



National Alliance to END HOMELESSNESS

CRITICAL SUCCESS FACTORS IN HIGH PERFORMING RURAL CONTINUUMS OF CARE

Introduction

Homeless assistance systems are as varied as the communities they serve. With nearly 20 percent of the homeless population represented in fully, mostly, or somewhat rural geographic areas, we must learn more about ways to improve our rural homeless assistance systems. The National Alliance to End Homelessness completed in-depth interviews with administrators and service providers in four rural continuums:

- Maine Balance of State Continuum of Care
- Utah Balance of State Continuum of Care
- Wood, Seneca, Ottawa, Sandusky (WSOS) Continuum of Care
- Lancaster County Pennsylvania Continuum of Care

The interviews revealed common themes that have contributed to the success of these systems, regardless of the geographic region or infrastructure in place. These themes, or critical success factors (CSF), have helped communities make progress toward ending homelessness, implementing their Ten Year Plans, and meeting the housing and service needs of their homeless families and individuals. The factors include:

- (1) An identified “Glue Person” that maintains both a high level understanding and detailed perspective of the Continuum and its activities
- (2) A “Champion” for ending homelessness that has the trust and respect of community members, as well as the skills to build relationships both inside and outside of the homeless system
- (3) A high level of stakeholder involvement and leadership in the Continuum of Care planning process
- (4) Implementation strategies that reinforce inclusion, coordination, and collaboration across homeless system agencies and programs, both public and private
- (5) A willingness to think “outside of the box” to achieve key goals within the homelessness assistance system

The communities identified all share some combination of these success factors and consequently have reported reductions in the prevalence of homelessness in their community and/or made significant progress toward other system-wide goals.

Critical Success Factors

- (1) The “Glue Person”

The glue person in each of the communities interviewed shared similar responsibilities. This individual manages the administrative and business affairs of the Continuum, builds and

maintains relationships with all key stakeholders, promotes coordination and collaboration where appropriate throughout the system, and creates a shared sense of accountability. They are also responsible for providing opportunities for stakeholders to share information concerning upcoming challenges, successes, and resources, and they research and disseminate information about new and promising practices that may impact the system. This person is often the administrator or coordinator for the Continuum.

(2) The “Champion”

The Champion is one person, usually per rural locale in the Continuum, who people trust and listen to, such as a faith-based or community leader. This person believes in the work and proposed solutions of the Continuum and works in conjunction the “glue person” and other Continuum leaders to move the work forward. One way the champion moves the work forward is by influencing cultural shifts in provider staff and consumers that would otherwise serve as barriers to the system’s progress. This is often achieved by communicating system goals and activities to the broader community in a culturally sensitive, accessible way.

(3) Stakeholder Engagement

In each of the four communities, the continuums all benefited from a high level of participation and leadership from both providers and government agencies. At the provider level, those who provide direct services (e.g., churches, shelters, etc.) but usually operate in silos or completely outside of the Continuum must buy into and participate in a more collaborative and coordinated services approach. And while it is important to engage all providers, providers that perform critical or a significant amount of services in the community are essential to the success of this factor. At the government agency level, lead agencies that have access to federal, state, and local resources and control the contracts and financial resources of programs should also be at the table. Working with these agencies can provide a more comprehensive, interconnected safety net for consumers, as well as increasing the resources available to a homeless assistance system.

(4) Inclusion, Coordination, and Collaboration Strategies

Implementing service and administrative activities that reinforce inclusion and enhance coordination and collaboration has been critical for all four continuums. Such strategies lead to a more cohesive systems approach to ending homelessness, increase the resources available to the community, and improve the effectiveness of a Continuum’s activities. Examples include strong communication through regular stakeholder meetings, as well as data sharing across agencies and programs. Sharing and leveraging funds and other resources may also prove effective, depending on the staff and resource constraints of the lead agency. For the majority of the communities, achieving these things was made easier by building on pre-existing structures such as interagency council meetings and provider networking meetings, where these practices were already in place. Additionally, moving forward on these items necessitated leadership from the “glue person.”

