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The Housing First Model

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Polk County Housing Trust Fund

Combating Homelessness: The Housing First Model

A Study of the Housing First Model and Practical Applications to Polk County

Prepared by
The Polk County Housing Trust Fund

The Problem: Homelessness

“Homelessness is one of our nation's most serious social problems.”¹ In 2011, there were over 630,000 homeless individuals across the country.² According to HUD, the United States is facing a period of increasing homelessness; as a result, worst case housing needs are at an all-time high.³ There are several methods available to combating homelessness. One of the most interesting methods to combat the problem of homelessness is the Housing First model.

What is Housing First?

“Housing First is an approach that centers on providing homeless people with housing quickly, and then providing services as needed.”⁴ Securing permanent supportive housing for homeless individuals and families is the primary goal of a Housing First model.⁵ The belief is that a combination of housing linked with various social services will help people exit a state of homelessness faster.⁶ In a Housing First model, the individual or family is placed in “permanent housing as quickly as possible,

¹ Beyond Shelter, *Housing First: Ending Family Homelessness*, http://www.beyondshelter.org/aaa_initiatives/ending_homelessness.shtml (accessed June 18, 2012).

² National Alliance to End Homelessness, *The State of Homelessness in America 2012*, <http://www.endhomelessness.org/content/article/detail/4361> (Jan. 17, 2012).

³ *Id.*

⁴ National Alliance to End Homelessness, *What is Housing First?*, www.endhomelessness.org/files/1425_file_WhatIsHousingFirst_logo.pdf 1, 6 (Nov. 9, 2006).

⁵ *Id.*

⁶ *Id.*

based on the premise that social service needs can best be addressed after they move into their new home.”⁷

Supportive services are offered to the resident for as long as they require access to them.⁸ Supportive services such as mental health care, substance abuse treatment, employment services, and independent living skills training are more effective when the individual no longer has to worry about where they are going to live.⁹ “You can’t improve your life if you’re living out of a shelter, checking in and out every day, sleeping with bedbugs, having your things stolen, and possibly experiencing sexual or physical violence—those aren’t optimal conditions for finding and keeping a job or stabilizing mental illness.”¹⁰ Under a Housing First model, “[h]ousing is [considered] a basic human right, not a reward for clinical success.”¹¹

Why Housing First?

Housing First is a successful model for combating homelessness.¹² Across the nation, about 75% – 85% of people who enter into supportive housing programs are still housed after one year.¹³ Alternatives to supportive housing, such as housing readiness models, that require a person to meet predetermined goals to be considered “ready” for permanent housing, are not as effective and are more expensive compared to Housing First programs.¹⁴ “These outdated approaches lead to high failure rates and the false

⁷ *Id.*

⁸ *Id.*

⁹ See Urban Institute, *Five Questions for Mary Cunningham*, <http://www.urban.org/toolkit/fivequestions/MCunningham.cfm> (Apr. 22, 2009).

¹⁰ *Id.*

¹¹ DESC, *Why Housing First?*, <http://www.desc.org/housingfirst.html> (accessed June 18, 2012).

¹² See Community Shelter Board, *What is Supportive Housing?*, <http://www.csb.org/files/docs/how/plan/What%20is%20Supportive%20Housing.pdf> (accessed June 18, 2012).

¹³ CSH, *How Long Do People Stay in Supportive Housing and What Happens When They Leave*, <http://www.csh.org/wp-content/uploads/2011/11/HousingRetentionFAQFINAL.pdf> (Sept. 2006).

¹⁴ See Community Shelter Board, *supra* n. 12.

notion that homeless people like living on the streets.”¹⁵ In addition, of the individuals who leave the supportive housing units, HUD found that one-third of those individuals were leaving for a positive reason; to live in their own independent housing arrangement.¹⁶

Other than its effectiveness in combating the problem of homelessness, Housing First is also economically beneficial to a community.¹⁷ Philip Mangano, the former homelessness policy czar under former President George W. Bush and President Barack Obama stated that it cost the taxpayer “\$35,000 – \$150,000 in public services for one year of someone living on the street.”¹⁸ According to Mangano, housing the homeless in a Housing First model would only cost \$13,000 – \$25,000 per person.¹⁹ Therefore, everyone is negatively impacted if nothing is done to help house the homeless.²⁰ The problem of homelessness could literally be solved more cheaply compared to doing nothing.²¹

A study regarding the economic costs of a Housing First program was conducted in Los Angeles County. The study compared fifty homeless individuals who did not participate in the program (control group) to fifty homeless individuals who did take part in the Housing First program.²² It cost the county \$3.045 million to provide

¹⁵ DESC, *supra* n. 11.

¹⁶ CSH, *supra* n. 13.

¹⁷ See Furman Center, *The Impact of Supportive Housing on Surrounding Neighborhoods: Evidence from New York City*, http://furmancenter.org/files/FurmanCenterPolicyBriefonSupportiveHousing_LowRes.pdf 1, 8 (Nov. 2008).

¹⁸ Tampa Bay Times PolitiFact, *HUD Secretary Says a Homeless Person Costs Taxpayers \$40,000 a Year*, <http://www.politifact.com/truth-o-meter/statements/2012/mar/12/shaun-donovan/hud-secretary-says-homeless-person-costs-taxpayers/> (accessed June 18, 2012).

