



**The United States House of Representatives
Committee on Financial Services
Subcommittee on Housing and Community Opportunity**

**Testimony of Barbara Poppe, Executive Director
Community Shelter Board**

July 13, 2004

Introduction

Chairman Ney, Congressman Tiberi and members of the Subcommittee, I am Barbara Poppe, Executive Director of the Community Shelter Board in Columbus and Franklin County, Ohio. As the lead organization charged with our community's plan to address and end homelessness, we thank you for the opportunity to testify before this Committee on the affordable housing needs of Americans who experience homelessness. I also bring you greetings from Columbus Mayor Michael B. Coleman who endorses both the Samaritan Initiative and the Services to End Long Term Homelessness Act.

We hope that this testimony will encourage Congress to make a firm commitment to ending homelessness in our country. My testimony is offered as one of the eleven recent grantees under **President Bush's Collaborative Initiative to End Homelessness** – the prototype for the proposed Samaritan Initiative Act of 2004. We offer a local perspective on successful strategies to end chronic homelessness, as well as addressing the needs of families and individuals who experience a short-term episode of homelessness.

Our community has found that affordable housing drives success at all levels. For the family or individual it represents the foundation for success in other areas – employment, health and wellness, education, and community involvement. For the community, affordable housing drives success in improving neighborhoods and business districts. Affordable housing is the obvious solution to homelessness – both chronic and short-term homelessness. While services are important, we have found that without affordable housing, services cannot be successful. While integration of mainstream resources is a critical component of effective strategies to end homelessness, without housing, integration is not successful. While discharge planning is important, without access to affordable housing upon release, discharge plans will fail. We firmly believe that **success begins by addressing affordable housing needs first**. Other needs can then be met once the basic need for a home is fulfilled. For this reason, I believe that this subcommittee can significantly impact the future of our community by assuring that all citizens have opportunity through adequate housing.

Lack of Available and Affordable Housing

Despite an impressive and innovative continuum of services, Central Ohio still lacks the most important component required to end homelessness – an adequate supply of accessible and affordable housing. Homeless families and individuals are a sub-set of very poor households in Franklin County who cannot afford decent, safe housing.

In Ohio, the Fair Market Rent of a typical two-bedroom apartment is \$640 per month. A worker earning the Minimum Wage (\$5.15 per hour) has to work 92 hours per week in order to afford a two-bedroom unit at the area's Fair Market rent. Alternatively a worker

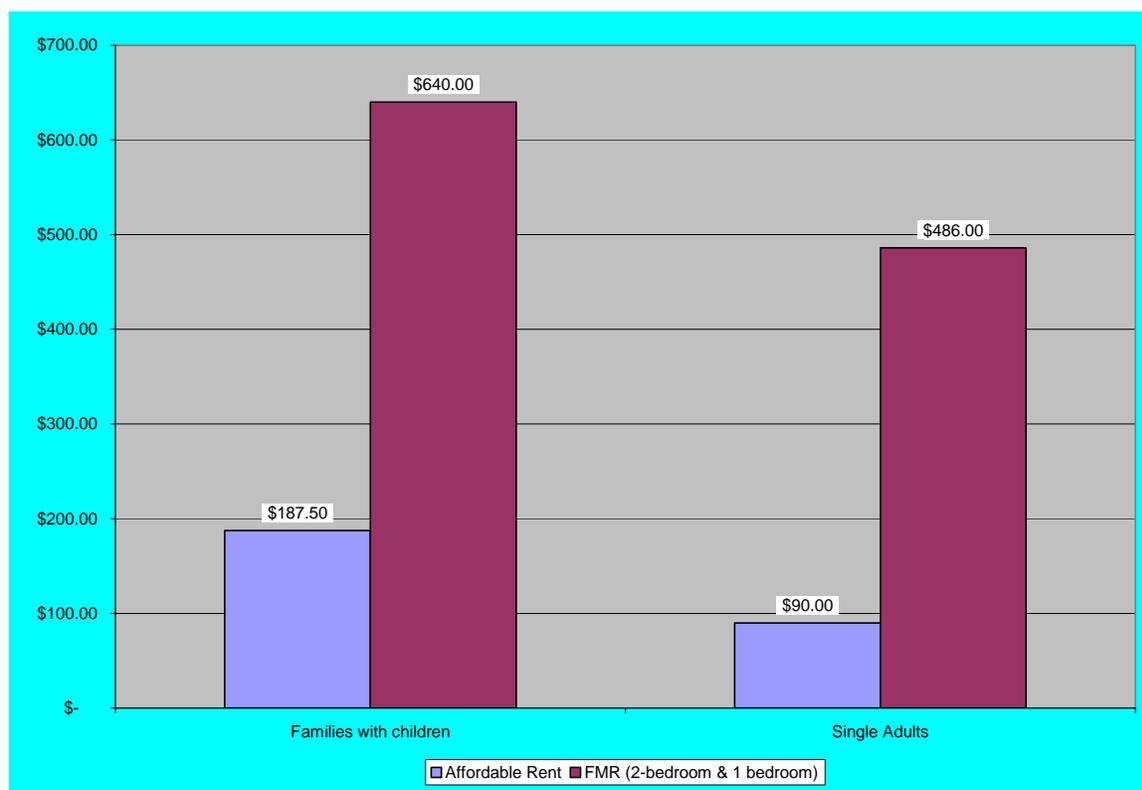
would have to earn \$12.31 per hour to afford an apartment. Disabled Ohioans receiving SSI can afford monthly rent of no more than \$111.¹