(5) Willingness to Think and Reach outside the “Box”

Reaching out to non-CoC partners, including businesses and foundations, government agencies, faith-based groups, schools, and other non-traditional partners, was a final common practice embraced by all four communities. These communities’ willingness to go beyond the borders of the homeless services assistance system ushered in additional resources for the Continuum and generated support and cross-sector partnerships. Success in this area began with leaders thinking creatively about ways to overcome barriers to addressing rural homelessness and taking a fresh look at existing community members, organizations, consumers, and activities. Continuum leaders and members were open to and embraced new ideas and ways of doing business and exhibited a willingness to “just start,” be unafraid, and tweak approaches along the way.

Community Case Studies

Maine.

The Maine Balance of State (MBOS) Continuum of Care (CoC) serves all communities in Maine except Portland and Penobscot. In 2009, the community’s point-in-time count revealed that the 84 CoC member organizations served 1,305 homeless persons (including 845 people in transitional and permanent supportive housing), and in 2010, the CoC will use nearly \$5.3 million in HUD McKinney-Vento funds to continue its operations.

The MBOS CoC offers a range of housing and supportive services options; however, the state’s permanent supportive housing program has made the most significant impact on the community’s efforts to end homelessness. In addition to achieving a significant reduction in homelessness, Maine has used its permanent supportive housing program to help participants achieve a 57 percent reduction in mental health care costs, a 99 percent reduction in shelter costs, a 14 percent reduction in emergency room costs, a 95 percent reduction in jail costs, a 32 percent reduction in ambulance service costs, and an overall per person cost-savings of \$1,348 over six months. Maine’s achievements can be attributed in part to the MBOS CoC infrastructure, its highly collaborative, cooperative, and coordinated approach to services, and its implementation of the CSFs described above.

- (1) The “Glue Person”: Scott Tibbitts, Coordinator of Homeless Initiatives, Maine State Housing Authority
- (2) The “Champion”: Nancy Fritz, Director of Homeless Initiatives, jointly appointed to the Governor’s cabinet and the Maine State Housing Authority;
- (3) Stakeholder Engagement
 - **Major/Critical Service Organizations/Providers:** Shalom House Inc., Volunteers of America, major shelter providers, nonprofit supportive housing developers.
 - **Government Agencies:** Maine State Housing Authority, Maine Department of Health and Human Services, Governor’s Office, Department of Mental Health Services.
- (4) Inclusion, Coordination, and Collaboration Strategies

Providers co-chair the MBOS CoC Governing Body, which includes and convenes stakeholders from all regions of the state regularly. CoC Governing Body activities include managing and/or monitoring HMIS data quality and participation, program evaluation and contract awards, Ten Year Plan implementation and updates, and system performance and resource gaps analysis.

(5) Willingness to Think and Reach outside the “Box”

Maine emphasizes a Housing First approach throughout its entire system. The shift to this approach was made easier by stakeholders’ receptiveness to implementing a new, evidence-based approach to ending homelessness, as well as a more collaborative approach to planning and implementation. Additionally, some providers had to shift from transitional to permanent supportive housing.

Utah.

Utah’s CoCs are jointly managed by state and local Homeless Coordinating Committees (HCC) and the State Community Services Office. The state expects to serve 15,525 homeless persons in 2009, 9 percent (or nearly 1,400) of whom will receive services in rural areas. The Balance of State received \$1,641,230 in renewal funds to serve its homeless population, not including funding for homeless persons in the Salt Lake City and Mountainland Continuums. For ongoing local projects, federal and state funds are distributed to local providers through the State Community Services Office. For all new local projects, however, the local homeless coordinating committee submits a proposal/application for funding to the state homeless coordinating committee. Local committees only submit new project proposals to the state after the community has completed an assessment to determine whether the project fills a service or other resource gap.