¹⁹ *Id.*

²⁰ *See id.*

²¹ *See id.*

²² County of Los Angeles, *Project 50*, <http://zev.lacounty.gov/wp-content/uploads/Project-50-Cost-Effectiveness-report-FINAL-6-6-12.pdf>, 6, 24 (June 2012).

Housing First units and services for the fifty chronically homeless individuals.²³ However, the Housing First program saved the county \$3.284 million.²⁴ Overall, there was a total cost savings of \$4,774 per each homeless person.²⁵ The county saved money in the areas of incarcerations, medical costs, mental health treatment, and substance abuse treatment costs by implementing the Housing First model.²⁶ For example, in the area of incarcerations, the Housing First group saw a 28% decline in their incarceration costs, while the control group saw a 42% increase of incarceration costs.²⁷ Additionally, medical costs declined by 68% in the Housing First group, yet only declined by 37% in the control group.²⁸ In total, by implementing the Housing First program, Los Angeles County saved a total of \$238,700.²⁹

There are other societal benefits associated with Housing First policies. For one, more individuals who are in a Housing First program acquire jobs. “A national study showed a 55% increase in employment in a supportive housing setting.”³⁰ According to the New England Journal of Medicine, low-income individuals exit the hospital 36% more quickly than homeless persons on the street.³¹ Moreover, another study showed that supportive housing leads to significant positive outcomes in the area of mental health and incarceration rates.³² The study also showed that people that participate in a

²³ *Id.* at 1.

²⁴ *Id.*

²⁵ *Id.*

²⁶ *Id.*

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.*

³⁰ Community Shelter Board, *Rebuilding Lives: a New Strategy to House Homeless Men*, http://www.csb.org/files/docs/publications/archives/Rebuilding_Lives.pdf 4, 8 (Sept. 1998).

³¹ *Id.*

³² *Id.*

supportive housing program reduced mental health hospitalization by 75%, while cutting incarceration rates by more than 90%.³³

The question is whether a different area, such as Polk County, would experience similar results. Although Polk County and Los Angeles County are different in many ways, there does not seem to be an overriding reason that Polk County would not see some cost savings from implementing a similar model. Research conducted at the University of Pennsylvania showed that implementing a Housing First model for the chronically homeless would be just as economically beneficial as doing absolutely nothing.³⁴ Therefore, it does not seem economically logical or morally responsible to do nothing.

Although the local government may save money, many residents where Housing First units would be located typically oppose this kind of program, because they fear their property values will decrease.³⁵ The neighbors fear that the program will bring an “increase [in] crime, drain the neighborhoods’ services and overburden its infrastructure, bring people to the community whose personal appearance or behavior will make residents and visitors uncomfortable, or otherwise decrease the quality of life.”³⁶ Intriguingly, the opposite is actually likely.³⁷ According to the Furman Center for Real Estate and Urban Policy, the price of properties closest to supportive housing increase in the years after supportive housing opens.³⁸ As long as the supportive housing is built and maintained in good condition surrounding property values should not suffer,

³³ *Id.*

³⁴ See Urban Institute, *supra* n. 9.

³⁵ Furman Center, *supra* n. 17 at 3.

³⁶ *Id.*

³⁷ See *id.* at 6.

³⁸ *Id.*

regardless of their proximity to the supportive housing.³⁹ For example, a study of permanent supportive housing in Connecticut showed that the increased safety and beautification that came with the supportive housing increased or stabilized surrounding property values.⁴⁰

Practicalities of a Housing First Model

Housing First is a policy that promotes independent living.⁴¹ It is not a policy that promotes unlimited dependence on the system; rather Housing First is a policy that encourages self-reliance.⁴² Not all Housing First models are alike. “There is substantial variation in how Housing First providers help meet the housing needs of the individuals and families they serve.”⁴³ How to structure the Housing First model is one of the first practicalities that must be answered. For example, who should organize the model? Should there be a new organization that forms to implement the policy? Should a committee of individuals from other agencies make up a board that implements the plan? Organizationally the project could take many forms and it is up to each community to determine the appropriate structure of their Housing First program.

Finding a suitable location is one of the more difficult, but important hurdles in placing an individual or family in a permanent supportive housing unit.⁴⁴ For families with children this can be especially hard, as children may need to be placed in a specific

³⁹ *Id.* at 3.

⁴⁰ Susan H. Burkholder & Kathryn W. Hexter, *Housing First: Documenting the Need for Permanent Supportive Housing*, 5, 28 (Apr. 2002).

⁴¹ Partnering for Change, *Housing First/Rapid Re-Housing*, <http://partnering-for-change.org/initiatives/housing-first-rapid-re-housing/> (2011).

⁴² *See id.*

⁴³ National Alliance to End Homelessness, *supra* n. 4 at 3.

⁴⁴ Community Shelter Board, *Ending Homelessness in Columbus*, <http://www.csb.org/files/docs/publications/archives/HUD%20briefing.pdf>, 42, 51 (Nov. 2001).

district for school, and there may be a lack of affordable housing in the area.⁴⁵ Also, many individuals do not want permanent supportive housing located near their property for various reasons.⁴⁶ Combating NIMBY attitudes can be another practical problem in implementing a Housing First model.⁴⁷ One potential way to combat NIMBY attitudes is through what are known as “Good Neighbor Agreements.”⁴⁸ The agreements are a way to promote communication and trust amongst the neighbors and the residents in the supportive housing units.⁴⁹ They also assure the neighbors that safety and security standards will be upheld.⁵⁰ These agreements bring in the surrounding neighbors input on the Housing First facility, and it allows the neighbors to become educated on what exactly the program entails in an attempt to build acceptance.⁵¹

Practically, a community would need to determine whether the model “can be implemented as either a project-based or a scattered site model.”⁵² Various Housing First models across the country simply rely on the private apartment market to meet the housing needs of program participants.⁵³ Other Housing First models rely on project developments in which the units are subleased to program participants.⁵⁴ Further,

⁴⁵ Partnering for Change, *supra* n. 42.