There is only one affordable rental unit in Central Ohio for every two extremely low-income renter households, or a deficit of about 22,000 affordable rental units with incomes at or below 30% of median income.²

A typical homeless family receives on average \$625 per month.³ This translates to an ability to afford an apartment that rents for less than \$200. A single adult, homeless woman has an average annual income of about \$3,500 and needs an apartment renting for less than \$100 a month.

The need for permanent supportive housing for disabled homeless is underscored by the size of the waiting lists for Rebuilding Lives, which exceed several hundred qualified applicants.

Chart 1. Comparison of affordable rents (based on income) for homeless families and single adults compared to Fair Market Rents for two- and one-bedroom units.⁴



Background on the Community Shelter Board

The Community Shelter Board is a nonprofit organization, which since 1986, has operated as a true public/private partnership responsible for the collaboration of funding, service delivery and planning to assist persons experiencing a housing crisis in Columbus and Franklin County, Ohio. A twenty-member board of trustees, largely from the corporate and business community, guides the organization along with a professional staff of thirteen employees. This year, the Community Shelter Board will raise, allocate and administer over \$7.4 million to its 12 partner agencies. The Community Shelter Board

receives 12 percent of its support from the private sector. The City of Columbus and the Franklin County Commissioners each contribute \$2,753,490 and \$1,882,036 respectively, along with \$1,006,166 from the United Way of Central Ohio. Federal funds directly from the U.S. Department of Housing and Urban Development total just \$30,015.

The Community Shelter Board and our partner agencies, along with our funders, have created an infrastructure of programs in Columbus and Franklin County that meets the immediate needs of homeless people, providing a roof over their heads, food, and health care. Our efforts have been successful. **We believe it is morally unacceptable to turn any family, child or adult away from our sheltering system, and continue to work toward this end.**

Our community's commitment to this *moral foundation* along with our results-oriented approach has resulted in numerous accolades.

