

**Reimagining Homeless Programs into Rapid Rehousing**

*COHHIO Conference April 13 2015  
Presented by Katie Kitchin*

The Source for Housing Solutions

csb.org



**A word about CSH... Our Mission**

Advancing housing solutions that:



Improve lives of vulnerable people



Maximize public resources



Build strong, healthy communities



**Presentation Overview**

- **Federal context**
  - HEARTH Act
  - Coordinated access requirements
  - Best practices
- **Community drivers**
  - Strategic Plans
  - Funding competition
- **Practical considerations**
  - 6 key decision drivers
  - Examples



**Call to Action of the HEARTH Act**

*“Transform homeless services into crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.”*



## Federal Goal



**No person  
or family  
homeless  
more than  
30 days**



## HUD's Coordinated Entry Policy

- **Effective Coordinated Entry Systems are:**
  - Prioritized
  - Low barrier
  - **Housing First oriented**
  - Person centered
  - Fair and Equal access....



## System Orientation

- **Ending Homelessness is not a solo act**
- **Unit analysis/larger strategy**
- **Centralized intake**
- **Match right fit intervention to right people**
- **Mutually accountable**
- **High performing**
- **Share outcomes regularly**

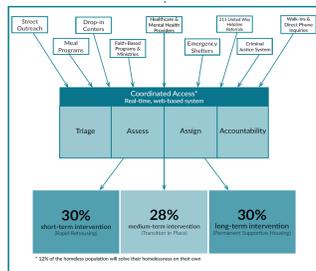


## Strategic Plan for Resource Allocation

- Memphis Plan calls for 50% reduction in TH units; 491 units of PSH, and RRH for 250 families/year
- Houston calls for 8100 units of RRH and conversion of TH



## Houston's System Approach



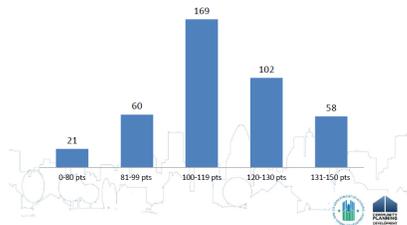
## Community Context

- Funding is shrinking
- Competition is tighter
- Transitional Housing is under pressure to convert
- Homelessness should be declining
- Local rules are likely in place to guide program conversions (RFP requirements? Reallocation policies?)



## CoC scoring has grown tighter

Distribution of CoC Application Scores among the 410 CoCs



## Conversion Considerations

- **6 key elements:**
  - Organizational Commitment
  - Mission
  - Outcomes
  - Population
  - Physical Plant
  - Financials



## Organizational Commitment

- How willing is the Board, executive leadership, and front-line staff to make a change?
- What understanding of HEARTH and research findings do these key stakeholders have?
- What message are they receiving from funders?



## Mission



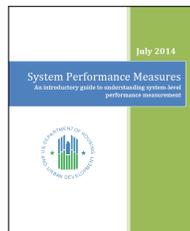
eliminating racism  
empowering women  
**ywca**

- Organizational history
- Affiliation with national organizations
- Donor relationships
- The mission statement



## Outcomes

- Is the program high-performing
- How long do participants remain homeless?
- How many return to homelessness?
- What is the organization's overall reputation for strong performance?



## Population

- Local need/special population
- Eligibility for PSH
  - Disabilities in the household
  - Entry from streets or shelter
- Local requirements
  - Prioritization
  - Additional assessment
  - Rules on subsidy structure/length?



## Physical Plant



- Are buildings owned or leased?
- How are the units configured?
- Are there private bathrooms and kitchens?
- What are the common spaces like?
- How simple/difficult would it be to make unit modifications?

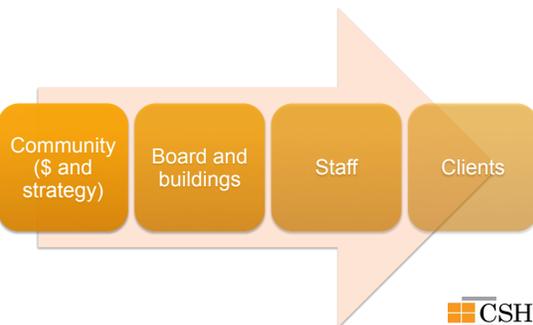


## Financials

- Are there other funding sources to operate the program?
- What are the HUD payback requirements or deed restrictions?
- What public funds contributed to purchase, renovations, and repairs?
- What commitments were made to foundations or individual donors?
- How could the program afford to operate during a conversion period?



Now that you've determined feasibility, what are the next steps?



## MIFA

- Largest TH provider in the community.
- Held half of the TH stock in the community for families.
- All buildings were owned and named for donors.
- City also held deed restrictions



## A complicated transaction

- Determined PSH was not their mission.
- Agreed to donate the buildings to another non-profit that committed to converting to PSH.
- City and private foundations kicked in for building improvements and bridge operating subsidy (12 months.)
- Gave up CoC funding and reapplied for RRH.
- Selected for RRH, but at a lower amount. Remaining \$ created new PSH for chronically homeless individuals.



## Catholic Charities

- Two projects were reallocated.
- Both buildings were owned.
- Restrictive covenants from HUD and City.



## Agape

- Leased buildings
- HPRP experience
- Transition in Place



## Reallocation

- Now required for conversion
- Risk proposition
- RFP is recommended; points can incentivize conversion
- HUD Field Office can help



Questions/Discussion?