⁴⁶ See Furman Center, *supra* n. 17 at 3.

⁴⁷ Community Research Partners, *Rebuilding Lives*, <http://www.csb.org/files/docs/publications/2008/Rebuilding%20Lives%20-%20A%20Description%20of%20Implementation%20Processes,%20Successes,%20and%20Challenges%20and%20Recommendations%20for%20the%20Future.pdf>, 60, 76 (Apr. 2007) (NIMBY = Not in My Backyard).

⁴⁸ See Community Shelter Board, *supra* n. 45 at 41.

⁴⁹ *Id.*

⁵⁰ *Id.*

⁵¹ Community Research Partners, *supra* n. 48 at 14.

⁵² DESC, *supra* n. 11.

⁵³ National Alliance to End Homelessness, *supra* n. 4 at 3.

⁵⁴ *Id.*

some Housing First models rely on all types of permanent housing options to maximize their availability of affordable housing.⁵⁵

“Housing First programs all typically invest time and resources in helping homeless individuals and families overcome barriers to accessing permanent housing.”⁵⁶ Consequently, another practicality arises, how should the permanent supportive housing units be leased out?⁵⁷ In some programs the family or individual holds the lease directly with the landlord.⁵⁸ While in other Housing First programs, a separate entity holds a master-lease while the family or individual is involved with the program.⁵⁹ When the program services end the family or individual is then typically given control of the lease.⁶⁰

Another practical concern is how to pay for the unit?⁶¹ Many of the homeless that are provided housing through a Housing First program cannot pay for the unit in full.⁶² There are various methods that Housing First programs implement. “Some Housing First programs provide only minimal financial assistance, for example assistance with security deposits and application fees. Other programs are able to rely on federal housing subsidies or move individuals/families into public or subsidized housing.”⁶³

Most Housing First programs also assess the individuals or families needs and level of assistance required to determine if permanent supportive housing is necessary

⁵⁵ *Id.*

⁵⁶ *Id.*

⁵⁷ *See id.*

⁵⁸ *Id.*

⁵⁹ *Id.*

⁶⁰ *Id.*

⁶¹ *See id.*

⁶² *See* Community Shelter Board, *supra* n. 31 at 3 (Half the men in shelters do not have jobs).

⁶³ National Alliance to End Homelessness, *supra* n. 4 at 3.

for them.⁶⁴ This evaluation is done at entry into the program, before the individual is referred to a Housing First provider.⁶⁵ This allows the community to efficiently target their Housing First resources at the individuals whom need them the most.⁶⁶

One final practicality that would need to be considered when implementing a Housing First program is the level of intensity in regards to the services provided.⁶⁷ Permanent supportive housing offers various services to the residents in order to “ensure successful tenancy and promote the economic and social well-being of individuals and families.”⁶⁸ In most, if not all permanent supportive housing programs, the services, such as mental health care, substance abuse treatment, and employment services are voluntary and not a condition placed upon tenancy.⁶⁹ The types of services offered will depend entirely on what subset of the homeless population the permanent supportive housing is aimed towards.⁷⁰ For example, families may be set up with social services or family counselors, while chronically homeless individuals may desire substance abuse treatment.

⁶⁴ National Alliance to End Homelessness, *supra* n. 4 at 2.

⁶⁵ *Id.*

⁶⁶ *See id.*

⁶⁷ *Id.* at 4.

⁶⁸ *Id.*

⁶⁹ HUD, *Housing First Models to Homeless Persons with Serious Mental Illness*, <http://www.huduser.org/portal/publications/hsgfirst.pdf>, xv, 180 (July 2007).

⁷⁰ *See* National Alliance to End Homelessness, *supra* n. 4 at 4.

Columbus, Ohio: The Columbus Model

The Columbus Housing First model is one of the most highly respected and well organized Housing First models throughout the country.⁷¹ Since 1986, the Community Shelter Board [hereinafter CSB] has been the driving force behind the success the Columbus community has had toward ending homelessness.⁷² The CSB advocates for permanent supportive housing and affordable housing as the way to end homelessness, “not the creation of more shelter space.”⁷³ In 1998, the city of Columbus asked the CSB to find a way to end homelessness in the city; the CSB came up with and implemented a Housing First model, referred to as the “Rebuilding Lives” plan.⁷⁴

The Community Shelter Board (CSB)

The CSB is a nonprofit organization that was formed in 1986 by a group of business and community leaders led by Mel Schottenstein to combat homelessness.⁷⁵ “The [CSB] is an umbrella organization that serves the Columbus and Franklin County community and is responsible for the planning and funding strategies that decrease homelessness and increase the placement of homeless persons into permanent housing.”⁷⁶ The CSB attempts to coordinate community based homelessness efforts by encouraging collaboration between funding streams, educating local leaders, and assisting families/individuals in acquiring permanent supportive housing.⁷⁷ Arguably, the CSB’s most important job is managing the distribution of funds in the Columbus

⁷¹ Community Shelter Board, *supra* n. 45 at 1.

