating supermarkets on the Cape sell groups of gift certificates worth \$5,000 to organizations supporting the prevention effort. The supermarket pays 5% of certificates purchased in bulk (\$5,000) toward homeless prevention on the Cape. Supermarkets gain in bigger sales due to the effort's positive promotional impact. A key benefit of this program is that the importance of homelessness prevention remains on the public radar screen, and individuals and supermarkets engage year-round in making a difference as solvers of homelessness. Worcester's annual homelessness walk has a similar public awareness impact.

Outcome Measurement and Accountability Approaches

For the most part, the communities we studied utilize outcome measurement approaches that assess the effectiveness of their prevention effort by tracking subsequent use of shelter by prevention recipients (Columbus/Franklin County, OH; Washington, DC; state of Minnesota; and New York City). Several governmental or quasi-public funding sources in these communities use outcome data to determine future funding (Columbus/Franklin County, OH; state of Minnesota, and Washington, DC).

The New York City Department of Homeless Services, newly implementing a community-wide prevention initiative, has committed three years of funding to lead agencies in six NYC community districts. Success indicators selected by the city to determine future prevention investments are twofold:

- To what extent do households served subsequently enter the shelter system?
- To what extent is overall demand for shelter decreasing in the target neighborhoods as compared to demand in selected control communities. City officials are hoping that broad-scale access to prevention resources will reduce the overall need for shelter.

Outcome Measurement and Accountability in Columbus

The Community Shelter Board's approach to implementation of all homeless-related services, from prevention to emergency shelter to transitional housing to permanent supported housing, is its commitment to base funding decisions on grantees' performance. The performance measures adopted by the community related to homelessness prevention attend to responsiveness of the agency to those seeking service, numbers of households served, as well as housing stability of households three months post intervention.

Several communities utilize performance measures, along with predetermined benchmarks, to track the effectiveness of each of their prevention programs. For example, in FY 03, a benchmark for one prevention program operated by Worcester's lead agency was to prevent 1,100 households (400 families and 700 individuals) from becoming homeless. Outcome results indicate that tenancy preservations or new housing placements were secured for 1,227 households, with none of those households subsequently seeking shelter. However, we have identified no use of cross-organizational measures to assess how well the partnerships are working.⁷

Published results from the communities that track community-wide outcomes are impressive: In Columbus/Franklin County, Ohio, 99% of those households receiving prevention services did not subsequently use shelter. In Washington, DC, 77% of families remained stably housed post-intervention; 12% were terminated without permanent housing. In Hennepin County, MN, prevention was considered successful if recipients did not seek shelter within 12 months of their case closing dates. Success rates were: 99% for families; 94% for individuals. Hennepin County's success indicator for youth was stabilization for at least 6 months post-intervention, in a family home or another appropriate housing resource. The success rate for youth was 89%. Long-term outcome data are not available from any community we investigated.

Successes

Broad-based partnerships. Most communities have been very successful in engaging representatives from all sectors (e.g., business, philanthropy, faith-based and others) in the work of homelessness prevention. The Cape and Worcester in Massachusetts have been particularly successful in building upon and creating a “small town” constituency for their prevention work. Washington, DC and the state of Minnesota have also ensured that broad-based collaboratives of likely and unlikely partners are engaged for the long-term in bringing private resources to the overall prevention effort. New York City Community District prevention grantees are in the early stages of this process of building a broad constituency.

Community-wide outcome measurement and prevention of shelter use by households served. As detailed above, some communities have created community-wide approaches to outcome measurement, an exceedingly difficult task. Such an effort requires agreement on standardized data collection and outcome measurement approaches by all organizations involved. Those communities with outcome data report that households who receive prevention, for the most part, do not subsequently seek shelter.

Cost-effectiveness of prevention. Some communities have documented the cost effectiveness of prevention by comparing prevention costs to those associated with emergency shelter provision. For example, Washington, DC reports that on average \$7,000 is spent per household for prevention (including cash assistance, intensive case management services and administrative expenses) as compared to \$11,500 per household for shelter. In Hennepin County, MN, the average cost per family for prevention was \$444; the average cost per single adult served was \$422; the average cost per youth served was \$244. For singles leaving correctional facilities, the average cost was \$559 per household. These expense figures include direct cash assistance, as well as support services.

Challenges

Community-wide prevention initiatives are taking place within the broader context of devolution in the United States, a situation in which the federal government has retreated from its past commitments for ensuring that a safety net is in place for all U.S. households. State governments are charged with additional demands and responsibilities that they, in turn, ‘devolve’ to cities and towns, the nonprofit sector and, ultimately, to households most dependent upon public resources for basic survival.

Within this context of devolution, local communities are feeling the pinch of having responsibility for prevention in the face of uncontrollable external forces: budget cuts, an inadequate supply of low cost housing and rental assistance, and growing numbers of households with inadequate incomes.

Implementers in every community identified the supply of low cost housing as essential to the success of their prevention interventions and view the freeze on Section 8 certificates as a serious setback in their efforts to shift public resources from emergency shelter to prevention.

Without the essential resources of permanent low cost housing and adequate incomes, community-wide homelessness prevention efforts may stave off homelessness for some households, but will not be able to decrease the overall demand for emergency shelter.

Perplexing Dilemmas for Communities Planning a Community-Wide Homelessness Prevention Initiative

Cross-community learnings are sobering on several fronts. Shifting public resources from emergency shelter to prevention has not been realized in the communities we have studied. Winners and losers emerge for each policy and resource choice that the communities have made. For communities about to embark on similar initiatives, the following set of questions requires serious consideration:

Who gets served? Who does not get served?

- How can eligibility criteria be crafted to maximize use of limited prevention resources? What assessment strategies can be utilized to determine which households will (and will not) hold on to housing without intervention?
- What happens to those persons who are at risk of losing their housing and are likely to subsequently seek shelter, but are not eligible for the resource?
- In some communities, concerns have been raised about the use of eligibility policies that may be skewed toward easy-to-serve households, resulting in those with more complex problems needing to use emergency shelter. How can this situation be remedied?
- Will demand always exceed resources? Realistically, under what circumstances might demand for low cost housing and other prevention interventions not exceed available resources?
- Should there be an early warning system? From the point of view of precariously housed families or individuals, would an early warning system be a humane and wise way of being offered help? From a policy maker or funder point of view, would an early warning system simply exacerbate the problem of having the demand for prevention resources exceed the available resources?

How can community-wide prevention initiatives be sustained over time?

- Skilled, dynamic and trusted leadership appears central to the success of communities' prevention efforts. How can these efforts be sustained during leadership transitions?
- What approaches can communities use to ensure that the vicissitudes of funding and staffing will not undermine the sustainability of their efforts?

What kinds of decision-making roles can program participants have in these initiatives?

- Although many communities have created collaboratives that appear to be inclusive, to what extent are program participants represented at the decision making table with providers and their partners?
- How might participant involvement affect the policy and resource decisions and their impacts?

How might implementation become evidence-based over the long term?

- What are viable forms of standardized outcome measurement that can provide enough information for assessing the effectiveness of the community-wide system of prevention and for assisting partners and funding sources in their planning processes?
- To what extent is the soundness of nationally shared learnings reliable given that very few communities have outcome data regarding which prevention strategies work for families and individuals facing diverse needs and circumstances?



Table 1
Selected Communities' Homelessness Prevention Interventions

	Cape Cod MA	Columbus OH	State of MN	New York City NY	Washington DC	Worcester MA
Cash assistance (one or more of the following):						
• Rental assistance—one time, periodic, or ongoing						
• Fuel or utility assistance	✓	✓	✓	✓	✓	✓
• 1st/last month/security deposit						
• Food stamps						
• Other housing related costs						
Housing-related assistance (non-cash):						
• Relocation assistance						
• Housing search	✓	✓	✓	✓	✓	✓
• Housing maintenance/ repair						
• Mortgage assistance						
Case management:						
• Referrals for specialized services						
• Domestic violence support and protection						
• Post-placement follow-up services	✓	✓	✓	✓	✓	✓
• Employment related assistance (job search/skills/training)						
• Substance abuse and/or mental health treatment						
Mediation:						
• Landlord-tenant						
• Housing search		✓		✓		✓
• Family						
• Mortgage assistance						
Connections with informal supports						✓
Substance abuse or mental health treatment	Referral	✓				
Child care	✓					
Legal assistance	✓	✓				
Budget/credit assistance	✓	✓		✓		✓

Table 2
System-Level Features of Selected Communities' Homelessness Prevention Approaches

	Cape Cod MA	Columbus OH	State of MN	New York City NY	Washington DC	Worcester MA
Centralized or coordinated intake	More than one point of entry	Coordinated satellite points	Intake approach varies by country	✓Central intake; is planning additional intake points	✓Central intake	More than one point of entry
Housing-related assistance (non-cash): (e.g., agreements with utility companies or landlords; connections with high-risk families and individuals in health centers, etc.						
Designation of lead agency	✓	✓	✓	✓	✓	✓
Cross-organizational vehicles for: •collaboration among partners •pooling resources •collective decision making	✓	✓Corporate Board	✓Local Advisory board is a state requirement for grant receipt	✓	✓Corporate Board	✓
Standardized outcome measurement: •client outcomes •organizational outcomes •cross-organizational outcomes	✓Org. level performance based upon client outcomes tracked by No cross-org. outcomes	✓Org. and cross org. level performance based upon client outcomes	✓Cross org. level performance based upon client outcomes	Approach is being planned	✓Org. and cross org. level performance based upon client outcomes	✓Org. level performance based upon client outcomes tracked by lead agency No cross-org. outcomes
Advocacy/Public Awareness	✓	✓			✓	✓
Increase and access to low cost housing	✓	✓	✓		✓	
Leveraging of public and private resources for prevention	✓	✓	✓			✓

Table 3
Funding Sources and Amounts for Prevention by Community

	Cape Cod MA	Columbus OH	State of MN	New York City NY	Washington DC	Worcester MA																
Public Funding sources and amounts	\$265K in state funds in first year (1993); currently \$300K per yr; RAFT state funds, \$70,000- \$100,000	\$409,517 (7/1/03 to 6/30/04); \$38,950 for FY05	<div>\$6.5M has been budgeted for the next biennium</div> <table><tr><th>Yrs</th><th>Amount</th></tr><tr><td>93/95</td><td>\$3.05M</td></tr><tr><td>96/97</td><td>\$4.45M</td></tr><tr><td>98/99</td><td>\$6.05M</td></tr><tr><td>00/01</td><td>\$7.00M</td></tr><tr><td>02/03</td><td>\$7.50M</td></tr><tr><td>04/05</td><td>\$7.43M</td></tr><tr><td>Total:</td><td>\$35.48M</td></tr></table>	Yrs	Amount	93/95	\$3.05M	96/97	\$4.45M	98/99	\$6.05M	00/01	\$7.00M	02/03	\$7.50M	04/05	\$7.43M	Total:	\$35.48M	\$2M per Community District (6) per yr for 3 yrs, total \$36M (City tax levy); some portion of another \$60M (NY State Office of Temporary and Disability Assistance, OTDA)	\$800K annually (TANF Block Grant)	\$26,000 for cash assistance and \$61,937 for Housing Services Delivery team; \$6,678 Emergency Shelter Grant (ESG) for prevention; \$22,000 Emergency Food and Shelter Program; \$519,571 in HAP funds annually; \$80,925 for Donations Clearinghous e from State (2004)
Yrs	Amount																					
93/95	\$3.05M																					
96/97	\$4.45M																					
98/99	\$6.05M																					
00/01	\$7.00M																					
02/03	\$7.50M																					
04/05	\$7.43M																					
Total:	\$35.48M																					
Private funding sources and amount	\$750K raised by interfaith community in past decade; Barnstable County funds, \$100,000 in 2004.	Unknown	Unknown	No private funding but just beginning prevention initiative	Unknown	\$51,756 for 1.75 prevention staff from United Way; \$20,000 for Public Ed. from Greater Worcester Community; \$12,000 from local churches; \$60,000 Walk for Homeless; \$35,000 per year from Rotman’s Furniture																

Please note that the figures cannot be directly compared across programs, since communities vary in size and housing costs, and programs have different start-up dates, funding sources and funding periods.

2. Community Case Studies

Cape Cod, Massachusetts: Project Prevention

“The idea that people on Cape Cod—our neighbors—cannot afford a decent place to live isn’t right. We all have to join together in solving this problem.”

– Culy Carey, Boston Marathon runner who raised money to prevent homelessness on Cape Cod

Introduction and Background

Cape Cod is a unique community. Its economy is largely seasonal relying mostly on tourism during the summer months as visitors flock to enjoy the natural beauty of beaches, seafood, and quaint shops. The Cape is a peninsula, significant not only for the physical beauty and the fishing, which had driven the Cape economy in the past, but for the insular nature of Cape Cod culture.

Cape Cod’s seasonal economy is a way of life and, unfortunately, is a contributor to increasing numbers of residents experiencing homelessness. In 2003, more than 25% of the Cape’s economy was tied to seasonal industries. For decades, a tradition on the Cape has been for residents to rent out their housing to tourists during the summer, while they double or triple up with family or friends. Alternatively, many people have camped outdoors for the summer season, building up cash reserves to cover housing expenses for the rest of the year. These practices have waned as rental costs have increased and seasonal income from tourist renters can no longer cover yearlong expenses. In addition, camping is now illegal in traditional camp spots like Shawme, Nickerson, and Sweetwater in Dennis, and pitching tents in backyards is also no longer allowed.