Utah’s HCCs are highly collaborative, well-coordinated, and organized. Most important, they are extremely effective in reducing homelessness and implementing CoC activities across the state in accordance with the state Ten Year Plan to End Homelessness. Finally, the HCCs facilitate a process whereby nearly all stakeholders in local service areas are engaged and able to maximize the benefits of collaboration and accountability. The model provides a strong example for other communities. Additional information can be found here: <http://housing.utah.gov/shcc/index.html>.

- (1) The “Glue Person”: Jonathan Hardy, Director, State Community Services Office
- (2) The “Champion”: Lloyd Pendleton, Director, Homeless Task Force for the State of Utah **and** his equivalent in each rural locale
- (3) Stakeholder Engagement
 - **Major/Critical Service Organizations/Providers:** The Church of Jesus Christ of Latter Day Saints, United Way, philanthropic organizations, businesses, and various local community nonprofits
 - **Government Agencies:** State Community Services Office at State of Utah and agencies at the state and local levels, including human services, the Governor’s office, health, corrections, council members, education, workforce services, local governments associations, the balance of state,

housing authority, housing corporation, social security, financial institutions, and veterans' affairs.

(4) Inclusion, Coordination, and Collaboration Strategies

Lloyd Pendleton and major/critical service providers and government agencies are all members of the state and local HCCs.

(5) Willingness to Think and Reach outside the "Box"

Utah has implemented many successful, innovative strategies to end homelessness in addition to its HCCs. They include a unique and strong partnership with the Department of Workforce Services, which funds rapid re-housing through the state's TANF program; a virtual intake and assessment system that allows persons experiencing homelessness to access rapid re-housing services regardless of where they entered the system, which works really well in rural areas; and a comprehensive approach to transforming the operations of their assistance system using Homeless Prevention and Rapid Re-Housing Program (HPRP) funds. For additional information, visit http://www.endhomelessness.org/content/search/?search_query=utah.

WSOS, Ohio.

Wood, Seneca, Ottawa, and Sandusky counties (WSOS) in Ohio each have their own local CoCs and are jointly served by the WSOS Community Action Agency (CAP). Using their portion of more than \$3.5 million in HUD McKinney-Vento funds for Ohio's rural communities, these communities provide prevention through the CAP, a single point of entry for their homeless systems, employment training and internship programs, and transitional and permanent supportive housing. Funding is allocated through HUD, the state, or the CAP depending on the project, though the CAP manages activities across the continuums.

Local monthly meetings with all CoC stakeholders and partners outside the homeless assistance system foster coordination and collaboration and have resulted in strategic partnerships with the police department and the school system. With more than three-quarters of all stakeholders engaged in their CoCs, half of the WSOS counties are already successfully implementing their Ten Year Plans to End homelessness, and the others are currently drafting plans. The state provides technical assistance to the WSOS counties and individual providers within these counties to enhance their efforts to develop goals for their system, work in partnership toward those goals, and increase their capacity to implement and/or improve new and promising practices, such as rapid re-housing and targeted prevention.

(1) The "Glue Person": Ragan Claypool, Support Services Coordinator, WSOS CAP

(2) The "Champion": Coalition on Homelessness and Housing in Ohio (COHHIO), and WSOS CAP.

(3) Stakeholder Engagement

- **Major/Critical Service Organizations/Providers:** WSOS CAP, local/county United Ways, key local/county shelter providers, churches and other faith-based organizations
- **Government Agencies:** COHHIO, local school districts, Sheriff's Department

(4) Inclusion, Coordination, and Collaboration Strategies

Provider and government agency partners conduct program eligibility and service need assessments. They also perform outreach, make referrals, provide direct services, track and contribute data concerning their service populations, participate in the point-in-time count, and, in the case of the United Way, provide supplemental funding for programs and positions. As regular participants in the WSOS monthly continuum meetings, their information sharing is an invaluable asset to services planning in these counties.