⁷² See Community Shelter Board, *Timeline*, <http://www.csb.org/?id=about.beginnings.history> (accessed June 19, 2012).

⁷³ Community Shelter Board, *supra* n. 45 at 1.

⁷⁴ *Id.* at 2.

⁷⁵ *Id.* at 13 (Mel Schottenstein was a highly influential community leader, business leader, and homebuilder).

⁷⁶ Community Research Partners, *supra* n. 48 at 22.

⁷⁷ Community Shelter Board, *supra* n. 45 at 14.

homeless service system.⁷⁸ This has allowed the actual service and housing providers to focus on operating their facilities, rather than competing for limited funding.⁷⁹

Since the CSB was founded it has allocated millions of public and private dollars to homeless programs throughout Columbus.⁸⁰ The main goals of the CSB are homeless prevention, emergency shelter funding, and most importantly, permanent supportive housing.⁸¹ In 1998, the CSB established their plan to end homelessness in the Columbus community – the Rebuilding Lives Plan.⁸² Due to the success of the plan in combating homelessness, it was renewed in 2008.⁸³ Today, a large board of trustees oversees the organization, while the CSB staff guides the daily activities.⁸⁴

The Rebuilding Lives Plan

The CSB has been quite successful in combating homelessness in Franklin County and the city of Columbus. The aim of the Rebuilding Lives plan was and continues to be, the movement from shelter housing to permanent supportive housing. “The goal of the shelter system in Franklin County is to move families and individuals out of shelters and into permanent housing within three weeks.”⁸⁵ The plan consisted of two parts: one was to improve the short term emergency shelter options; the second was to improve the long term options by increasing the availability of permanent

⁷⁸ Erick G. Lobao & Alan T. Murray, *Exploratory Analysis of the Homeless Shelter System in Columbus, Ohio*, <http://homeless.samhsa.gov/%28S%28doix0eevd5xgtarmzk5eeu45%29%29/ResourceFiles/Lobao,Murray.pdf> 64, 73 (2005).

⁷⁹ *Id.*

⁸⁰ Community Research Partners, *supra* n. 48 at 13.

⁸¹ *Id.* at 14-15.

⁸² *Id.* at 2.

⁸³ Community Shelter Board, *Rebuilding Lives: New Strategies for a New Era*, <http://www.csb.org/files/docs/publications/2008/Community%20Summary%20%28final%29.pdf> (Apr. 2008).

⁸⁴ See Community Shelter Board, *Organization Chart*, <http://www.csb.org/files/docs/About/csbstaff/Org%20Chart%203.16.12.pdf> (accessed June 27, 2012).

⁸⁵ John Futtly, *County's Homeless Shelter System Overwhelmed*, *The Columbus Dispatch* (Oct. 11, 2010).

supportive housing.⁸⁶ Under Rebuilding Lives, the emergency shelter system has been transformed to meet the needs of the transitionally homeless.⁸⁷ The permanent supportive housing portion of the plan was originally targeted at the 15% of the homeless population that was chronically homeless and had long term needs.⁸⁸ Originally, the plan applied only to single adult men; however, as of 2006 the plan was expanded to apply to single adult women and families as well.⁸⁹ As of 2012, the CSB has developed roughly 1,130 units of supportive housing since the Rebuilding Lives program began in 1998.⁹⁰

To make the plan a reality, the CSB had to gather resources from various funding streams to provide for housing and services. Thus, the Rebuilding Lives Funder Collaborative was formed from twenty-two public and private organizations with the responsibility of implementing the Rebuilding Lives plan.⁹¹ These organizations provided funding and guidance for the plan.⁹² Additionally, the CSB steering committee acting as the local Continuum of Care allocates annual HUD resources towards various permanent supportive housing units.⁹³ Nonprofit partner organizations such as the YMCA, YWCA, Community Housing Network, and others develop and manage the permanent supportive housing and provide supportive services for residents.⁹⁴

Under the Columbus model, there are various voluntary services that are offered to homeless persons who live in a Rebuilding Lives permanent supportive housing

⁸⁶ See Community Shelter Board, *supra* n. 45, at 2.

⁸⁷ *Id.* at 32 (The transitionally homeless are individuals who enter the system once and for a short period of time).

⁸⁸ *Id.* at 31.

⁸⁹ Community Research Partners, *supra* n. 48 at 57.

⁹⁰ Community Shelter Board, *Rebuilding Lives Units Summary*, <http://www.csb.org/files/docs/How/plan/PSH%20Units%20current.pdf> (Dec. 21, 2011).

⁹¹ Community Research Partners, *supra* n. 48 at v.

⁹² *Id.*

⁹³ *Id.*

⁹⁴ *Id.*

unit.⁹⁵ Examples of the services offered under the Columbus model include: medical care, vision/dental care, mental health, substance abuse treatment, employment assistance, and the acquisition of social security benefits.⁹⁶ When a person applies for permanent supportive housing, a case manager works with them to identify from what services the person would derive the most benefit.⁹⁷

Although the services are completely voluntary in most permanent supportive housing programs, there is typically a high level of involvement in the services provided.⁹⁸ For example, in a study done by the Corporation for Supportive Housing [hereinafter CSH], who partnered with the CSB on the Rebuilding Lives plan, it was shown that 81% of persons in the Closer to Home Initiative (a similar Housing First project) received health care services, 80% used mental health services, 65% voluntarily used the money management services, and 56% went through voluntary substance abuse therapy.⁹⁹ The high levels of participation were likely due to increased knowledge of available resources, trust between the tenants and supportive staff, and a safe housing environment.¹⁰⁰ The majority of participants in the CSH study reported that their daily lives had been improved by the availability of supportive services.¹⁰¹

Before the services could be provided however, the CSB began to locate real estate locations where the permanent supportive housing could be located. There are three different real estate models the CSB utilized: leased, renovated, and new

⁹⁵ *Id.* at 30.