The fishing industry, once a vibrant part of the economy, has diminished, primarily due to fishing quotas and the lowering of limits on certain catches. Today the Cape economy is largely driven by a service industry, including tourism, arts and entertainment, in addition to non-tourism sectors such as health care,

government, and business services. In fact, the largest employers on the Cape are Cape Cod Community College and the Cape Cod Hospital. The Cape Cod Center for Sustainability reported in 2003 that “an underlying permanent economy continues to grow, rooted largely in the services provided to retirees and second homeowners.”

The Cape’s population in 2003 was 229,545. The average income on Cape Cod was \$31,460 in 2003; the average median income (AMI) is \$57,000.⁸ The average price of a house on Cape Cod is \$352,000 and the annual household income required to afford this homeownership expense is \$90-95,000. The average income of a client seeking prevention services or other services at the Housing Assistance Corporation (HAC), the lead agency of homeless prevention services on the Cape, is \$11,000.⁹ Rents on the Cape are just as daunting to people struggling financially. On average, a two-bedroom market rental apartment costs \$1,200 a month. The household income needed to afford an apartment at that level is \$48,000 per year. The median income of renters is \$32,131. It is estimated that about 60% of people in the rental market cannot afford the price of most rentals. “Hundreds of working families continue to rely on hotels, cars, camps,”¹⁰ and other sources of temporary housing. The U.S Dept. of Housing and Urban Development (HUD) has recently limited the number of families eligible for Section 8 housing vouchers intensifying the housing shortage; there are currently about 2,000 Cape households on the waiting list. Costs for health care, child-care, and other living expenses remain high as well.

Homelessness on Cape Cod has steadily increased in the past 20 years. In the most recent years, the largest homeless shelter on Cape Cod, HAC's NOAH Shelter, has served record numbers of people seeking shelter. In 2003, HAC sheltered more than 254 families and 491 children.

Strategy/Philosophy

The Cape's insular character is also true of its social service network. It is common for staff of service agencies to have long-term commitments in the human service field, whether transitioning among agencies or staying in one agency. This aspect of the Cape contributes to the Cape's community approach to prevention and to the trust among providers who, for the most part, report working for the good of the whole, and being less concerned with which individual or agency gets credit for successes.

Cape Cod's homelessness prevention initiative (Project Prevention) has existed for over ten years. In 1993, there were three family shelters on Cape Cod and many motel placements of homeless families. Bob Murray, then an employee of the HAC, noticed that people who had lost their housing could be placed in apartments for a fraction of what it was costing the Massachusetts Department of Transitional Assistance (DTA), then called the Welfare Department, to place families in motels. Murray took his thinking one step further and argued that keeping people in their homes in the first place was an even cheaper and more humane, effective way to fight homelessness. After a year of lobbying the legislature along with colleagues, including meeting with the Chair of the Senate Ways and Means Committee, the state legislature shifted money that had been targeted to motel shelter for homeless families to homelessness prevention on the Cape. This initial infusion of public funds, \$265,000, launched the Barnstable Pilot Prevention Program administered by the HAC. After another six to eight months of contract negotiations with the welfare department, homelessness prevention began on the Cape.

The People Served

The prevention program on the Cape serves primarily families in need of rent or mortgage assistance; one program serves individuals without accompanying children. In total, the prevention program has served over 3,000 families since 1993. In 2003, some 78 individuals and 215 families were served, including more than 650 children.

An example of a family's experience with prevention, posted on the Dennis-Yarmouth Ecumenical Council for the Homeless website, follows:

There was a young family in the Dennis Yarmouth area: a father, mother and three little ones. The father is hardworking and going to school while holding a full-time job. The mother is doing piecework at home taking care of the three children. There has been much sickness and unexpected medical bills, and the family has not had enough money to take care of the expenses. Will they buy food or pay bills? This is the predicament they face. They could have lost their home for failure to pay bills. They approached the Housing Assistance Corporation in Hyannis and received some financial counseling and a donation to keep their heads above water. They are recovering from their financial crisis and have sent a note, with tears of gratitude and thanks to the Dennis-Yarmouth Ecumenical Council for the Homeless.

Clients work with a case manager or referral specialist in the HAC offices (or other places like the Interfaith Council for the Homeless in Orleans). To be eligible for prevention services a family or individual must be at risk of losing housing. HAC case workers have the primary role for determining household eligibility for prevention resources. However there are other entry points to the prevention project on the Cape, and because of that eligibility requirements vary by location. Almost no prevention services are available for people with serious mental illness.

The Range of Interventions

According to service providers, families served for homeless prevention on the Cape tend to be at risk of homelessness primarily for economic reasons; there-

fore, services are geared towards job training, housing search, securing subsidies, help with credit, help paying for utilities, furniture, reference referrals and the like. Also, no tenant/landlord mediation is available, although planning for these services has begun.

The HAC Project Prevention Program provides assistance and money for rent and mortgage assistance as well as case management, mortgage counseling and support for families on a variety of issues. The HAC office also houses a Housing Consumer Resource Room with computer, phone, and literature on Section 8 applications, discrimination, lead paint, fair housing, food stamps, food pantries, credit issues, money management, buying a new home, Head Start, housing searches, and other resources relevant for households with limited incomes.

Interventions and resources vary by the needs and circumstances of those served. Capitalizing on cross-community resources allows for a broad and flexible array of prevention resources, including case management for emergencies and stabilization, addressing credit history problems, direct vendor payments (first/last month's rent, security deposit), financial planning, referrals (utility assistance, consumer credit services, credit counseling), arbitration with utility companies, fuel assistance, baby center, furniture program), food pantries, wheels to work, and help with car repair. The network prides itself on being creative and flexible: "If your utility bill is as big as the mortgage, we (Interfaith Council) will pay rent if you pay the utility..."¹¹

Organizational Structures and Leadership

All money raised for homeless prevention is administered by the HAC, which is the lead coordinator and fiscal conduit for the effort. Most prevention services go through HAC who may refer clients to a number of partners depending on a consumer's needs. Founded over 30 years ago, the organization provides more than homeless prevention to the Cape Cod community. It also offers direct services to clients, operates homeless shelters, administers rental vouchers, and builds permanent low cost housing.

Prevention agencies and stakeholders meet about every six weeks on the Cape. Meetings take place in

HAC offices and are facilitated by agency staff. Prevention services are provided throughout the Cape. On the Upper Cape, clients go to the Community Action Committee; mid-Cape (Dennis, Yarmouth, Barnstable) to HAC; and the lower Cape (Brewster to Provincetown) to Lower Cape Interfaith Council. All applications regardless of where they are initiated are sent to HAC. There are other partners as well. The Cape Cod Times Needy Fund assists families with rent at about \$300 per year per family and St. Vincent DePaul Society helps families with utility arrearage, but all are most likely to refer clients to HAC for rent and mortgage issues.

It truly is a community effort but Bob Murray's role deserves particular attention. "A Tireless Advocate for the Poor" is how the Cape Cod Times dubbed him in 1999.¹² Murray started his professional career on the Cape with HAC, later was a founding member of the Harwich Ecumenical Council for the Homeless, worked with the Arlington Housing Authority, and has since held public office positions. He now works for the Falmouth Housing Authority. He brings a creative mind to resolving the issues facing families about to lose their housing. "Murray's tenacity and ability to see roadblocks has turned him into a financial wizard of sorts," as also stated in the Times. He is credited with boundless energy and tenacity in addressing homelessness on the Cape. For example, when discussing families at risk of losing their mortgage he said,

A mortgage company won't listen to housing advocates but will listen to lawyers or LLC. Maybe we offer to buy, maybe spread the mortgage from 30 years to 40 years or an entity buys it and sells it back...If you lengthen the process on a troubled mortgage and can buy it at \$0.80 on the dollar they may do it. Otherwise the length of time costs mortgage companies money.¹³

Creative thinking towards homeless prevention like this is a common value shared and encouraged throughout the partnership.

Partnership Approaches

With the initial expenditure of prevention funds from the state, homelessness prevention partners were able to galvanize a community to support homelessness prevention and to match and exceed state funding. The initiative took hold, based on the notion that doing homelessness prevention is more effective, less expensive, and more humane than not. What followed was a model in community-wide engagement, creative thinking, persistence and momentum to realize a shared vision that community members and organizations stepped forward to support. All of this benefited from the Cape's physical and cultural characteristics that foster a place where stakeholders stay, and, by all accounts, work together well.

The network of prevention partners is quite wide allowing for flexibility for partners to step up or to sit back as needed. This remarkably integrated approach sets Cape Cod apart from other communities. This has been credited to good leadership and the insular nature of working in human services on the Cape and is fostered by regular meetings and by the effectiveness of partners' public awareness strategies. The most visible examples of this include the supermarket promotions, which raise \$3,000-\$5,000 each month and the yearly walks (fundraisers/awareness/engagement) for homelessness. These walks engage the general public, raise increasing significant amounts of money each year, and get press for the cause. Bob Murray, founder of the annual walk "Housing With Love," walks from Provincetown to Falmouth and calls the local press along the way with dispatches from the field.

The Cape's Interfaith community, traditionally the locus for the Cape's private philanthropy efforts, has a prominent role in preventing homelessness on the Cape. The Harwich Ecumenical Society's approach has become a template for similar faith based groups on the Cape. Early on, the Dennis/Yarmouth Ecumenical Council for the Homeless (DYECH) similarly asked what they could do and, subsequently, decided to focus solely on raising prevention funds. DYECH has been successful in this effort. In fact, the entire Cape Cod Interfaith community's response is of particular note; over the past decade it has raised \$800,000 towards homeless prevention on Cape Cod.

Funding and Sustainability Strategies

HAC manages four different funding services to run prevention programs, and each has different eligibility requirements. The four funding sources are

1. Dennis Yarmouth Ecumenical Council for the Homeless (DYECH);
2. Barnstable County;
3. RAFT (Rental Assistance to Families in Transition) state funding; and
4. Barnstable Pilot Prevention Program State funding through the legislature.

The first two sources listed have the greatest flexibility in their use, case workers use funds at their discretion. To receive RAFT funds, families must have income below 130% of the federal poverty level, must have a dependent child under 21, and pay no more than 50% of their income for rent/mortgage. HAC caseworkers work with families and through RAFT can help attain funds for rent arrearages, utility arrearages, security deposit, first/last month's rent, moving expenses, monthly rental stipend, or other housing related expenses. Since its initial amount of \$265,000 in 1993, state funding for the Barnstable Pilot Prevention Program has been renewed each year reaching a high of \$350,000 at one point and coming back down at present to \$300,000. In that time, state restrictions on how the funding can be disbursed have loosened. Currently, a family's income must be at or below 100% of the federal poverty line. In all, the Cape raises about \$800,000 each year for homelessness prevention.

One of the keys to the Cape's success is the community's ability to leverage state dollars along with private funds from across the Community. Among leading contributors are the interfaith councils in several Cape cities, as well as the Cape Cod Times Needy Fund, multiple walks for homelessness totaling \$450,000 in 2004 (not all for prevention). The DYECH has raised \$500,000 since 1993 for homeless prevention. Another \$300,000+ has been raised by other interfaith groups on the Cape. According to The DYEC website,

Preventing homelessness is a far better and less expensive option than waiting until a family loses its housing before offering help. The

average cost of getting a family through a crisis and keeping them in their house or apartment is about \$4700 per year. On the other hand, homeless resettlement programs estimate a cost of \$6,000 per year and state-funded motel accommodations run about \$1,500 per month for what amounts to sub-standard, inappropriate housing

DYECHE uses an array of long running events and promotions to raise its prevention funds. Fundraising efforts include golf tournaments, auctions, Ham & Bean suppers, tag sales and citrus sales (selling oranges and grapefruits). The most involved mechanism perhaps is the year round food certificate program, which draws on the energies of many other agency partners. Participating supermarkets on the Cape sell groups of gift certificates worth \$5,000. These are then sold to supporters of the prevention effort. The consumer loses nothing, as \$1 certificate is worth \$1 shopping. But when the certificates are bought in bulk, (\$5,000 worth), the supermarket pays 5% toward homeless prevention on the Cape. The shopper loses nothing, the store is assured bigger sales due to the effort's positive promotion, and the community-wide prevention program makes \$250, 5% of the \$5,000. The money is funneled through DYECHE to HAC for homeless prevention. Another benefit of this program is that the importance of homelessness prevention is on the general public's minds year round and engages individuals and supermarkets in making a difference as solvers of homelessness among their Cape neighbors.

Outcome Measurement and Accountability Approaches

No comprehensive data exist to document the results of a decade of concentrated homelessness prevention efforts on the Cape. If available, such data would provide evidence regarding who has been served, with what kinds of resources, and with what results. Other communities can certainly benefit from the Cape's model and such information would increase its impact locally and nationally. The data would also allow Cape prevention planners to make program improvements and to more effectively allocate limited resources.

Homelessness remains a serious problem and is at an all-time high on the Cape. However, service providers and other organizational partners are certain that on a case-by-case basis, they are making a difference in the lives of low-income families and individuals on the Cape. They report that client-level records demonstrate good outcomes (attaining stable housing) for clients at high risk for losing their housing. They are confident that the demand for shelter would be even higher without this extensive network of prevention resources across the Cape.

Successes

A big part of Project Prevention's success is providing mortgage assistance and in engaging banks (Cape Cod 5, Cape Cod Cooperative, Seaman's Bank) in the effort. Mortgages requested are almost always assured; this was not the case in the past.