- Franklin County is one of seven communities recognized for leading the way to end chronic street homelessness. A report released March 2, 2004 by the U.S. Department of Housing and Urban Development highlighted efforts underway in Birmingham, Alabama; Boston; Columbus, Ohio; Los Angeles; Philadelphia; San Diego; and, Seattle. The report, *Strategies for Reducing Chronic Street Homelessness*, reported that leaders and providers in each of the seven cities are breaking from traditional approaches to find cutting edge methods to help those living on the streets. The report complimented Columbus' approach, noting "Rebuilding Lives is a comprehensive and ambitious initiative that represents a 'paradigm shift' in the community's approach to homelessness. In addition to providing Columbus with a well-developed vision and goals, the initiative included a very concrete mechanism for funding and monitoring the plan."
- The January 26, 2004 edition of the Christian Science Monitor recognized Columbus and the Community Shelter Board for its "bold approach to chronic homelessness" through the Rebuilding Lives plan. The article noted that Columbus is "at the forefront of a trend gaining momentum in cities: housing the chronically homeless ...as Columbus nears the end of a five-year plan to transform its strategy, the rest of the country is watching."
- A June 9, 2003 editorial in the New York Times recognized Columbus and the Community Shelter Board for its cutting edge programs. "The old 'crackdown' approach of treating the homeless as blight to be cyclically warehoused and forgotten in cavernous barracks is being replaced by a wave of new programs. These deliver real housing along with well-focused medical and social services. Such cities as Boston, Philadelphia, New York, Phoenix and Columbus, Ohio have pioneered this approach, aiming to engage the homeless...."
- The results of the first nationwide study on comprehensive plans to address homelessness entitled "*Evaluation of Continuums of Care for Homeless People*" was released by U.S. Department of Housing and Urban Development (HUD) on August 19, 2002. Franklin County/Columbus, Ohio was included in the study and was recognized as a high-performer within HUD's Continuum of Care process. The report commended the Community Shelter Board's role and stated, "CSB has employed an outcomes-based funding model for nearly five years, creating an atmosphere of success, accountability, and results."

- The Community Shelter Board received the 2002 Nonprofit Sector Achievement Award from the National Alliance to End Homelessness. CSB was recognized for its leadership and work to build partnerships necessary to end homelessness. The award was given to CSB on behalf of the Columbus and Franklin County community on March 19, 2002.

However, the Franklin County homeless system cannot end homelessness. Why? First, this system does not control the number of people who become homeless because of a host of factors including:

- Declines in the availability of affordable housing for low income people,
- Growing mismatches between the cost of basic necessities (food, shelter, clothing) and the incomes of extremely poor and low-income people, and
- A lack of core community treatment services for the poor.

Second, while most people who become homeless enter and exit the homeless system quickly, others virtually live in it. For people who are chronically disabled and very poor, emergency shelters have become home.

The Community Shelter Board believed that as a community we were at a critical juncture in dealing with the problem of homelessness. On August 8, 1997, the Community Shelter Board (CSB) received a request from the City of Columbus to develop a plan to address the needs of persons experiencing a housing crisis who may be impacted by development of the Scioto Peninsula (the riverfront corridor in downtown Columbus). With support of the City of Columbus, the United Way of Central Ohio, and the Franklin County Commissioners, CSB established the Scioto Peninsula Relocation Task Force. In October of 1998, the Task Force recommended a plan called "*Rebuilding Lives*" that outlined a better, more targeted system that provides both emergency housing for those in crisis and supportive housing for those with long-term needs. The goal was "that no one is left behind while others move forward." The Rebuilding Lives plan is our community's plan to end homelessness among single adults.

We share the assessment of the National Alliance to End Homelessness that so far, much has been accomplished, but the end is not yet in sight. "The pieces necessary to craft a solution to the problem are in place. But we must make changes in order to address the continuing flow into the homeless assistance system, and the backlog that has been created within it. If we do not turn the ship -- if we stay our current course -- homelessness will be with us indefinitely."⁵

Coordinated Local Investment

In addition to coordinated funding provided via the Community Shelter Board, a local collaborative of funders was established in 1999. The Rebuilding Lives Funder Collaborative evolved out of the need for the collaboration described previously. The 18-member Collaborative provides funding for the capital, services and operations of supportive housing in order to achieve the community goal to develop 800 units of supportive housing for homeless men with long-term needs. The Collaborative was funded through the Rebuilding Lives plan to jointly develop: strategies, program guidelines and standards, underwriting criteria, program evaluation, outcome measurement and reporting requirements. The group meets monthly to review, evaluate, and approve funding for individual projects, as well as, assist with providing access to other community resources necessary for the success of approved projects.