⁹⁶ *Id.*

⁹⁷ *Id.*

⁹⁸ CSH, *Supportive Housing Research FAQs: Do Voluntary Services Work?*, <http://www.csh.org/wp-content/uploads/2011/11/VoluntaryServicesFAQFINAL.pdf> (Aug. 2006).

⁹⁹ *Id.*

¹⁰⁰ *Id.*

¹⁰¹ *Id.*

construction models.¹⁰² The leased model simply provides rental subsidies for private market existing apartments.¹⁰³ The renovation model refers to the CSB acquiring and improving vacant or under-used apartment buildings.¹⁰⁴ The new construction model refers to acquiring vacant land and building a permanent supportive housing apartment complex.¹⁰⁵ This last model is by far the most complex as legal issues of zoning and land use restrictions can limit where these apartment complexes can be built.¹⁰⁶ Finding the right location can be difficult as the CSB had to consider various components, such as access to public transportation and other vital services.¹⁰⁷

Admittance into the Columbus Model

There are several caveats regarding acceptance into a permanent supportive housing unit under the Columbus model.¹⁰⁸ For one, anyone that wants to partake in the Rebuilding Lives program must be homeless at the time of admission into the program.¹⁰⁹ To be considered homeless under the program guidelines, a person must come from a place not meant for human habitation, an emergency shelter, or transitional housing.¹¹⁰ A person also must be experiencing long term homelessness to be eligible for the program.¹¹¹ The CSB defines long term homelessness as 120 days or “four, seven-day episodes of homelessness separated by at least 30 days.”¹¹² The

¹⁰² Community Research Partners, *supra* n. 48 at 57.

¹⁰³ *Id.*

¹⁰⁴ *Id.*

¹⁰⁵ *Id.*

¹⁰⁶ *Id.* at 58.

¹⁰⁷ *Id.*

¹⁰⁸ *See id.* at 29 (There are several criteria one must meet to be considered for permanent supportive housing).

¹⁰⁹ *Id.*

¹¹⁰ *Id.*

¹¹¹ *Id.*

¹¹² *Id.*

third eligibility requirement is that the person be disabled in some way.¹¹³ A disability is considered anything from substance abuse, mental illness, or developmental disabilities.¹¹⁴

The Columbus model of Housing First admission makes concessions for things such as “poor credit history, lack of income, and unaddressed mental health and/or substance abuse issues.”¹¹⁵ As with most Housing First programs, the Columbus model is relapse tolerant.¹¹⁶ For the most part, sobriety is not a condition of admission into the Housing First units in Columbus;¹¹⁷ rather providing the homeless with direct linkages to housing and supportive services is the goal.¹¹⁸ One thing to note, the Rebuilding Lives permanent supportive housing units are also subject to the requirements put on them by their funding providers.¹¹⁹ For example, if an entity such as HUD (which excludes a person with a criminal history from receiving their money) provides funding, then a homeless person with a criminal record may not be able to live in certain permanent housing units under the Rebuilding Lives plan.¹²⁰ This can make it difficult to find certain homeless persons the right supportive housing unit.

¹¹³ *Id.*

¹¹⁴ *Id.*

¹¹⁵ *Id.*

¹¹⁶ *Id.*

¹¹⁷ Community Shelter Board, *supra* n. 84 at 38 (69% of the supportive housing units in the Columbus model do not require sobriety).

¹¹⁸ Community Research Partners, *supra* n. 48 at 21-22.

¹¹⁹ *Id.* at 29.

¹²⁰ *Id.*

Columbus Model – Examples of Successes & Outcomes

“The CSB operates an outcomes-based funding model that uses measurable performance standards to monitor and evaluate agencies’ and system progress toward community goals.”¹²¹ Every year, the CSB conducts an evaluation of its shelter and housing systems to determine the effectiveness of the overall homeless strategy in the community.¹²² There are various outcome based statistics that Housing First programs consider; these include length of shelter stay, housing stability, housing outcome, and increased economic well-being.¹²³ The Rebuilding Lives program has had countless examples of success over the course of the program. For instance, between 1997 and 2004, the CSB has been able to reduce family homelessness by 46%, from 1,297 families to 696.¹²⁴ Overall, the Columbus community reduced homelessness from 2007 – 2009 by 7%, all while during a recession.¹²⁵ Moreover, “[t]he overall capacity of supportive housing for homeless persons nearly doubled from 1998 to 2006.”¹²⁶ Forty-seven percent of single adults and 58% of adults within families stayed in the Rebuilding Lives supportive housing for more than 2 years.¹²⁷ This is good evidence that persons in the permanent supportive housing units have finally found long term stability.¹²⁸

¹²¹ National Alliance to End Homelessness, *The Columbus Model: Performance Measurement & Evaluation*, <http://www.endhomelessness.org/content/article/detail/3466> (Oct. 15, 2010).