The effective and extensive partnerships are also recognized among involved stakeholders as a clear success. They report that all relevant groups communicate and listen to each other. The "small town" culture of the Cape has contributed to other successes, including the hiring of program graduates and finding housing for families in their home communities.

Stakeholders report that their prevention approach has been effective in preventing homelessness for families with primarily economic needs. The capacity to serve families that also have mental illness and severe substance abuse is less evident.

Cape prevention partners stress the following keys to success: creativity; effective communication with each other; diversification of funding streams; an effective partnership; generosity with resource sharing; their collective knowledge; the level of funds they regularly raise; organizational facilities; broad participation; consistent public awareness; and engagement of the general public.

Challenges

Despite the successful Cape prevention efforts to raise money from diverse sources, leveraging against yearly funding from the Massachusetts legislature, and despite the long-term consistency of prevention funding, partners report that funding still seems tenuous. Some additional prevention services have been identified, such as debt management and tenant/landlord mediation, but at present funding for these new services is not available. Cuts in Section 8 vouchers are another challenge: the waiting list for these vouchers on the Cape is over 2,000 households. Transportation is also reported as a big need on the Cape, exacerbating low-income households' struggles to remain employed and to access some publicly funded resources. For example, a family living in Provincetown needs to travel to Orleans (to the Carver Opportunity Center) to apply for and obtain food stamps. The family has to leave at 8 a.m. and, with no regular bus transportation, the trip becomes an all day affair.

Cape partners also would like to expand their resource options to include specialized services for people with physical or mental illness. They have considered creation of a Prevention Advocacy and Referral Center where prevention staff would work closely with the police to intervene with persons at risk of losing their housing due to their struggles with substance abuse addictions, medical and/or mental health difficulties. In addition, they hope to engage a staff person who would work with clients once they have secured housing; this follow-up support is essential from the landlords' point of view.

Some perplexing questions remain. Would the families served have become homeless if these services were not available? Are prevention dollars best spent only on families truly on the verge of losing any and all housing options? How does one determine whom to prioritize for prevention in the face of limited resources?

As mentioned earlier, the Cape could benefit from better data collection, documenting:

- Who have been served and who were not able to be served?
- What were the resources and service needs of these households?

- What resources and services were provided?
- What were the results of these interventions for households with diverse needs?

To answer these questions, the program would benefit from a comprehensive evaluation, including following a group of families that receive prevention services and another control group that does not.

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Rice, Allison (Housing Assistance Corporation), September 11, 2004.

A focus group was held at the Housing Assistance Corporation in Hyannis on September 23, 2004 which included the following people:

Austin, Chris (Interfaith Council for the Homeless Lower Cape)

Barbati-Poore, Dolores (Housing Assistance Corporation)

Brigham, Rick (Housing Assistance Corporation)

Brigham, Tom (Housing Assistance Corporation)

Carney-Getzie, Melissa (CACCI)

Crosby, Arlene (Noah Shelter)

Davis, Livia. (Housing Assistance Corporation)

Hamilton, Lee (Consultant)

Murray, Robert (Falmouth Housing Authority)

Rebello, Ann (Housing Assistance Corporation)

Rice, Allison (Housing Assistance Corporation)

Rivers, Dianna (Housing Assistance Corporation)

Parker, Dianna (Housing Assistance Corporation)

Setharez, Betsy (Cape Cod Times Needy Fund)

Columbus/Franklin County, Ohio: Homeless Prevention Program

Introduction and Background

Columbus has a population of 711,470 (68% white). Median rent is higher than both the state and national average, but the median sales price of a home is less than the national average and more than the state average of \$86,900. Median household income in Columbus is \$37,897, which is approximately \$3,000 less than the state average. The City of Columbus relies on the Community Shelter Board (CSB) for homeless counts and statistics and as a coordinating body for the dispersal of federal, state, city, United Way and other homelessness-related funds. Therefore, Columbus' homeless numbers reflect only those served through CSB. CSB was created in 1986 to respond to the growing problem of homelessness in Columbus and Franklin County. CSB works to develop and implement strategies that decrease homelessness and increase the placement of homeless persons in permanent housing. As a small, self-directed quasi-public organization, CSB can react quickly to a changing environment and has stayed in the forefront to develop solutions for ending homelessness.

Annually, CSB, through its partner agencies, provides shelter service to approximately 3,500 homeless single

men, 1,100 homeless single women, and 2,300 persons in homeless families, including 1,445 children. During 2003-2004, 349,974 nights of shelter service were provided to homeless persons throughout Franklin County. The typical family receiving shelter is a single mother who is 32 years old with two children. The median family household income is just under \$500 per month. The majority of single adults served are between the age of 31 and 45. More than one-third have a high school degree or equivalent and 10% have some college education. About 25% of adults work full or part-time at the time they enter a shelter.

Approximately 85% of the people served by CSB are men, women and families that have fallen on hard times. They may have lost their job, be going through a divorce or experiencing some other traumatic event or short-term crisis that has temporarily overwhelmed them. With a little help, these individuals or families quickly return to mainstream society and will not be back in the shelters or require any long-term assistance from CSB. The other 15% of the people served by CSB represent a more complex situation. These chronically homeless persons are predominantly men with mental or physical disabilities. Many are veterans or over the age of 50, typically coping with health and substance

abuse problems. More than 50% of the community's resources for issues of homelessness are allocated to providing shelter services to these persons who face significant challenges that impede their economic and housing stability.

Strategy/Philosophy

The Homeless Prevention Program began in 1992 by CSB to reduce the incidence of homelessness in Columbus and Franklin County. The program serves families and individuals who were at risk of losing their housing by offering both financial assistance and supportive services. Those receiving prevention services must have incomes low enough to justify the need, yet high enough in proportion to housing costs to ensure that they can maintain stable housing with prevention assistance.

The People Served

The target populations for homelessness prevention services are people who live in overcrowded conditions, have an eviction notice, a code enforcement notice to vacate, or utility shut off who had stable incomes. Once a person had an initial phone interview to determine whether they were eligible, they have a personal interview at the agency.

A number of eligibility criteria are in place for those receiving prevention services, including:

- Requests for assistance must be related to a housing crisis
- Households must be at 50% or below area median income with very few exceptions;
- Households must reside in Columbus or Franklin County;
- Households must have steady, verifiable income; and housing costs (rent or mortgage plus utility costs) cannot exceed 50% of a family's gross income or 45% of an individual's gross income.

The Range of Interventions

Columbus/Franklin County has offered a wide range of prevention intervention options. These interventions include relocation assistance, assistance with rent or mortgages, case management, budget counseling, mediation services and service linkage. Between 1999 and 2003, the average amount of direct cash assistance provided to households served ranged from a low of \$73 to a high of \$432.

Organizational Structures and Leadership

CSB is a large organization that was created by and includes the city of Columbus, the Franklin County Board of Commissioners, the United Way of Central Ohio, the Columbus Chamber of Commerce, the Metropolitan Area Church Council, the Columbus Foundation, and the Leo Yassenoff Foundation.

In addition to homeless prevention, CSB provides two other major categories of services.

- **Emergency shelter**, which includes shelter beds for men, women and families in Columbus and Franklin County. Beyond providing a secure and clean place to sleep, all programs provide access to basic services such as showers, meals, healthcare, and material assistance as well as referrals, supportive services, and crisis assistance. Most shelters also have Employment Resource Centers. These centers have computers with internet access, telephones, employment leads, job training resources, and other community resources as well as supportive staff who help individuals using the centers to obtain jobs and housing.
- **Housing**, CSB's housing services programs help families and individuals to exit the shelter system and move into appropriate housing throughout the community. By providing housing counseling, supportive services, financial assistance, linkages to neighborhood resources, and post-placement follow-up services, families and individuals are able to successfully maintain their housing and do not re-enter the shelter system. These include the Family Housing Collaborative; a Housing Resource Database that lists vacant affordable housing units in the community; Housing Resource Specialists at shelters; and the Transition program that provides direct client financial assistance.

Partnership Approaches

Beyond the partnership that makes up the Community Shelter Board itself, the Homeless Prevention Program partners with a handful of social service agencies and a wide network of faith-based organizations. In the past, Lutheran Social Services (LSS) of Central Ohio has administered the prevention program; Gladden Community House has as well. A recent evaluation judged the LSS program “to be ineligible for 2004-2005 funding based on low performance...”¹⁴ The LSS program was designed to assist families and individuals at risk of homelessness and serve as a point of referral for various community organizations for prevention assistance. LSS worked with social service agencies throughout the county to act as satellite points for intake and screening. Those agencies included Central Community House, Columbus Metropolitan Area Community Action Organization, Gladden Community House, Columbus Legal Aid Society, Godman Guild Association, and Neighborhood House. Currently, Gladden Community House, judged to be high performing in the evaluation cited above, is now the primary grantee for implementation of the CSB’s scaled-down homelessness prevention initiative.

Funding and Sustainability Strategies

CSB receives financial support from the Ohio Department of Development and the U.S. Department of Housing and Urban Development. CSB has allocated over \$47 million to programs for families and individuals who are homeless or at risk of homelessness. Currently, CSB allocates over \$5.5 million annually to support programs at 14 agencies. The emphasis is on the collaboration of efforts and pooling public funds in Columbus in order to more effectively deal with homelessness.

Compared to other programs it funds, CSB’s investment in homelessness prevention has been very modest. From 1999 through 2002, increasing amounts were awarded to LSS to administer the Homeless Prevention Program. In FY 04, funding for LSS’s homelessness prevention program was at \$331,228. This was a scaled back budget, due to overall budget cuts and lower relative priority for prevention services as compared to shelter and housing activities. Accord-

ing to Barbara Poppe, Executive Director of CSB, inadequate overall funding for homeless services was one of several reasons CSB prioritized shelter and supportive housing over prevention. Another reason for CSB’s more limited investment in prevention was the community’s inability to differentiate households that would and would not have fallen into homelessness without intervention. The community stakeholders came to believe that, given the tremendous success of the prevention program, some portion of households served would have remained housed on their own.

In FY05, CSB awarded \$38,950 to Gladden Community House for homelessness prevention (information, referral and case management assistance for households at risk for homelessness). Gladden leveraged an additional \$38,339, for a total program budget of 78,289. CSB staff continues to work with shelters and other agencies providing homelessness prevention assistance to assure access to needed services for persons at imminent risk of losing their housing.

Outcome Measurement and Accountability Approaches

CSB’s approach to implementation of all homeless-related services, from prevention to emergency shelter to transitional housing to permanent supported housing, is its commitment to base funding decisions on grantees’ performance. The performance measures adopted by the community related to homelessness prevention attend to responsiveness of the agency to those seeking service, numbers of households served, as well as housing stability of households three months post intervention. As is evident from CSB’s use of evaluation outcomes to de-fund one of its prevention grantees, the organization takes the performance measurement process very seriously.

Successes

CSB initiated community-wide data collection involving all of its funded homeless service programs long before most other communities in the country considered the value and feasibility of such an undertaking. As such, CSB has been recognized nationally for its long-standing approach to collecting and using data to

inform its resource and policy decisions on homelessness. With respect to success of its homeless prevention program, the most current evaluation cited earlier indicates that over 90% of those households receiving prevention did not seek shelter up to three months after intervention.

Challenges

While the percentage of successful outcomes has been very high, as early as December 2003, there was significant dissatisfaction with the homelessness prevention program administered by LSS. The evaluation covering the second half of 2003 found that the LSS program did not meet target goals for households served, nor did it achieve baseline levels of responsiveness to client calls. It was also unable to match a significant portion of the CSB funds, and thus was considered an inefficient investment. The much smaller Gladden program performed significantly better when measured according to these criteria.

CSB staff plan to explore best practices in homelessness prevention that will better target limited resources and

ensure coordination with existing prevention assistance toward the development of a new prevention model. Overall, CSB funded homelessness prevention efforts will be refocused to emphasize system coordination, leveraging and targeting to clients most at risk of physical homelessness and possible shelter admission.

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State of Minnesota: Family Homeless Prevention and Assistance Program

Strategy/Philosophy

The State of Minnesota, through the Minnesota Housing Finance Agency (MHFA), administers the Family Homeless Prevention and Assistance Program (FHPAP). MHFA provides grants to local nonprofit organizations or counties to serve families, adult individuals, and youth. Specifically, the FHPAP aims to:

1. Prevent homelessness from occurring;
2. Shorten lengths of time in homelessness and emergency shelters; and
3. Eliminate repeated episodes of homelessness.

The program currently provides funds to 16 communities: 4 counties in the twin cities metro area, and 12 different groups of counties, each with a nonprofit agency being the principal grantee, throughout Minnesota. Currently, roughly 50% of the funds are being used for primary prevention efforts, that is,

either keeping people in their current housing or helping them to move without a day of homelessness (Goal 1, above). The other 50% of funds are being used to shorten lengths of time people are homeless (Goal 2, above), and also following up with people to make sure they do not become homeless again (Goal 3, above). The program emphasizes innovative prevention efforts, when possible, as it is believed that prevention is both more humane and more cost effective than assisting households after they have already become homeless. Grantees retain local control over their funding and presently define their own outcome objectives. However, beginning July 1, 2005 (i.e. the beginning of the next 2-year funding cycle), there are pre-determined uniform outcome objectives for Goals 1 and 3, which the grantees decided upon over the course of several statewide meetings. Grantees will continue to set their own outcome objectives for Goal 2, and will also set additional, locally determined outcome objectives for Goals 1 and 3. Grantees are

required to establish advisory boards to oversee the funding, processes, and outcomes of the grant. The advisory committee structure emphasizes community inclusiveness and representation, and must be made up of not more than 50%, direct or indirect, grant recipients.