(5) Willingness to Think and Reach outside the “Box”

The WSOS CoCs are innovation leaders in their state, and their cross-sector and cross-agency collaborations are strong examples for other rural homeless assistance systems. In addition to partnerships with United Way in each county that provide funding and services, several WSOS CoCs (in conjunction with the CAP) formed partnerships with their local sheriff's departments, school districts, and colleges/universities. These partnerships have resulted in an improved ability to connect clients to the appropriate services when picked up by police. They have also led to fewer evictions from landlords working with the sheriff's department concerning formerly homeless tenants, a new team approach to case management of families working with school district and homeless services case managers, and increased staff/volunteer resources from the university student body for homeless services.

Lancaster County, Pennsylvania.

The Lancaster County CoC serves both urban and rural Lancaster and more than 700 homeless people throughout the county. The City of Lancaster and local providers within the metropolitan area are geographically situated in the middle of farmland and mountainous rural areas, and they partner with faith-based groups, churches, and seven satellite community action agencies to serve Lancaster's rural homeless population. Their service model allows providers in Lancaster to travel to rural areas to work with homeless individuals and families that are being served by their local church or CAP agency.

Nearly \$1 million in HUD McKinney-Vento funds support Lancaster's CoC activities, which are performed by more than 20 providers. Led by the Lancaster County Coalition to End Homelessness (LCCEH), these providers reduced family homelessness by 16 percent from 2008 to 2009. LCCEH was formed by CoC stakeholders in 2008 to improve and formalize their coordination concerning planning, advocacy, and services. The providers were also responsible for consolidation and centralized management of the CoC application process, approval of new projects for inclusion in the CoC and submission for HUD funding (based on objectives outlines in the newly released Ten Year Plan to End Homelessness), and distribution of funding. Moreover, the formation of LCCEH fostered cross-sector collaboration between the public, nonprofit, and private sectors and resulted in a public-private partnership between the United Way and the County of Lancaster, for which United Way funds the LCCEH advisory/coordinator position. LCCEH is composed of a Leadership Council that is jointly chaired by the board of the County Commissioners (all 3 commissioners) and the owner of a local business. The Leadership Council also includes the mayor of the City of Lancaster and members of the business, provider, education, and faith-

based communities. In addition to the Leadership Council, the LCCEH is organized into the following groups: Homeless Service Provider Network, [Ten Year Plan] Action Teams, [Ten Year Plan] Action Leadership Team, and the Continuum of Care Planning Committee.

- (1) The “Glue Person”: Kay Moshier-McDivitt, Community Homeless Advisor for Lancaster County, Lancaster County Coalition to End Homelessness, Lancaster, PA
- (2) The “Champion”: County Commissioners, the United Way, the mayor, high-profile business community leaders, and key faith-based leaders.
- (3) Stakeholder Engagement
 - **Major/Critical Service Organizations/Providers:** Tabor Community Services
 - **Government Agencies:** LCCEH, Lancaster County Board of Commissioners, Executive Office of the Mayor, the Lancaster County Housing and Redevelopment Authority, Lancaster County Office of Mental Health/Mental Retardation/Early Intervention.
- (4) Inclusion, Coordination, and Collaboration Strategies
LCCEH leaders and members advocate throughout the community on homelessness issues, champion and monitor progress toward the Ten Year Plan, eliminate roadblocks to ending homelessness and implementing the Ten Year Plan, generate ideas, and endorse innovative strategies.
- (5) Willingness to Think and Reach outside the “Box”
Thinking and reaching outside the box is a central theme throughout all the activities in Lancaster County. Based on this premise, CoC stakeholders have formed partnerships that have improved access to public and personal means for transportation in rural areas, built strong partnerships with landlords, and successfully housed many of their homeless people without subsidies.