¹²² Community Shelter Board, *supra* n. 45 at 43.

¹²³ National Alliance to End Homelessness, *supra* n. 4 at 5.

¹²⁴ National Alliance to End Homelessness, *Community Snapshot Columbus*, 1, 2 <http://www.endhomelessness.org/content/article/detail/946> (May 2006).

¹²⁵ National Alliance to End Homelessness, *The Columbus Model: System Overview*, 1, 4 (accessed June 20, 2012).

¹²⁶ Community Shelter Board, *supra* n. 84 at 41.

¹²⁷ Community Shelter Board, *Annual Homeless Assessment Report 2011*, <http://www.csb.org/files/docs/Publications/2012/2011%20AHAR%20Report.pdf> 5, 25 (2011).

¹²⁸ *See id.* at 22.

In 2011, over 2,400 people were served by the permanent supportive housing units in the Rebuilding Lives plan.¹²⁹ Only 29% of those served in the Rebuilding Lives plan in 2011 exited the system, and 58% percent of those were positive exits to their own permanent housing.¹³⁰ Only 5% of those served returned to the streets.¹³¹ Over a six year time frame, 70% of people that lived in one of the permanent supportive housing units retained housing or exited the program under successful circumstances to other permanent housing.¹³² The Rebuilding Lives program has reduced the use of shelters by 35 days on average per person.¹³³ “Rebuilding Lives programs reduce demand for shelter by up to 5% per year.”¹³⁴ Furthermore, the income levels of the persons admitted into the program increased dramatically.¹³⁵ These are just a few examples of the positive impacts that the Rebuilding Lives program has made in the Columbus community.

What is the Cost of the Rebuilding Lives Plan?

The CSB gathers both public and private money to fund their daily operations, including the Rebuilding Lives plan.¹³⁶ In 2006, \$8.3 million of combined public and private money was spent on operating and supportive services at the various Rebuilding Lives projects.¹³⁷ Although this may seem like a substantial amount of money, the cost of the Rebuilding Lives program is “much lower than comparable costs for institutional

¹²⁹ *Id.* at 19.

¹³⁰ *Id.* at 21.

¹³¹ *Id.*

¹³² Community Shelter Board, *supra* n. 84 at 44.

¹³³ *Id.* at 45.

¹³⁴ *Id.* at 69.

¹³⁵ *Id.* at 44.

¹³⁶ Community Shelter Board, *supra* n. 45 at 15.

¹³⁷ Community Shelter Board, *supra* n. 84 at 43.

programs.”¹³⁸ “For comparison, the average cost of state prison is over \$25,000 per year. The cost of inpatient psychiatric hospital care is at least five times higher than the most expensive [Rebuilding Lives] program.”¹³⁹ The average cost per unit, to house a person for an entire year, was only \$12,093.¹⁴⁰ Overall, the community of Columbus saves much more money in the long run. Typically, persons who are part of a Housing First program use expensive institutional services much less than other homeless persons who are not part of a Housing First program.¹⁴¹

Criticisms of the Columbus Model & Housing First

The federal government and many local governments are pushing the Housing First model as the way to end homelessness.¹⁴² The Housing First model and Columbus’ interpretation of said model have received overwhelmingly positive support.¹⁴³ However, there are some criticisms of the model itself, and the way it is implemented in Columbus. Generally, Housing First and the Columbus model’s Rebuilding Lives plan apply specifically to the chronically homeless population.¹⁴⁴ There are many who argue that this model focuses much too narrowly on one small segment of the homeless population, to the detriment of other homeless persons.¹⁴⁵

Furthermore, with so much of the funding resources from the federal and local governments going towards Housing First, “transitional [and] emergency shelters are being deprived of the resources needed to operate fully.”¹⁴⁶ By focusing so much of the

¹³⁸ *Id.* (Institutional programs are programs such as prison or psychiatric hospitals).

¹³⁹ *Id.*

¹⁴⁰ *Id.*

¹⁴¹ See Community Shelter Board, *supra* n. 31 at 4.

¹⁴² Violet Law, Too Much of a Good Thing?, <http://nhi.org/online/issues/149/housingfirst.html> (2007).

¹⁴³ Community Research Partners, *supra* n. 48 at 42.

¹⁴⁴ Law, *supra* n. 144.

¹⁴⁵ *Id.*

¹⁴⁶ *Id.*

available resources into one small segment of the homeless population the situation for most of the homeless may be worsening across the country.¹⁴⁷ Underfunded emergency shelters must turn more people away, thus more of the homeless may sleep on the streets.¹⁴⁸ Permanent supportive housing can be an expensive option that may only potentially benefit a small minority of the homeless population.¹⁴⁹ Unfortunately, this singular focus on Housing First may be treating the symptoms, but not the cause of homelessness – the lack of affordable housing.¹⁵⁰

It should be noted that the Columbus model's Rebuilding Lives plan specifically has expanded from just serving the chronically homeless male population, to include chronically homeless women and families as well.¹⁵¹ However, while this broadens the scope somewhat, the plan still focuses on the smaller subset of the chronically homeless.¹⁵² Nevertheless, it is a fact of life that money and resources are not unlimited. Choices must be made and inevitably that choice will be beneficial to some and potentially not for others. Therefore, if a community is going to enter into a Housing First model, the model should be structured to help as many people as possible; while recognizing that this model may potentially deprive other homeless programs of resources.