The program is based on the belief that homelessness is a community problem and requires a community response, hence the requirement of broad participation on grantee advisory boards. The program challenges grantees to consider how they will overhaul the homeless system in Minnesota by coordinating school systems, service providers, legal aid staff, county commissioners, state agency staff, etc. Although there is great flexibility in how services and assistance are delivered, and how coordination and collaboration occur, emphasis is placed on focusing on the basic program goals and corresponding intended outcomes.

The legislation creating the FHPAP was signed in 1993 and the first program was funded in 1994. The legislation was originally passed by a Republican governor and has since enjoyed bi-partisan support for the past 12 years. Since 1993 competitive grants have been awarded every two years (or biennially). With funding allocated to 16 different projects, FHPAP currently covers 57 of Minnesota's 87 counties. The current funding is at \$7.43M for two years (through June 30, 2005). Fifty-five percent (55%) of that \$7.43M goes to metropolitan areas, and 45% to more rural areas, referred to as "greater Minnesota."

As stated in the Minnesota statutes of 2004,

Each project must be designed to stabilize families in their existing homes, shorten the amount of time that families stay in emergency shelters, and assist families with securing transitional or permanent affordable housing throughout the grantee's area of operation. Each project must include plans for the following:

- (1) use of existing housing stock, including the maintenance of current housing for those at risk;
- (2) leveraging of private and public money to maximize the project impact;
- (3) coordination and use of existing public and private providers of rental assistance, emergency

shelters, transitional housing, and affordable permanent housing;

- (4) targeting of direct financial assistance including assistance for rent, utility payments or other housing costs, and support services, where appropriate, to prevent homelessness and repeated episodes of homelessness;
- (5) efforts to address the needs of specific homeless populations;
- (6) identification of outcomes expected from the use of the grant award; and
- (7) description of how the organization will use other resources to address the needs of homeless individuals.

Related to the state's prevention efforts is the state of Minnesota's separate goal "to end Long-Term Homelessness (LTH) in Minnesota by 2010 by providing housing and support services to 4,000 households experiencing Long-Term Homelessness."¹⁵ The state's business plan to end long-term homelessness (often referred to as chronic homelessness elsewhere) provides a context to the state's general efforts in reducing homelessness but at present is not directly related to FHPAP.

The People Served

The FHPAP serves families and individuals, each of which may be referred to as "households." (This along with the title of the program leads some to believe the program only serves families, which is not the case.) The total amount of *people assisted* in the last biennium (2002-2003) was 41,053. That number represents 14,676 *households*. Of those households, 5,703 were in Hennepin County, which includes Minneapolis; and 3,711 were in Ramsey County, which includes St. Paul. Overall, state staff reports that in the last biennium there were many single households and an increased number of unaccompanied youth, with this population being a priority in the current biennium's planning efforts

While the state has issued broad participation guidelines, people served through the FHPAP have no specific eligibility criteria. This allows for local flexibil-

ity. Grants cannot fund emergency shelter stays or cover rentals assistance for more than 24 months. Grantees can and do determine their own criteria. For example, some set a maximum income threshold at 150% of the federal poverty level, some at 185%, some at 200%. None of the grantees work with people with much income; in the last biennium, median annual household income was \$8,808. Grantees also determine need and a household's housing sustainability on an individual basis.

The Range of Interventions

Prevention efforts vary greatly among service providers due to the flexibility allowed at the local level to determine how best to meet the legislation's three main goals. Services have included cash assistance for back rents and security deposits; case management; landlord relations; and job training. Specified case management and referral services are also provided by grantees (or specialized sub-grantees) geared towards substance abuse, mental illness, and/or youth related issues. Program planners define "services" as support services, case management, landlord negotiation, training, counseling, etc., i.e., anything that grantee or subgrantee staff **does**; and "assistance" is defined as cash assistance for housing, security deposits, rent, mortgage, or "other," such as transportation or paying for a client to attend a class.

Organizational Structures and Leadership

The FHPAP is funded and administered by the state; a full-time staff person is responsible for administering the program. As stated in the 2004 Minnesota statute, "A dedicated staff person in the Minnesota Housing Finance Agency is responsible for reviewing funding applications, program reports and provision of technical assistance. State leadership in developing and promoting the 'culture' of the program--to end, not manage homelessness--is viewed as a critical component."¹⁶ Grantees meet regularly, all together, with the program manager and other state staff, to discuss current issues and planning.

The process of funding is as follows. After a county or nonprofit agency (community action agency) submits an application to the MHFA, the application is

reviewed by a statewide advisory board comprised of Interagency Task Force on Homelessness representatives (see description, below). If awarded, the grantee gets the funding directly. The grantee may subcontract out to other agencies for some services depending on areas of expertise.

The statute also requires that community advisory boards include a member of the state's Interagency Task Force on Homelessness (ITF).

Perhaps contributing to the success of the program and grantees' adherence to meeting the purposes of the legislation is the involvement of the state Interagency Task Force on Homelessness (ITF). Each local advisory group must include a member of the ITF, which consists of representatives from nine other state agencies. Each Interagency Taskforce member is assigned to a grantee advisory group and attends the grantee's meetings as representatives of the ITF. The state ITF also meets monthly as a group and reports on what is occurring at the local level."

Partnership Approaches

As in other community-wide homelessness prevention efforts, Minnesota has demonstrated success in people working together. The initiative has bi-partisan support among legislators, and these legislators, planners, and homeless advocates, such as the MN Coalition for the Homeless, have been able to work effectively together to get things done. Advocates push for greater funding, and legislators tend to resist the funding they propose, but still the program thrives and various perspectives seem to be taken seriously by all parties. For example, when the program was originally being designed, it was Minnesota advocates, led by the Minnesota Coalition for the Homeless, that argued for centralized oversight, an emphasis on outcomes, and greater local control and flexibility over design and implementation to meet the legislation's goals. These were adopted and remain vital components of the program.

Partnerships are also fostered through the local advisory committee requirement for each grantee. This brings together many partners including representatives of the faith-based community, advocates for the

homeless, homeless or formally homeless people, housing developers, local public housing authority staff and employers. In addition, many stakeholders have recognized the importance of proactively building strong relationships with landlords. These partnerships have proven effective in keeping people housed, and working with landlords for new tenant placements.

Funding and Sustainability Strategies

Funding for the FHPAP steadily increased since its inception in 1993, until a slight dip in the latest biennium. The funding breakdown for that period is as follows:

Years	Amount
1993-1995 ¹⁸	\$3,050,000
1996-1997	\$4,450,000
1998-1999	\$6,050,000
2000-2001	\$7,000,000
2002-2003	\$7,500,000
2004-2005	\$7,430,000
Total	\$35,480,000

The Minnesota Homeless Coalition points out that grantees requested \$1.5 million more than was awarded in the last biennium.

There have been funding cuts that indirectly affect the use and availability of FHPAP funds. For example, there have been federal and state cuts to funding serving unaccompanied youth which are seen more and more in Minnesota, according to state staff. Also, the effects of cuts to Section 8 funding are starting to be felt increasingly in the state. Perhaps the biggest systemic factor affecting funding is cuts to the County Emergency Assistance that have been block granted. It is now put in the hands of the counties to determine how they are going to use it. Prior to the cuts, that money freed up more prevention dollars for other services. Prevention dollars are now filling some of those gaps of state county assistance around the state. More cash is being used for back rents and security deposits (i.e. urgent, immediate preventive measures) instead of case management, job training, and other services to build a household's foundation for stable

housing in the long-term. When County Emergency Assistance Funds covered those costs, the FHPAP funds served as "the closer" to round out the wider needs households face in sustaining housing. That role is diminished. Also, with the local control of emergency assistance funds some counties (not all) have restricted eligibility to receive these funds to once in a lifetime, where it had been once in a year.

Lastly, the backdrop to all these efforts is the fact that Minnesota is not immune to the systemic issues affecting other areas of the country for poor people: a severe decrease in affordable housing for low-income people, increased challenge for low wage workers to make wages that support their rental costs.

Outcome Measurement and Accountability Approaches

The National Alliance To End Homelessness describes the grant application process and use of data on its website:

Grant applications are reviewed by a state advisory committee that makes recommendations on level of funding for applicants based on their performance on outcome measures. Funding is very limited, which forces the advisory committee to target the dollars and limit the amount of assistance to promote the program's effectiveness. Outcomes are stressed not outputs or numbers served. This requires tracking individuals and families served to capture future incidents of homelessness or sustained housing stability. The grant application process and outcome data requirements are viewed as helping direct local activities toward achieving the purposes of the legislation." ¹⁹

In general the FHPAP benefits from the close involvement of the Wilder Research Center, which specializes in homelessness research. However specific FHPAP grantees define their own objectives when applying for funds. Each tracks how many clients were served, and how many achieved the programs objectives. These results are tracked and funding is directly related to the results. Results are also self-monitored with oversight by the grantee's local advisory board and technical assistance from the state as needed. There are no statis-

tics though on how many people are turned away from prevention services through FHPAP.

In the next biennium, starting July 1, 2005, state representatives are considering drafts requiring that each grantee have a few standard objectives to aim for. The new RFP will ask that a set certain percentage of households served not be homeless six (or maybe twelve) months after a case is closed (last day of service assistance). The percentage goal being considered at this early stage falls somewhere between 65% and 90%. State staff are hopeful that homeless management information systems (HMIS), required for HUD homeless funding, will be a helpful tool for providers to use to track these outcomes. Program organizers are also developing a data collection instrument that will ask grantees about clients' personal, housing and income barriers. Much of the reporting will involve the FHPAP staff person working closely with researchers at the Wilder Research Center.

Successes

Of the 41,053 people served in 2002-2003, the cost per household was \$503. This is the total average of direct cash assistance (rent, mortgage, security deposit, transportation) and service costs (case management, supportive services). Although they are not certain as to the savings this represents for the state, FHPAP staff members are confident that most retain housing. They are convinced by anecdotal evidence and on the research of Dennis Culhane and colleagues at the University of Pennsylvania that homeless prevention represents a cost savings relative to the costs of emergency services and other institutional resources (e.g., corrections, hospitals, etc.).

Documenting success across the region is somewhat limited due to the lack of standardized data. This should be remedied with the inclusion of standardized goals and the deeper implementation of an HMIS across the state.

The FHPAP has received recognition outside of the state. Recently, the Illinois State Legislature established a Family Homeless Prevention and Assistance Program modeled after the Minnesota legislation.²⁰ FHPAP was also chosen by the National Alliance to End Homelessness as a Best Practice in prevention and identified as such on their website.

Challenges

A significant challenge is that these grants represent a change for many people. There is a frequent questioning on the part of some grantees and local advisory boards as to whether they truly have the authority to implement big changes. There is a challenge to break away from business as usual and create new policies for their communities. Another challenge is finding the time among many community members to stay fully engaged in the process.

Also at the local/grantee level, there is some strong concern on the parts of advocates as to the limiting of eligibility that some grantees have determined. For example, as noted on the National Alliance to End Homelessness website,

Some advisory groups have elected not to serve families who have been sanctioned from TANF. The program administrator in one such community reported that they provide assistance to families to help reconcile their sanctions first so they can become eligible for assistance. In this community, the family's resources are enhanced as a result of reconciling the sanction that should increase the likelihood of future housing stability. Without assistance to reconcile sanctions, many families in need of assistance would simply be excluded from yet another source of assistance.²¹

But perhaps the biggest challenge moving forward is funding. Despite a steady commitment from the state legislature, funding levels fall short of the need. As mentioned previously, the MN Coalition for the Homeless notes that there was a \$1.5M discrepancy between what funds were requested through FHPAP and what was awarded. In the upcoming funding round, the Coalition is advocating an additional \$4M. Currently no private money is invested in FHPAP. And again, there is a challenge in ensuring that these funds are used as effectively as possible. Their effectiveness as a prevention resource diminishes to the extent that they are used to fill gaps previously met by other shelter funding sources, as in the case of the County Emergency Assistance funds that have been recently cut.

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Interviews

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New York City, NY: Homelessness Prevention

Introduction and Background

The largest city in the United States, New York had over 8 million residents in 2000.²² It has more homeless people than the total population of many of the country's cities and towns, over 36,000 people in the shelter system on a given night.²³ Over 28,000 are people in families staying in the New York shelter system; these numbers do not capture homeless people living on the streets of New York, which are estimated in the thousands.²⁴ City administrators and advocates agree that the number of homeless people has reached an all-time high, at a time when the availability of low cost housing is severely limited.

In the [2003] fiscal year, 15,073 families applied for shelter in New York City and 8,781 were found ineligible. During the same period, 17,202 single adults entered the single adult shelter system. [In January 2004] there [were] 38,575 people living in shelter, the highest number in the City's recorded history. While the City has assisted thousands to overcome homelessness through greatly improved placement of families into permanent housing and steady housing placements for single adults in the past year, growth in the number of new entrants continues to grow.²⁵

New York has a mature advocacy and service system. All homeless issues from the City's perspective go through the Department of Homeless Service (DHS).

DHS was established in 1993 and became an independent Mayoral agency in 1999;²⁶ it claims to provide "the most comprehensive services in the world to homeless individuals and families." In June 2002, DHS released its Strategic Plan for Homeless Services, which stressed homeless prevention:

Preventive services for families often take the form of anti-eviction legal services or rental arrears supplements, whereas services for single adults involve discharge planning for those leaving prisons, mental health facilities, or other institutional settings. Every opportunity should be taken to serve those at risk of homelessness before they end up in shelter. (Strategic Plan, June 2002)

Legal Aid, DHS, and Litigation

A key component to any understanding of homelessness in NYC is the "right to shelter" declared by the courts for all New Yorkers. In 1981, New York City abided by a court agreement, *Callahan v. Carey* (1979), in a case brought by the New York Coalition for the Homeless, that requires the city to provide free shelter for all homeless men. Since the *Callahan* decision, the number of homeless single adults seeking city shelter has grown dramatically. The city spends between \$18,000 and \$20,000 per year sheltering each of these

persons. The *Callahan v. Carey* court case was followed by litigation in 1983, *McCain v. Bloomberg*, filed by the Legal Aid Society of New York, disputing the city's "demand to be allowed to evict homeless families from temporary emergency housing if they refused to accept a suitable permanent apartment."²⁷ This right to shelter has spun off a series of law suits initiated by the Legal Aid Society on behalf of homeless people, aimed at holding the city of New York accountable to follow through on providing the court-ratified agreement to provide shelter.

City administrators report that rising housing costs and increasing numbers of homeless people in New York have forced the city to adopt a reactive response to the court order. As a result, proactive prevention efforts in the past have been very limited and lacking in accountability. In the past DHS had addressed prevention with general assistance (as part of public assistance) that could be used towards rent as well as funding legal services (representation in housing court, mediation, code violations) which City officials considered very successful. DHS now runs this program as well as anti-eviction services. The city also serves people doubled up in housing or living in overcrowded or unsafe environments.

Strategy/Philosophy

Over the last 20 years, the court-appointed special committee, The New York City Family Homelessness Special Master Panel (SMP), born out of the *McCain* litigation, has essentially played a mediation and oversight role between the city and the Legal Aid Society and has focused on intake services. In the past, in concert with the city's strategic plan, the SMP has shifted its focus to the prevention of family homelessness. In 2003, the committee researched and presented a report entitled "Family Homelessness Prevention Report" which has provided a common ground for planning discussions among homelessness stakeholders in the city. At this same time, under the leadership of Linda Gibbs, a newly installed Commissioner of the Department of Homeless Services, a strategic planning process and a conference with city service providers were implemented with a focus on homelessness prevention. Subsequently, six overarching principles were selected as guidelines for the city's prevention initiative:

- (1) All individuals and families should have safe and affordable housing.
- (2) All efforts should be made to assist individuals and families as soon as possible to avoid crises that cause homelessness.
- (3) Homeless prevention services should provide flexible assistance to meet individual and family needs.
- (4) Agencies that provide services to clients in institutional settings should ensure smooth discharges to stable, permanent housing.
- (5) All individuals and families receiving services deserve respect and must be respectful.
- (6) Preventive services should be guided by data and research.

In January 2004, DHS released a Request for Proposals (RFP) for homeless prevention services for at-risk individuals and families. DHS identified six high-need neighborhoods within New York City's five boroughs (South Bronx, East Tremont/Belmont, Bedford Stuyvesant, Bushwick, East Harlem, and Jamaica). Strategic considerations also impacted the subsequent choice of target neighborhoods in that the resources needed to be spread across the city.

The RFP called for proposals that would demonstrate effective prevention implementation strategies, including a flexible mix of services, such as case management and referrals as well as financial assistance to recipients. DHS was also seeking providers who would reach out proactively to landlords and resolve tenancy issues before they escalated beyond repair. The RFP included maps of the six targeted community districts (CDs), along with homelessness statistics for each. The RFP basically presented respondent organizations with the challenge: "Here is what your people look like; show us in your proposal that you understand the neighborhood in your prevention approach."

Fifty responses were submitted, some by single agencies and others by collaboratives of organizations. The city selected grantees that demonstrated a capacity to leverage additional resources in addition to experience, organizational capacity, and other factors; matching dollars were also encouraged but not required.

The People Served

The program officially started September 1, 2004, and serves families or individuals whose incomes are at or below 200% of the federal poverty level and are also in a housing crisis. The grantee can establish additional criteria based on its knowledge of people at risk of becoming homeless in their community.

The Range of Interventions

No comprehensive list of actual prevention services is prescribed for selected grantee organizations but services can include case management, mediation and family mediation, cash as leverage to participate in service plans, skill building/life enhancement services, service referrals, household financial services (including one-time emergency subsidy or short-term periodic assistance). Additionally, providers may leverage current NYC services, such as anti-eviction legal services, other rental support, and other services (job training, mental health services, credit counseling, veteran services, and more).

Organizational Structures and Leadership

Linda Gibbs, as the commissioner of DHS, is the leader whose vision is driving the city's homelessness prevention initiatives. Gibbs has a professional background in social service. She decided to use the change in administration as an opportunity to undertake more strategic planning with respect to homelessness and views prevention as both more humane and less expensive to the city than provision of shelter. Gibbs arrived with a belief that more strategic and proactive thinking is needed to guide the city's approach to homelessness. Her leadership approach combined with an improved relationship with Legal Services, thanks in large part to the SMP, had created fertile ground for launching the prevention initiative.

Contractual agreements between the city and grantees stress coordination, accountability, and comprehensiveness. Outcome data are of particular importance to the commissioner as will be detailed below. Moving forward, as suggested by the SMP, DHS is considering the creation of a new intake center that can play a role in prevention efforts. Previously, one crowded and chaotic intake center handles all requests by families

for shelter in the city. The SMP recognizes the 'all or nothing' dimensions of eligibility criteria for those seeking shelter and the potential value of prevention intervention for those households turned away. Targeted support can be a vehicle for some unstably housed families and individuals to remain in their home communities.

Partnership Approaches

As described earlier, one of the keys to the recent progress in addressing homelessness, and particularly launching the prevention efforts in New York, has been the improved working relationship between the City of New York and the Legal Aid Society. A positive working relationship has evolved thanks in part to the creation of the New York City Family Homelessness Special Master Panel created by a New York State Supreme Court Order. This relationship has a contentious history and appears to be moving forward in a constructive manner for the better.

Funding and Sustainability Strategies

Funds for the NYC prevention initiative are the result of a city tax levy. Political will was successfully leveraged based upon the belief that investment in prevention will in the long-run reduce shelter demand and be cost effective. The city funds allocated to grantees totals \$2M per community district (CD) per year with a goal of reaching a minimum of 400 households per year. The program is currently funded for just under three years. DHS is currently looking for other supplementary funding sources.

On a related note, New York City's homelessness prevention efforts were further complemented in December 2004 when the State Office of Temporary and Disability Assistance (OTDA) awarded the city \$60M towards Eviction Prevention for families, and housing subsidies for homeless families, chronically homeless individuals and families trying to reunite with children in the foster care system. By definition this is *not* homeless prevention but rather a "rehousing" effort. But it demonstrates a seriousness on the part of the State on the homelessness issue and putting resources forward that create a supportive environment for programs like the prevention initiative.

For the future, DHS is encouraging grantees to access Workforce Investment Act (WIA) funds as a vehicle for improving recipients' employability and incomes. Connections to employment and training, TANF and other public assistance resources are desirable.

Outcome Measurement and Accountability Approaches

Some of the accountability measures adopted by New York City are based upon learnings from Washington, DC's long-standing prevention approach, highlighted elsewhere in this report. However, unlike any other U.S. locality with experience in implementing a community-wide prevention initiative, DHS plans to measure success of each prevention grantee against a citywide control group; this evaluation approach is still in the design phase. City planners are hoping that demand for shelter from households in a community district implementing a prevention program will decrease relative to the citywide demand for emergency shelter.

The City is currently exploring opportunities for private funding to fund a comprehensive evaluation of the prevention effort.

Like other U.S. localities implementing community-wide homelessness prevention, DHS also plans to judge success of the initiative based on whether or not people served subsequently utilize the city's shelters. DHS intends to share relevant data regularly with grantees, including transmitting geo-coded data on those persons applying for service, and mapping weekly or monthly to show providers the locations from which clients are coming at the community district, block and/or address level. Use of these near 'real-time' data is uncertain at the present time. One example of potential use would be for providers to reach out to and build relationships with landlords in the problematic locations. This is a form of 'early warning' prevention system.

Currently, DHS is using a 14-page intake form for prevention service providers to gather many characteristics of families over time. Their hope, remote though it may be, is that they will be able to create a formula that says "if these particular risk factors are present, then the family/individual is eligible for

services." DHS will certainly standardize intake among providers. They are currently looking at web-based solutions to replace their Microsoft Access database.

Successes

New York City's ability to commit City tax revenues towards a homelessness prevention initiative is impressive and a success. And, again, these funds have been further strengthened by the OTDA's award of \$60M rehousing funding (not prevention) for eviction prevention for families and housing subsidies for homeless families, chronically homeless individuals and families trying to reunite with children in the foster care system.

The relationship between DHS and Legal Services, although still tense at times, is functional thanks to the role of the Special Master Panel (SMP).

Another success includes the leadership exhibited in New York. In particular, Mayor Bloomberg and Commissioner Gibbs have been able to capitalize on the political will in the City to approve the three years of funding. Gibbs also stressed proactive and strategic planning in addressing homelessness.

Challenges

Targeting clients is identified as one of the toughest challenges for New York City's prevention efforts. How can eligibility criteria be formulated to identify those people who are most in need of prevention services as opposed to other poor people who could benefit from services but may not fall into homelessness without the support?

Collecting data for this initiative, which is vital to evaluate what is working and what could be improved, thus far has not been a challenge. Programs are collecting start/exit status, demographics, and income levels (if part of their outcome goals). A challenge may emerge as more in depth data are collected and finding a comfortable balance between the need for richer data to help clients and improved the program, and protecting client's privacy and not overburdening program staff. Also, it is unclear how this data collection will interact with the city's Home-

less Management Information System (HMIS) which is moving on a different track at present.

Another challenge has to do with relationships between the city and historically antagonistic stakeholders. Because the program has been developed synergistically with the SMP, this initiative has support from stakeholders who have opposed each other in the past. For now, advocates are pleased to see that prevention is a priority and are taking a 'wait and see' attitude as to the effectiveness of the program, the principles, and the way the program is administered.

Finally, the city's ultimate goal is to expand resources, target them most effectively and ultimately reduce the demand for shelter. This may be an unrealistic goal if the supply of low cost housing for poor New Yorkers does not increase. The mayor is launching an effort to create 65,000 low cost housing units. The mayor and DHS administrators view the availability of more Section 8 federal housing vouchers as well as other federal resources for homelessness prevention as vital to the success of their efforts.

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Washington, DC: Community Care Grant Program

Introduction and Background

In *Out of Reach 2004*, the National Low Income Housing Coalition rates Washington, DC as the nation's least affordable 'state' for renters. In order to afford fair market rent for a two-bedroom unit in the area, full-time workers must earn almost \$23 per hour, or just under \$47,000 annually. According to the 2000 census, more than one in five district residents lives in poverty, and more than half have incomes under \$50,000 per year. Almost 30% of tenants pay more than 35% of their income toward rent. Washington, DC residents describe housing costs as 'skyrocketing,' as a result, poor communities are being revitalized by affluent neighbors, thus driving up rents and home purchasing costs beyond the reach of those who have traditionally lived in them. Average home sales' prices have increased by 83% since 1998, to \$400,000.

A 2002 report by The Community Partnership for the Prevention of Homelessness (TCP) estimated just under 10,000 homeless persons in the district. Homeless families tend to reside in the Southeastern section of the city, which has the lowest rent levels and the highest concentration of boarded-up units. The number of homeless families is climbing. From 2000 to 2002 shelter applications more than doubled, as poor areas of the city became gentrified and unemployment fell. Just under 4,200 homeless people in 2002 were either heads of households or children, for a total of just under 1,000 families in shelter, transitional, and permanent housing programs. The majority of these displaced families is African American. Continuum of Care family shelter programs offered about 1,100 beds, with another 2,100 in transitional and permanent housing. Despite a 1995 increase of 250% in the number of family beds available, another 300 families sought shelter, but were not able to access it. TCP and the City cannot keep up with the demand.

In 1994, the district received a \$20 million grant from HUD to transform the shelter system into a Continuum. At that time, the U.S. Department of Housing and Urban Development (HUD) and the district's Department of Human Services (DHS) delegated to TCP the lead responsibility for planning, creating, managing, and administering the homeless continuum of care. In keeping with its mission, TCP took respon-

sibility for the publicly funded homeless systems and the day-to-day management of the district's homeless budget, services, and programs. TCP has strived to integrate homeless services with other district and nonprofit efforts to develop and strengthen at-risk communities, applying community-building models and principles toward ending homelessness.

TCP's homelessness prevention effort, the Community Care Grant Program (CCG), is one part of the overall homeless Continuum of Care.

Strategy/Philosophy

In late 1997, with 350 families on the waiting list for emergency shelter, an average four to six month stay in shelter, and welfare reform time limits looming, TCP envisioned a new solution. This plan involved preventing families from entering shelter altogether, by intervening early to help them obtain stable housing and employment. The strategy included using existing resources and maximizing housing opportunities in the private rental market.