Another criticism of the Housing First model in Columbus is directed at the organizational structure of the CSB itself.¹⁵³ The CSB has been accused of operating

¹⁴⁷ *Id.*

¹⁴⁸ *See id.*

¹⁴⁹ *See id.*

¹⁵⁰ *Id.*

¹⁵¹ Community Research Partners, *supra* n. 48 at 57.

¹⁵² *Id.* (To be admitted into the Rebuilding Lives plan a person must be homeless for a certain time period and have a disability).

¹⁵³ *See* Penny Owen, *Critics Say Shelter Board Demands too Much*, Daily Oklahoman 7A (June 8, 2003).

the homelessness care structure in Columbus' in an authoritarian manner.¹⁵⁴ The CSB wants the homeless shelters, providers, and advocacy groups to conform to one community standard to end homelessness, even if not everyone is on board with that plan.¹⁵⁵ This collaborative effort has not been easy.¹⁵⁶ A continuing challenge has been how to work together when the CSB's goals are different from the provider's goals.¹⁵⁷

For example, the CSB created certain guidelines that all Columbus area providers had to meet to obtain funding.¹⁵⁸ When one local emergency shelter – the Open Shelter – refused to adhere to these CSB imposed guidelines their funding stream was cut off.¹⁵⁹ When the Open Shelter could no longer afford to operate, because of a lack of funding, they had to mortgage their shelter space to meet expenses.¹⁶⁰ Eventually, no longer able to afford the location due to a lack of funding, the Open Shelter closed, forcing roughly 100 men back onto the streets.¹⁶¹

However, there are areas of agreement among other actors in the community, concerning community wide program topics, such as the positive effects of service standards.¹⁶² Many stakeholders in the CSB perceived the closing of the Open Shelter as a positive move for the community.¹⁶³ In defense of the CSB, whether their methods

¹⁵⁴ *See id.* (There is a lack of flexibility in policy solutions as the CSB is an umbrella organization that controls much of the funding that goes to the local shelters and programs).

¹⁵⁵ *See id.*

¹⁵⁶ Community Research Partners, *supra* n. 48 at 61.

¹⁵⁷ *Id.*

¹⁵⁸ Owen, *supra* n. 155.

¹⁵⁹ *Id.*

¹⁶⁰ *Id.*

¹⁶¹ Beth Knieriemen, *Homeless Shelter Closes Doors*, *The Lantern* (June 14, 2004).

¹⁶² Owen, *supra* n. 155.

¹⁶³ Community Research Partners, *supra* n. 48 at 60 (One stakeholder even referred to the closing of the Open Shelter as a “blessing”).

are truly authoritarian or not is purely a matter of perspective, but nonetheless it is a criticism which cannot be ignored.

A final criticism of Housing First and Rebuilding Lives from certain providers is that giving a homeless person, with a substance abuse problem, a place to live without any conditions of sobriety is morally wrong or will not sufficiently address the problem.¹⁶⁴ Again, this argument is merely a personal viewpoint some people hold. Many others believe that housing is not a privilege, but rather a right to which everyone is entitled, regardless of their status.¹⁶⁵ More importantly, studies have been conducted that “provide evidence that Housing First models do not increase the use of alcohol and drugs despite the lack of abstinence and/or treatment requirements.”¹⁶⁶

Could a Similar Program Work in Polk County?

"Columbus achieved success using resources and strategies that could be replicated by homelessness providers in most communities."¹⁶⁷ Columbus used traditional funding methods such as HUD, the United Way, and the private sector to achieve success.¹⁶⁸ While this may be true, it is worth noting any of the major differences between Franklin County and Polk County that could have an effect on a similar program in Polk. There are various demographic and community based differences that may have an effect on a Housing First policy in Polk County. However, it is not clear at this time if these differences would matter in reality or not.

¹⁶⁴ *Id.* at 57.

¹⁶⁵ DESC, *supra* n. 11.

¹⁶⁶ CSH, *Are Housing First Models Effective?*, <http://www.csh.org/wp-content/uploads/2011/11/HousingFirstFAQFINAL.pdf> (Aug. 2006).

¹⁶⁷ National Alliance to End Homelessness, *supra* n. 125 at 1.

¹⁶⁸ *See id.*

Franklin County is much bigger than Polk County. Franklin County has a population of 1,163,414¹⁶⁹ persons; while Polk County only has a population of roughly 430,640.¹⁷⁰ Comparatively Franklin County also has a larger portion of people living below the poverty line at 17%¹⁷¹ of the population; in Polk County it's roughly 10%.¹⁷² Franklin County also has a larger minority population as roughly one in three is a minority.¹⁷³ In Polk County the minority population is at about 20%.¹⁷⁴ The two communities are fairly different in terms of their makeup as these statistics indicate. It's not clear how much of a difference, if any, this would actually have on Polk County's ability to implement a Housing First policy similar to the Rebuilding Lives plan.

One of the major reasons, and possibly the most important reason the Columbus model has been such a large success is because of one man – Mel Schottenstein.¹⁷⁵ He was an attorney who founded the largest law firm in the Columbus area.¹⁷⁶ He was a community leader and a partner in a successful residential housing development company as well.¹⁷⁷ Schottenstein was extremely influential in the Columbus community and he made it his mission to combat homelessness.¹⁷⁸ Schottenstein helped form the CSB and built it up to its current status.¹⁷⁹ If a Housing First policy with

¹⁶⁹ U.S. Census Bureau, *Franklin County, Ohio*, <http://quickfacts.census.gov/qfd/states/39/39049.html> (Jan. 31 2012).