Begun as a demonstration project funded with state TANF resources, the concept paper stated:

We have a greater need than ever to help families facing homelessness to get the necessary services that prevent their having to enter a shelter system and that move them immediately toward the objective of permanent housing and the ability to support themselves. We must find ways to do this in the private unsubsidized rental market. We must utilize a new and different set of community institutions and family support systems than we have yet used to address homelessness. We must invest the limited funds we have in a way that leverages and builds the resources of communities and families. And we must make certain that everything we do is coordinated with, and contributes toward meeting, the self-sufficiency requirements of the new welfare system.²⁸

The homelessness prevention Community Care Grant Program (CCG) is a voluntary project serving families at imminent risk of homelessness. Accepted families work with one of eight Family Support Centers

located throughout the city and receive transitional case management and cash assistance to cover the costs of attaining new housing or maintaining existing apartments.

The program was designed as a method for serving homeless and near homeless families who could be stabilized quickly through a ‘housing first’ strategy. By collaborating with existing neighborhood-based Family Support Centers, the approach aims to mobilize neighborhood assets while obtaining new resources to prevent homelessness and to serve those already homeless. Through the program, families are connected with neighborhood organizations that help them find permanent housing, through case management, supportive services, and flexible funds.

The program believes in providing individualized attention to each family. Services are designed to meet particular needs, with permanent housing the main objective for all.

Teamwork and community-based services serve as a foundation to the program. Services are provided via a network of neighborhood-based Family Support Centers, in order to connect participants to a larger system of community supports. Thus, it relies upon an existing infrastructure. Rather than develop new services from the ground up, families are connected to programs near their current or future place of residence.

CCG is meant to provide transitional, short-term support to families who can become self-sufficient in a relatively short period of time, four months to one year.

The People Served

CCG serves families who are seeking shelter or are at imminent risk. Families at risk of homelessness are those who are doubled up and those with a pending eviction. In order to be eligible for the program, families must be able to become self-sufficient within a period of months. One of the adult family members must be employed or willing to seek employment, or to stabilize or increase income, as necessary. From its inception through July 2002, the CCG Program served 275 families.

In the district, all families seeking emergency housing or shelter report to central intake at the Virginia Williams Family Resource Center. At that time, the

worker performs a preliminary assessment, estimating the level of services needed to stabilize them. Eligible families are then offered the option of applying for the program.

Families interested in the program are referred to one of the Family Support Centers where they then undertake an in-depth assessment, during which CCG staff determine whether they will be able to become and remain self-sufficient within a four to twelve month period. This process evaluates their range of needs, strengths, level of family functioning, risks to children, and the agency’s ability to serve them. As a result of the assessment, each family receives an individualized case plan and must agree to work on this plan in order to be accepted into the program. Eligibility is determined within 30 days. Families elect to work with one of the Family Support Centers, preferably one located near them, or in the community in which they plan to reside. In choosing to enter the program, families forfeit their right to shelter, as they are asked to sign a consent form barring them from emergency shelter for the following year.

The Range of Interventions

In addition to flexible financial assistance, families in the program are provided with a variety of intensive services including case management. Services are individually tailored, according to each family’s case plan, and targeted toward stabilizing the family in permanent housing as quickly as possible. Case management often includes linking families with neighborhood support services, with which they can continue to work after completing the program. Specifically, case management can encompass financial planning, budgeting, employment services, educational supports, childcare, transportation, and food support. The goal of these programs is to build a system of supports that can prevent recurrence of housing crises, as well as develop relationships that can help to address problems before they reach crisis proportions.

The program also assists participants to locate housing as quickly as possible, through local landlords as well as public subsidies. Housing specialists advocate with landlords as needed and help families to complete applications and clear up credit problems. Staff helps participants negotiate lease agreements, access moving resources, and find furniture and home goods. They

also assist families not on housing voucher waiting lists to complete this application process. Those who already possess a voucher are assisted in identifying suitable rental units.

In order to succeed in the program, families are expected to work diligently and independently, when appropriate, to find housing and employment.

Financial assistance of up to approximately \$3,000 per family can be used to cover security deposits and first month's rent, as well as the costs of furniture, household items, or utilities. The funds can also be used as a bridge subsidy for other needs.

Organizational Structures and Leadership

TCP administers the program, working with each of the Family Support Centers. The Family Support Centers sign Memoranda of Understanding with TCP agreeing to provide families with transitional case management until their goals are met, and to assist them to find housing as soon as possible. In some cases, the Centers add eligibility criteria to those of CCG, e.g., a certain number of days clean from substance abuse.

These agencies were selected based on their track records of serving families in poverty; evidence of connection with the local community, including the capacity to offer support systems, and relationships with housing providers who can arrange housing on short notice; and location within a geographic area with a high incidence of family homelessness. The Centers are characterized by strong family advocacy programs and approaches that engage with families in developing service plans. Several of the Centers have housing specialists on staff who have long-term relationships with local landlords and the district's Housing Authority.

For each referral, the collaborating agency receives an estimated \$7,000 grant, \$4,000 of which can be used to finance transitional case management, at \$1,000 per month for four months of intensive service delivery. Services are expected to be delivered between approximately four months and one year. Final payments are not dispensed until families have obtained housing. Family Support Center staff members also agree to follow up with families, and to continue to serve them until their final goals are reached.

As stated above, the program also utilizes the district's existing central intake system to refer potentially eligible families to one of the Family Support Centers. Levels of participation in the CCG vary greatly by Center, with some serving more than 20 families annually, and others working with five or fewer. Some of this variation derives from differences in Center sizes and capacities, as well as intake criteria; but it is unclear whether they may also stem from family choice or TCP referral processes. There has also been turnover in the Centers, with some leaving each year, while a few more new Centers join the program.

Partnership Approaches

Six of the Family Support Centers are members of the Healthy Families Thriving Communities Collaboratives. These Collaboratives offer a range of neighborhood-based prevention and family support services throughout the district to a broad range of clients. They do not target services to homeless families, but rather work with a larger group of poor families in crisis.

The Healthy Families Collaboratives emerged from local efforts to improve the child welfare system by developing community-based family supports that could prevent unnecessary separation of children from families, empower and strengthen families, and ensure permanency for children through reunification, adoption, or other permanent living arrangements. The agencies are governed by a Collaborative Council established in 1997 to provide leadership for creating a citywide neighborhood-based family support system. With membership from several district-wide organizations, the Council facilitates partnerships with other district agencies, monitors and provides technical assistance to the Collaboratives, leverages resources from private foundations, and builds working relationships with the mayor's office, the city council and other local and federal officials.

The partnership between TCP and the Centers and Collaboratives helps to build up systems of community care and move families beyond their housing crises more quickly.

Funding and Sustainability Strategies

The city commits about \$800,000 annually to the program from TANF block grant resources that are part of TCP's overall contract to manage homeless services. On average, these costs translate to approximately \$7,186 for every family successfully housed, or the equivalent of 116 days in an emergency shelter, where the district's average stay exceeds six months.

Critics of the program claim that these funds were redirected from family shelter closings, rather than representing an overall expansion of resources for homeless families.

Public funds fully support the program; there seems to be no reliance on private support. However, the neighborhood-based service delivery agents report working with families for longer than the four months covered by the grant; as such they contribute in-kind services to the program.

Outcome Measurement and Accountability Approaches

CCG was planned as an outcome driven-approach. Families leaving the program are followed to determine whether they access shelter again. Through the memorandum of agreement with the TCP, the collaboratives agree to follow up with families and continue to provide services until family goals are reached – housing, independence and self-sufficiency, consistent with the Collaboratives own commitment to families and with the mission of TCP.

In addition to tracking participant level outcomes, the program has a history of evaluation. In order to test the CCG model, it was begun as a pilot program with a small number of families. This demonstration lasted for seven months, serving 40 families through five neighborhood organizations.

An external assessment of the program was also conducted by the Center for the Study of Social Policy in 2003. This evaluation identified key factors contributing to families' success and explored operation of the program overall. The review included an in-depth exploration of the experiences of eight families served by the CCG. The principle finding of the assessment was that the CCG program offers:

...an effective and promising strategy in the District's efforts to end family homelessness, by reducing the need for stand-alone emergency shelters for families and providing families with normal housing and a neighborhood environment within which to grow.²⁹

Successes

Results of the assessment illustrated that tapping into and supporting neighborhood-based structures of community care served as a viable means of meeting the district's challenges of helping the poorest and most vulnerable. Five elements of the program were identified as contributing to success: 1) strengths of the neighborhood-based service-delivery system; 2) effectiveness of community relationships; 3) high quality case management; 4) availability of flexible funds; and 5) strengths of the families themselves.

In its first four years, the program served over 275 families; 199 of them were placed in housing. Depending upon the information source, 70-80% of families served are successfully housed.

Challenges

Critics charge that the program's eligibility requirements result in creaming the 'best' shelter applicants from the pool of homeless and at-risk families. The families with the fewest obvious obstacles to independence (working families, families with strong family support networks, families with higher educational attainment, families without a history of addiction or disability, etc.) are more likely to get into the program. The program is designed to serve those with fewer needs, families whose situations can be stabilized in four to twelve months. There is also some questioning of whether the program is serving families who would have been housed in shelter, or simply working with those who would have rarely made it to shelter. If the latter is the case, then it is taking resources away from the hardest to serve, rather than saving funds.

Concerns about creaming are exacerbated by the fact that only those families who are referred by the intake

worker can choose to apply. This process is viewed as inconsistent; there does not seem to be a uniform structure for informing families about the program, nor are there clear-cut eligibility guidelines, beyond those mentioned above.

Once a family meets the basic criteria, they can choose to apply; however the assessment process that then determines whether or not they are accepted is individualized. It is not clear whether the benefits of this in-depth personal process outweigh the transparency of standardized policies. An independent application process might resolve some of these concerns about subjectivity and arbitrariness in referrals to and acceptances into CCG. The program also does not offer an appeals process for applicants who are denied entry, nor for those who are terminated from the program.

In addition, by forfeiting their right to traditional shelter, families who choose to enter the CCG program are put in a difficult position. Families who are terminated from the program (12% according to the CSSP assessment) are barred from shelter for one year. It is unclear what happens to those families and where they go. These families may have obstacles that are not easily identified in early assessments, such as substance abuse. Inadequate income was also identified by the assessment as contributing to program terminations. These issues may hinder a swift resolution to their instability. Due to these circumstances, they may need another solution, or longer-term support to achieve stability. Critics charge that this policy has no grounding in the law, and does not serve the objective of serving families who are homeless. While advocates describe CCG as a practical approach in this difficult environment, it is difficult to justify making prevention an “either or” alternative.

The program also follows a drastic reduction on shelter spending. While it can serve some, more independent, families with housing first, it is not designed to work with those who require the support of a more structured, longer-term program. Despite these prevention efforts, the City continues to face a high demand for shelter, which cannot be met by existing resources.

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Worcester, MA: Homeless Prevention

Introduction and Background

Worcester, Massachusetts, is a city of contradiction, a large city in New England terms, run like a small town. Worcester is a college town with a depressed economy. It is a city with a past steeped in manufacturing but one that has a residential character today. It has all the problems of a large city such as crime, transportation needs, environmental hazards, the need to provide housing for students, employees of local businesses and low-income residents, and a large homeless population. Unlike most big cities, however, Worcester seems to have held onto a small town mentality in many ways, including the networking and partnering of its social service agencies.

Worcester is the second largest city in Massachusetts. It is comprised mostly of residential space, 25% of which consists of renter households. With such a large residential population, half of the city's budget goes to educate the 20,000 school children in Worcester. There are nine colleges and a state university medical school, yet 29% of Worcester residents have only a high school education.

Worcester has a population of 172,648, 77% of which are Caucasian, 15% Hispanic, and almost 7% African American. The average household size is 2.41 persons. The median household income is \$48,524 and the median rent is \$514. These medians included subsidized rents. There are a total of 70,723 housing units in Worcester, 67,028 or 95% of which are occupied, leaving the other 3,695 units vacant. The housing stock in Worcester includes 926 units of state subsidized public housing, 2,169 units of federally subsidized public housing, 319 MRVP subsidies, and 1,687 Section 8 subsidies.³⁰

While the housing market in Worcester County as a whole is less expensive than Eastern Massachusetts' housing market, it is still unattainable to many of its residents. This is because there are both fewer jobs available in Central Massachusetts and also lower pay scales for those employment opportunities that are found in the middle of the state. For those who choose to commute to Boston or someplace east of Worcester County, the cost of transportation is relatively high.

Worcester's political scene is a mix of conservative democrats and active progressives. Several of the state representatives are quite conservative, yet prominent players such as the former council member Janet Nadeau, known for her tenacity and active participation in the city, and Vincent Pedone, state representative, have shown themselves to be much more progressive and well liked. Even those politicians who could not easily be considered liberal have shown themselves to be ever present in the battle against homelessness in Worcester. In a city so varied in its political views most politicians have made themselves readily available to advocates and service providers when it comes to housing and homelessness.

Strategy/Philosophy

Advocates and services providers in Worcester are well organized and have worked hard to establish a unified voice. They network regularly so that their collective positions are well grounded and therefore credible. Involved agencies are intentional in seeking to collaborate so that resources are shared and clients are served more effectively. This is not to say that agencies and Worcester never face territorial issues around funding and resources, but because they work so closely with each other, most matters are dealt with internally and not made public. This unified front allows them to maintain strength in their negotiations with the city and the state.

The two themes that are evident in Worcester's approach to homelessness prevention are collaboration and flexibility. In 1984 Worcester was already a city rich in social services. There was a real diversity in service providers who were somewhat limited in what they could offer their clients because of isolation within their service delivery niche. Because providers wanted to be better able to help clients with their range of needs, the providers decided to create a mediating agency. The agency was called the Worcester Committee on Housing and Homelessness (WCHH) and was overseen by Kathy Hassagawa.³¹

The mission of WCHH was to convene the existing service agencies for more effective advocacy and, as an outside entity, help these providers network. At first

it was not a matter of sharing resources, but of being better informed about each other's services. The one exception to this was the battle to fight the burgeoning homelessness problem in the late 1980s. WCHH wanted to plan a response across various sectors, including churches and public and private agencies. Prevention was important because there were no family shelters. The agencies worked together to create the Walk for the Homeless, which is still going strong today.

WCHH's sole purpose, with the exception of a small furniture bank run by a Vista volunteer, was to serve an advocacy role. The advocacy efforts of WCHH, including working with city and state officials, were focused on bringing more resources to Worcester's poorest residents. The agency brought to Worcester the first housing court and, along with an agency called the Housing Information Center (HIC), was in the forefront of promoting a community-wide homelessness prevention approach.

Paul Grossbeck founded the Housing Information Center. The HIC was an agency that provided tenant rights information through a 1- 800 number. The HIC also ran an Elder Home Maintenance Program that provided tools to contractors and carpenters in exchange for work done in the program. When HIC began to lose steam in 1994, compatible missions contributed to its merger with WCHH, and the creation of the Central Massachusetts Housing Alliance (CMHA).

The People Served and Range of Interventions Provided

Several agencies in the Collaborative have some prevention components, but it is CMHA that runs most of the direct prevention programs designed for families and individuals at risk of losing their housing. These programs are described below.

Housing Counseling

CMHA holds walk-in hours three days a week. During these times landlords and tenants alike can come in for information about their rights and help with tenancy issues. Clients can get advice, forms, help with understanding the housing court process, mediation, apartment listings, and sometimes cash assistance. This

program draws many people who might otherwise not be seen before they lose their tenancies. Serving landlords as well as tenants has helped the agency to develop lasting relationships with landlords in the community that then allows them to refer families behind in rent. It is also a way to ensure that landlords are educated and follow proper procedures that will, in the end, protect tenants as well as the landlord.

Sometimes saving a tenancy is not possible and the housing counselors will need to turn their focus to helping the client find new housing. Families in this situation can be referred to Housing Assistance Program or the Affordable Housing Connection for help with locating a new situation or accessing funds for first and last month's rent or a security deposit. At this point the housing counselors may be able to help with Emergency Shelter Grant (ESG) funds, Emergency Food and Shelter Program (EFSP) funds, or money raised privately. This program often acts as a gateway for the others. The staff position is funded through the United Way of Central Massachusetts.

The ESG funds and ESFP funds are also distributed to Catholic Charities and Friendly House using CMHA as a conduit. CMHA began the Service Delivery Team, which is comprised of the agencies that receive ESG and ESFP as well as a representative from the city. The team meets regularly to discuss funding and service gaps. This has become an effective way to determine a fair and efficient use of these funds while minimizing duplication and maintaining trust among partners. In 2004, the ESG grant was \$26,000 and the ESFP grant was \$22,000. This money will be divided between CMHA's Housing Counseling program, HAP, Friendly House, and Catholic Charities.

Housing Assistance Program (HAP)

The HAP program is funded through the Massachusetts Department of Transitional Assistance. All of the eligibility requirements are set by DTA as well. The one exception to this is a \$3,000 set aside from what is called the daffodil fund, money raised by a local church each year for CMHA to help families secure housing. They raise approximately \$10,000 annually through this event and some of it is set aside for HAP while the other funds go to families that do not qualify for ESG due to geographic restrictions. Any leftover funds are re-directed to other local agencies that are trying to help

families secure housing. The HAP program is run by different agencies across the Commonwealth, but is said to be most successful in Worcester. This is credited to its ability to leverage additional resources by coupling with other programs and by being creative about both funding and placements. The HAP in Worcester has also had the highest placement record for the Shelter to Housing \$6000 Program, which allows HAP to provide \$6,000 per family to take families from shelter and get them into housing. (See the companion write-up report on Mass. DTA Homelessness Initiatives for a detailed discussion of this program.)

The Affordable Housing Connection

This program was started in 2002 in connection with the Elder Home Repair and Maintenance program. As part of the constant self-evaluation process that CMHA engages in, it became apparent through the Elder Home Repair program that there were many elderly residences in Worcester with vacant apartments. They may have been left vacant due to bad experiences with former tenants or because of financial constraints that prevented the owners from keeping their apartments up to code. In either case, CMHA saw an opportunity to work with the elders so that they could get these units back online for families who needed them while helping the elderly landlords to generate more income.

The program has been a partnership between CMHA, Oakhill CDC, and the city, that provides loan programs with zero percent interest and is deferred until the sale of the property for lead removal and rehabilitation. The city also offers emergency assistance for code violations. Oak Hill will be providing a rehabilitation specialist, and CMHA gets funding through the United Way to provide a full time staff person who works with the landlords and potential tenants. The program has had a slow start because of the severity of problems that the landlords face, as well as the length of time it takes to de-lead and rehabilitate the dwellings. Six families obtained housing during the first year and eight the second. The program accepts landlords and tenants up to 80% of Area Median Income (AMI) and thus far has only placed HAP families. The landlords must be 55 years or older.

Public Education and Advocacy

Public Education and Advocacy may not be direct prevention for the individual clients, but community stakeholders view it as essential to the broader system change effort. This program has a staff person whose specific role is to bring together all the players in housing and homeless services to network, partner and evaluate new needs. According to Deborah Folsom, Director of Family Services for CMHA and Worcester service provider for the past 18 years, success depends on constant evaluation of current services and the current real estate and housing market. In her mind, it is too easy to become entrenched in the simple demand for more money and more case management. She believes that because agencies in Worcester are having ongoing dialogues, they are able to see shifts in the needs of their clients and to assess how resources are best used. This allows them to be creative and forces them to be flexible. The public education and advocacy person not only brings the agencies together on a monthly basis, but also acts as liaison to city, state, and federal policymakers. This person, along with the director, keeps the ties among partners throughout the city strong. This position is funded through the Greater Worcester Community Foundation.

Elder Home Repair and Elder Home Maintenance

These programs were created to enable elderly people to remain in their homes for as long as possible. There are many financially strapped elders in the community who struggle to pay for even simple repair work. The Elder Home Repair Program uses professional contractors to do repairs and charge elder homeowners for materials only. Funding for this program is through Central Mass Agency on Aging and the City Manager's Executive Office of Neighborhood Services. The Elder Home Maintenance uses volunteers to provide routine maintenance such as snow removal, and yard work, and is funded through the City of Worcester's Executive Office of Elder Affairs.

Donations Clearinghouse

This is CMHA's furniture bank. The program serves families and individuals but must receive referrals from a social service agency. The funding is provided by a line item in the state budget and from Rotman's Furniture.

Organizational Structures and Leadership

CMHA has been the driving force behind the success of Worcester's homelessness prevention efforts. Based on interviews with CMHA staff, city employees, and staff at other Worcester agencies, three reasons for CMHA's success emerge. The first and probably most important reason is that CMHA was created specifically to help other agencies network and eventually collaborate in often-extensive ways. Second, the pooling of resources that has come out of the partnering of agencies has led to the network of agencies' ability to be flexible in serving at-risk households. Lastly, the ability of CMHA's director to reach out to other agencies and groups, as well as her strong organizing abilities has led to a sense of loyalty both inside and outside of the agency. The last factor has been vital to the agency as it has evolved into not only a source of advocacy, but also a direct service provider.

Because CMHA was a resource for service providers from the start, there has been a natural inclination to look to this agency for leadership. This is not to say that there is a hierarchy among agencies. In fact, at least one person interviewed was quick to point out that while CMHA holds a leadership role, there is no hierarchy. CMHA has maintained a position within its staffing for a public education and advocacy so that the agency stays informed and can then pass along pertinent information to other agencies. In order to transmit this information to other agencies, and in an effort to keep groups networking, CMHA hosts a monthly meeting. CMHA also acts in a leadership role in the Continuum of Care process and is a fiscal conduit for the ESG funds and the EFSP funds.

Partnership Approaches

CMHA is a key broker for the sharing of resources among collaborating partners. The agency is not alone in this endeavor, however. The Continuum of Care grant requires each county to develop a comprehensive plan to best serve its lowest income population. If the group works well together, they are able to come up with a way to divide the funds in the most useful way. In the case of Worcester, the director of CMHA, Grace Carmark, helps to guide the group through this process and uses the opportunity to evaluate what is available, what is missing and how providers can help

each other by partnering. This approach has been tested in CMHA's foray into direct service provision. Many advocates and providers alike worried that CMHA's venture into more direct service would jeopardize its ability to carry out effective advocacy. Having a director that has maintained a high level of respect and loyalty both inside and outside of CMHA made that decision making process smoother and helped the agency to move forward with partnerships intact.

People who were interviewed often noted that the most important feature of their efforts to prevent homelessness was to look at client as individuals and consider their whole needs rather than just the obvious or immediate need. According to Kelly Filock, the Housing Assistance Program Manager,

The difference between successfully helping someone and servicing someone is being able to look beyond what we as one agency have to offer and seeing what we as a community have to offer. There are very few people who cannot be helped when you bring the whole community to the table.

This sentiment was reiterated by several of the people interviewed.

This kind of effort only works when you have a community willing to come to the table. In Worcester they are. While there has been opposition through the years, there has been even more collaboration. Most of the collaboration has been between agencies. The one agency represented in the interview process outside of CMHA reported having very little or no cooperation from DTA, the Housing Authority, or the city. CMHA, on the other hand, notes extensive relationships and partnering with the city and DTA, as well as the Housing Authority, the school systems and mental health systems. The fruit of these relationships helps families from many agencies.

While several businesses participate in events such as the Walk for Homelessness, Rotman's Furniture stands out as a full time participant. This company came on board in 1991 with the goal of promoting the furniture program and promoting the donation needs of their customers. The partnership has grown over the years. The business funds the program at \$30,000 annually and donates in-kind advertising for the program.

Rotman's Furniture is one of the few remaining locally owned businesses in Worcester or Central Massachusetts. The Rotmans understand the community need and the role businesses can play. In addition to supporting the Donations Clearing House (DCH), the Rotmans serve on the Worcester County Continuum of Care as substantive partners; they provide employment readiness workshops at the Village (CMHA's family shelter) including resume preparation, mock interviews and job search advice. They lend professional staff to these efforts. Bernie Rotman has also been known to privately help individual people in need.

Funding and Sustainability Strategies

The United Way funds two staff people for the Housing Counseling / tenant-landlord mediation program. Direct cash assistance comes from the Emergency Shelter Grant (ESG), \$26,000 in 2004. Another \$22,000 was secured from the Emergency Food and Shelter Program (EFSP), and approximately \$10,000 per year is provided from local faith-based organizations that raise money for this purpose. Fundamentally, partnering organizations in Worcester maximize their collective efforts through pooling resources and tapping private sources of funds and in-kind contributions. The collaborative infrastructure is solid enough to enable the nonprofit partners to mobilize quickly to respond to funding opportunities and to engage business, philanthropic, faith-based and other sectors in Worcester in capitalizing on community support and resources.

Outcome Measurement and Accountability Approaches

All outcome data are limited to organizational-level performance based upon client outcomes tracked by the lead agency. No comprehensive data exist to document the results of a decade of concentrated homelessness prevention efforts in Worcester. As in several other communities, service providers and other organizational partners are certain that, on a case-by-case basis, they are making a difference in the lives of low-income families and individuals in Worcester. They report that client-level records demonstrate good outcomes (attaining stable housing) for clients at high risk for losing their housing. They are confident that

the demand for shelter would be even higher without this extensive network of prevention resources across Worcester County.

Successes

For Fiscal Year 2003, the housing counseling program served 1,227 households. The goal was to keep 400 families and individuals from losing their current housing and the actual number of clients with tenancies preserved was 428. The outcome goal for placing households in new housing (private or subsidized) was 700. The actual number of households relocated was 799. None of these households had to subsequently seek shelter.

The HAP program has outcome measures from July 2003 to June 2004. During this time there were 118 tenancies preserved and 288 prevention placements for families at risk of becoming homeless.

The Housing Connection program fell slightly short of its goal, but is in its third year and is dealing with unforeseen hold ups. The goal for placements in this program was ten families in the first year, but they actually placed six families. In the second year, the goal was 20 placements and only eight were accomplished. However, all 14 families are continuing to do well in their new housing.

Challenges

A lack of low cost housing and loss of Section 8 vouchers remain the largest challenges. CMHA has also faced challenges with regard to their new family shelter program. A local landlord who is opposed to having a shelter in the community is currently taking the agency to court. The existing shelter programs are currently filled to capacity.

Finally, this community would be in a stronger position with respect to demonstrating effectiveness if it was able to select and utilize cross-organizational performance measures and benchmarks, involving all participating service agencies in the effort.