¹⁷⁰ U.S. Census Bureau, *Polk County, Iowa*, <http://quickfacts.census.gov/qfd/states/19/19153.html> (Jan. 31, 2012).

¹⁷¹ U.S. Census Bureau, *supra* n. 171.

¹⁷² U.S. Census Bureau, *supra* n. 172.

¹⁷³ U.S. Census Bureau, *supra* n. 171.

¹⁷⁴ U.S. Census Bureau, *supra* n. 172.

¹⁷⁵ See HUD, *Evaluation of Continuums of Care for Homeless People*, http://www.huduser.org/publications/pdf/continuums_of_care.pdf 85, 192 (May 2002).

¹⁷⁶ *Id.*

¹⁷⁷ *Id.*

¹⁷⁸ *Id.*

¹⁷⁹ *See id.*

a similarly structured CSB entity were to work in Polk County it would likely need an influential leader like Mel Schottenstein who can organize and lead the charge.

Another difference between the two communities is the fact that Polk County does not have a well-organized Continuum of Care like Franklin County. The CSB helps with the Continuum of Care in the Franklin County area.¹⁸⁰ A Continuum of Care is both an organization and an idea. “A Continuum of Care is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.”¹⁸¹ At the same time HUD describes a Continuum of Care as a community plan to meet the needs of the homeless in the community.¹⁸² HUD requires each community that desires federal funding for housing issues to submit one application for the entire community, to promote a more organized structural approach in combating homelessness.¹⁸³ While the Franklin County area has an established and well organized Continuum of Care, Polk County is in the early stage of establishing a similar Continuum of Care.¹⁸⁴ This is a big difference as HUD funding is dependent on one community plan,¹⁸⁵ which will be a difficult to organize, but it is a possible challenge for the newly formed Polk County Continuum of Care to meet.

The cause of homelessness between the two locales is different as well. In Columbus, a lack of affordable housing and low household incomes are the main reasons for homelessness.¹⁸⁶ While in Polk County the main culprits for homelessness

¹⁸⁰ See Community Shelter Board, *Continuum of Care*, <http://www.csb.org/?id=how.community.coc> (accessed June 21, 2012).

¹⁸¹ National Alliance to End Homelessness, *What is a Continuum of Care?*, <http://www.endhomelessness.org/content/article/detail/1744> (Jan. 14, 2010).

¹⁸² *Id.*

¹⁸³ *Id.*

¹⁸⁴ See Polk County/Des Moines Homeless Continuum of Care Community Planning Structure (Apr. 2012).

¹⁸⁵ See National Alliance to End Homelessness, *supra* n. 183.

¹⁸⁶ Community Shelter Board, *supra* n. 45 at 5.

are economic and medical reasons.¹⁸⁷ Although there will be other differences between the two communities, these seem to be the ones that would be the most relevant regarding whether a Housing First program similar to the Rebuilding Lives model would succeed in Polk County. If the new Continuum of Care in Polk can get the business community, local providers of housing, and local providers of supportive services on the same page, there shouldn't be a significant problem implementing a similar model based on permanent supportive housing. In fact, in Des Moines there already are some permanent supportive housing units.¹⁸⁸ While the two communities do have some differences, the Columbus model seems to be based on fairly universal elements that can be transferred to Polk County.¹⁸⁹

¹⁸⁷ Iowa Institute for Community Alliances, *Iowans Experiencing Homelessness* 4, 20 (2010).

¹⁸⁸ AHAR, *Sheltered Homeless Persons in Des Moines*, 6, 45 (2011).

¹⁸⁹ See National Alliance to End Homelessness, *supra* n. 125 at 1.

Conclusion

In Polk County, in 2010, there were 5,634 homeless persons and another 4,131 at-risk of homelessness.¹⁹⁰ It is apparent that there must be changes made to combat the problem of homelessness in Des Moines and Polk County. Housing First is considered a “best practice” when it comes to combating homelessness.¹⁹¹ The Columbus model’s Rebuilding Lives program is one of the most well respected models of Housing First/permanent supportive housing in the country.¹⁹²

While the model is not a panacea and may have its critics, overall it has been extremely successful in combating homelessness.¹⁹³ Although there are many practicalities that would need to be worked out if a similar program were implemented here in Polk County, there does not seem to be a significant reason why it wouldn’t be successful. Furthermore, the program can be adapted to fit Polk County if need be; “Housing First programs often reflect the needs and preferences of [the] community.”¹⁹⁴ Polk County and the newly formed Polk County Continuum of Care should attempt to bring the entire community onto the same page and implement this model to effectively combat homelessness in Polk County.

¹⁹⁰ Iowa Institute for Community Alliances, *supra* n. 189 at 4 (at-risk of homelessness means the person/family sought services to prevent homelessness).

¹⁹¹ Community Shelter Board, *supra* n. 45 at 1.

¹⁹² Community Research Partners, *supra* n. 48 at viii (The Rebuilding Lives plan has been recognized nationally with awards and publications).

¹⁹³ Community Shelter Board, *supra* n. 91 (CSB has established well over 1,000 PSH units).

¹⁹⁴ National Alliance to End Homelessness, *supra* n. 4.