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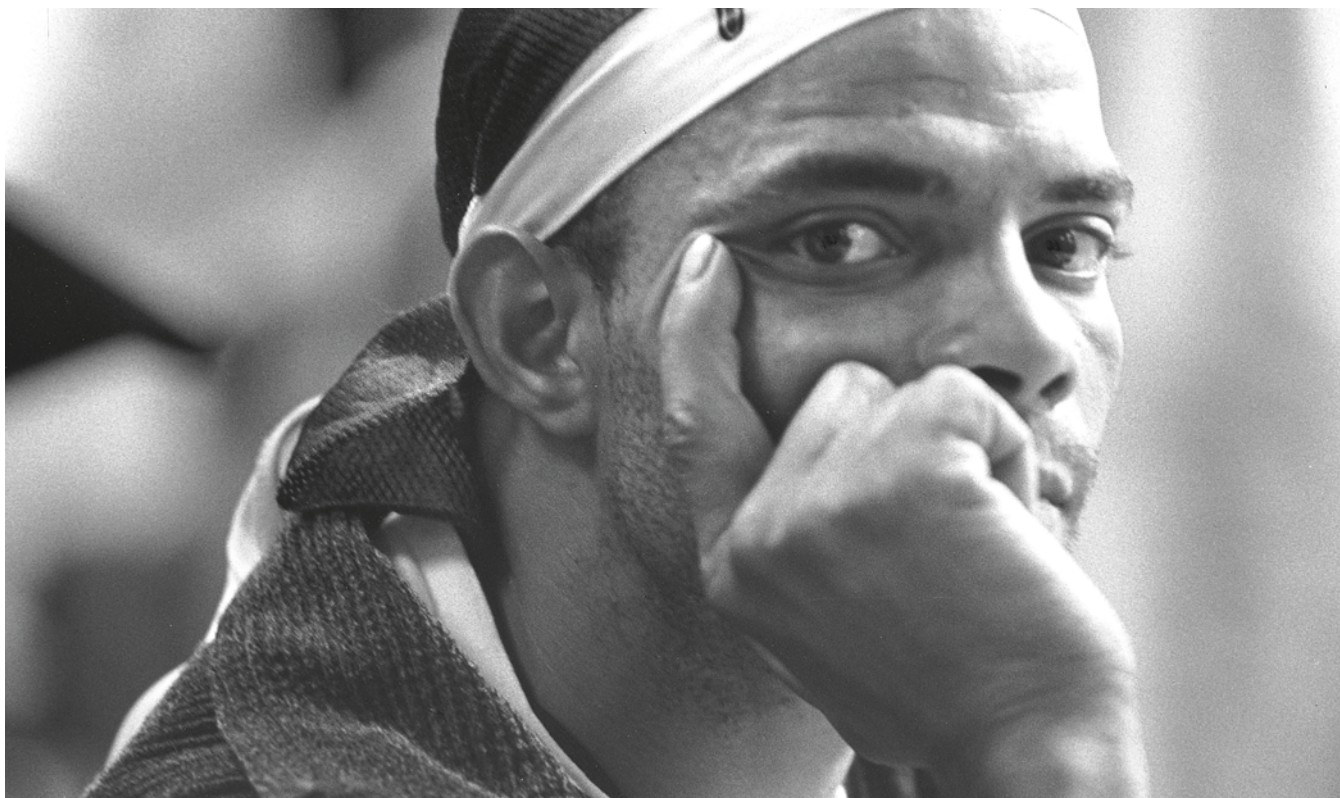
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3.

Innovative Stand-Alone Programs

This section describes two innovative stand-alone prevention programs. One program is a private sector response to prevention, and the other is a social support program for youth leaving foster care.

ValueOptions in Maricopa Co, AZ (Phoenix)

*Investing In Homelessness Prevention
Is Good For Business*

Cost Efficiency as a Driving Force for Innovation

ValueOptions is a for-profit company that provides behavioral health services nationally and is part of the Massachusetts Behavioral Health Partnership. Leaders within ValueOptions, through an analysis of client and financial data, found that providing behavioral health services to people who had become homeless in Phoenix and Maricopa County, AZ, was cutting into profits to such an extent that investing in housing for these clients was more cost efficient. Using seed funds, they field tested a model of prevention that included the creation of 5,000 housing units and the implementation of a variety of housing models. Subsequently, the company turned the initiative over to non-profits that formally agreed to give priority for housing units to ValueOptions clients. This initiative is nationally recognized as a “best practice” by the National Alliance to End Homelessness.

Priorities for Service

Due to limited funding, not all ValueOptions clients who might want and need access to the housing units are able to obtain this resource. ValueOptions' housing department has prioritized persons who have been

discharged from the Arizona State Hospital or who are leaving supervisory care homes or residential treatment centers. The prioritized group also includes people with major biological disorders who are about to be released from jail and who have been frequent users of the crisis system.

Partnerships

In addition to partnerships with many community nonprofits, Arizona State Hospital, landlords and real estate companies, ValueOptions has formalized a partnership agreement with Maricopa County Regional Behavioral Health Authority and its Severe Mental Illness (SMI) adult service system.

Housing Models

ValueOptions has ensured that housing will be permanently affordable for its prioritized clients through purchases of housing units and apartment complexes that, in perpetuity, will be subject to legislatively-supported deed restrictions. Using this housing stock along with other housing units across the county, ValueOptions and its partners are implementing an entire continuum of housing alternatives for clients with the most to least severe support needs. Available housing alternatives include small (eight person) group settings with access to 24 hour in-home support if needed, as well as settings for persons who are able to be semi- and fully independent.

Rental Assistance Models

For ValueOptions clients who are assisted through *project based rental assistance*, the sponsoring organization (e.g., a nonprofit or real estate company) acts as an intermediary between the client and landlord, including being the leaseholder. The client transmits 30% of his or her monthly adjusted income to the sponsoring organization rather than the landlord. An alternative

tenant-based rental assistance option is available for clients who become the leaseholders, responsible for transmitting their portions of the rent directly to the landlord (30% of monthly adjusted income) and responsible for any damages. In this case, the sponsoring organization pays the remaining rental expense directly to the landlord.

Other Supports

One time cash assistance is available to assist clients to cover their moving costs (e.g. security deposit). Should clients have difficulty in maintaining their rental obligations, one time cash assistance is also available for use to enable clients to avoid losing their housing. The clinical team's endorsement is required for any client to request and obtain these resources.

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Lifelong Family Partnerships

*According to the National Resource Center for Youth Services, more than 20,000 adolescents exit the foster care system annually without full preparation for adulthood. However, adolescents are best prepared to transition to adulthood when they have at least one caring, committed adult in their life."*³³

Introduction and Background

Our scan of six community-wide prevention efforts across the nation and programs across Massachusetts, combined with previous research in the field indicates that one major difference between people at risk of being homeless and actually becoming homeless is a social support network. This social capital can take the form of formal (professional services, work networks) or informal (family support, friends, a faith community). Many communities and programs we have encountered address the need for formal networks but we have found few examples of support in the development of informal networks. Underneath all the services for education, employment training, living skills, is often a need for stable relationships: dependable, consistent, personal, emotional, and loving support. And foster care, which is the most common strategy for informal networks for youth, results in a disproportionately high rate of foster children ending up homeless.

One informal social support program we encountered is Lifelong Family Connections for Adolescents (LFC) of Children's Services of Roxbury, Inc. (CSR) in Massachusetts, supported through a partnership with the Massachusetts Department of Social Services (DSS).

Lifelong Family Connections is part of a program begun in 1995 called Massachusetts for Kids. This was founded with support from the Kellogg Foundation through its national initiative to create fewer backlogs in the foster care system and more permanent placements for children and adolescents. Besides LFC, Massachusetts for Kids includes the following programs: Permanency Mediation, [Youth] Speak Out Team, and The Kinship Project. Through that program and learning that resulted, LFC was first piloted in 2000 in the Springfield office of DSS.

Strategy/Philosophy

Lifelong Family Connections for Adolescents (LFC) aims to “prevent youth from aging out of the foster care system without a family connection in their life” moving forward. It is based on the belief that “adolescents are best prepared to transition to adulthood when they have at least one caring, committed adult in their life.”

How it works

Youth that are leaving the foster care system are teamed with one or more families and make a lifelong family partnership. In some cases a youth may stay every weekend with a family or every other weekend. They become an active, fully engaged member of the family, without permanently moving in full-time. Often teenagers that age out of foster care find a life-long partnership with an adult or family and see them regularly as a grown child that moved out of the house but stays connected might.

LFC center’s its approach on a holistic look at the resources and needs of a child primarily in regards to his or her family support networks. It then looks to identify life-long family relationships with an awareness of cultural sensitivity, supporting the child, and supporting the family he or she is connected with. There are seven components to the program:

- **Community of Care Review** – Identifies, locates and explores all potential individuals willing and able to make a commitment to a lifelong connection with a teen.
- **Specialized Adolescent Recruitment** – Develops potential permanent placement and/or lifelong family ties for youth who do not have permanent connections within their own Community of Care network.
- **Family Consultation Team**® – Youth-centered, family-focused permanency planning team process that includes family members, significant adults and social service providers.
- **Family Bound Training Family** – Provides a group experience that helps prepare adolescents as they work to develop lifelong connections.
- **Parents as Tender Healers (PATH)** – Adult training to assist in supporting and developing relationships and understanding adolescents’ needs

- **MFFK Speak Out Team** – Offers support, training and mentoring opportunities from other youth and young adults who have experienced foster care and/or adoption.
- **Specialized Post-Placement Supports** – Ongoing contact to identify community supports, strategize and problem solve relationship issues and maintain strengths-based focus. Adoption Crossroads services provided as well.³⁶

Staff of the program work with youth, but the participating youth develops their own plan and determine how to implement the plan and make it work. Staff work with the youth to find adults they like to be around and have some relationship with already. Often they are extended family members (older siblings, godparents, former foster parents), coaches, teachers, and social workers they have come to know.

For families and adults considering making a lifelong connection with a former foster child, the criteria include:

- They must be willing to stay in touch with the youth throughout the child’s life;
- They are the primary caregiver in a family;
- They can connect with the child in the future (they re not moving or dying, or remarrying someone with a large family which might affect their ability to stay connected); and
- They can participate in “meaningful activity” with the child.

The program serves adolescents aging out of the foster care system in Massachusetts. The program serves youth ages 12 to 17 years old but typically work with 16 or 17 year olds..

The program is made up of seven staff including a program director, four LFC Connections Specialists, a data specialist and liaison to the Speak Out Program, which engages youth participants in speaking out publicly and telling their stories.

There are certainly challenges and successes with the LFC program. For kids that come to the LFC program that have already been homeless, it can be difficult for them to try something new.

But for those that do, LFC links youth to a place where they can be supported every day with the emotional stability and caring needed to move forward in the world.



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Endnotes

- ¹ The Urban Institute is under contract with the U.S. Department of Housing and Urban Development to carry out a similar investigation. After collaboration with Martha Burt, Principal Investigator from the Urban Institute, the Center for Social Policy evaluation team selected a different set of communities to investigate. In spring 2005, the findings from both studies will be presented at a conference sponsored by the foundations funding the HPI in Massachusetts.
- ² Initiatives undertaken and implemented solely by one or a small number of organizations were not considered 'community-wide' and therefore were not included in this analysis and report.
- ³ This is distinguished from secondary prevention measures such as rapid re-housing.
- ⁴ The Urban Institute is under contract with the U.S. Department of Housing and Urban Development to carry out a similar investigation. After collaboration with Martha Burt, Principal Investigator from the Urban Institute, the Center for Social Policy evaluation team selected a different set of communities to investigate. In spring 2005, the findings from both studies will be presented at a conference sponsored by the foundations funding the HPI in Massachusetts.
- ⁵ Initiatives undertaken and implemented solely by one or a small number of organizations were not considered 'community-wide' and therefore were not included in this analysis and report.
- ⁶ This is distinguished from secondary prevention measures such as rapid re-housing.
- ⁷ No outcome data have been made available to the evaluation team from the Cape Cod community.
- ⁸ 2003 Cape Cod Sustainability Indicators Report.
- ⁹ Housing Assistance Corporation website, citing U.S. Census.
- ¹⁰ Housing Assistance Corporation, *Welcome Home*, 2004.
- ¹¹ Austin (September 23, 2004) interview.
- ¹² Lord (March, 8, 1999).
- ¹³ Murray (September 23, 2004) interview.
- ¹⁴ Albanese, Tom. (2004, July). Community Shelter Board 2003 Program Evaluation, 6, <http://www.csb.org/Publications/publications.htm>
- ¹⁵ Minnesota Housing Finance Agency website.
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- ¹⁷ "Minnesota Family Homeless Prevention and Assistance Program". National Alliance to End Homelessness Website. <http://www.naeh.org/best/fhpap.htm>.
- ¹⁸ The first period actually ran into a third year, afterwards each period was two years (a biennium).
- ¹⁹ "Minnesota Family Homeless Prevention and Assistance Program." National Alliance to End Homelessness Website. <http://www.naeh.org/best/fhpap.htm>
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- ²² 2002 Annual Report on Social Indicators, City of New York, 2002
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- ²⁵ Department of Human Services, Request for Proposals, 2004
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- ²⁷ Wise, 2004
- ²⁸ Cleghorn 1997.
- ²⁹ Center for the Study of Social Policy (2003).
- ³⁰ These numbers reflect the city of Worcester only; county-wide numbers are not included.
- ³¹ Kathy Hassagawa’s sister, Sarah Robertson, was the sitting mayor. This is another example of Worcester being a city that operates like a smaller town where everyone is connected somehow. Sarah Robertson later went on to be the president of CMHA’s board.
- ³² The report on the Massachusetts Department of Transitional Assistance (DTA) Homelessness Initiatives can be found at www.mccormack.umb.edu/csp.
- ³³ Lifelong Family Connections webpage, Children’s Services of Roxbury. www.csrox.org/lfc
- ³⁴ National Center on Family Homelessness & Healthcare for the Homeless Clinicians Network. (October 2003). Social Supports for Homeless Mothers.
- ³⁵ Lifelong Family Connections webpage, Children’s Services of Roxbury. www.csrox.org/lfc
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