Table 1. Membership of the Rebuilding Lives Funder Collaborative

ADAMH Services Board	Corporation for Supportive Housing
City of Columbus Administration	Franklin County Dept. of Job & Family Services
Columbus City Council	Franklin County MR/DD
The Columbus Foundation	Franklin County Administration
Columbus Health Department	Franklin County Office on Aging
Columbus Mayor's Office	Mid-Ohio Regional Planning Commission
Columbus Medical Association Foundation	Ohio Capital Corporation for Housing
Columbus Metropolitan Housing Authority	United Way of Central Ohio
Community Shelter Board	Veteran's Service Commission

Homelessness in Columbus and Franklin County

Columbus and Franklin County have steadily gained population over the past several decades. According to the 2000 Census, Columbus was the fifteenth largest city in the United States with a population of 711,470 (11.0% increase since 1990).⁶ Adding in the suburban metropolitan area, Franklin County exceeds one million people. Black and other minority households have also grown and now represent 21% of the Franklin County population.⁷ There are 116,977 persons living below the poverty level in Franklin County, the vast majority within the City of Columbus.⁸

Homelessness affects many Franklin County residents. Since 1989, the Community Shelter Board has maintained a centralized database of all persons who have accessed emergency shelter within Franklin County. To date, more than 100,000 households – families with children, single men and single women – have received shelter.⁹

A random telephone survey of 500 Franklin County residents in 1999 found that ten percent of area residents have stayed in a homeless shelter or have been without housing. Eighteen percent had a family member who had experienced homelessness.¹⁰

Current trends:

Family Homelessness

As is true in many communities across the country, family homelessness is on the rise in Franklin County. The family homelessness system in Franklin County centers on a single point of entry, or 'front door', for all families in need of emergency shelter. Families are quickly assessed and moved to appropriate permanent or transitional housing arrangements within an average 21 days of entering the front door shelter. In 2003, 656 families were served by the front door shelter, representing an **18% increase** over families served in 2002 (556).¹¹

An analysis of families served by the shelter found that the average family consisting of a single African American mother with two children. The average monthly income of families served is \$625, or 48% of the poverty level of \$15,670 for a family of three, with 20% earning income from employment at entry. Approximately 70% of families served in emergency shelter move to permanent or transitional housing. However, the number of families returning to shelter increased to 16% in 2003 from no more than 10% in recent years.¹² Both the increase in number of families seeking shelter and the increase in the number returning after housing placement highlights the worsening plight for homeless

families in Franklin County, exacerbated by the general lack of affordable housing, limited incomes and other unmet health and welfare needs of predominantly single parent households.

As previously noted, solutions to family homelessness are varied and complex, requiring investments and systems change beyond the scope of the homeless services delivery system. Affordable housing, employment that provides sufficient income for daily living needs, and basic services are essential to reversing this trend.

Single Adult Homelessness

Our community's existing shelter system works best for 85 percent of homeless persons who face a *short-term* problem, providing them with a place to stay and food to eat until they are able to support themselves. The remaining 15 percent have more difficult, *long-term* problems that the current system does not effectively address. This 15 percent of the population ineffectively and inefficiently uses more than half of the shelter resources.¹³

Table 2. Types of Homeless Men in Franklin County, 1994-1996¹⁴

	Transitional Homeless	Episodic Homeless	Chronic Homeless
Average length of system stay	24.2 days	119 days	500 days
Average number of homeless episodes	1.4	5.3	4.0
Number of homeless men (unduplicated)	6,752	1,033	159
Percent of all homeless men served	85%	13%	2%
Percent of all units of shelter service used ⁽¹⁾	44%	32%	24%

(1) A shelter unit of service is equal to one person sheltered for one night

Each year CSB-funded shelters serve approximately 4,000 men and 900 women experiencing homelessness in Franklin County. The average monthly income of these households is approximately \$300, with 20-25% employed upon admission. Due to the unbalanced utilization of shelter by long-term shelter clients, overall successful housing rates are low, averaging 11% for men's shelters and 21% for women's shelters during July through December 2003.¹⁵

Columbus and Franklin County's Continuum of Care

The Columbus and Franklin County, Ohio, Continuum of Care system has been developed through extensive collaboration among public, private and non-profit organizations concerned with programs for homeless persons. The lead organization for this process is the Community Shelter Board. An array of groups and individuals are actively involved in local Continuum of Care planning and program implementation by serving on coordinating and advisory groups. All components of a Continuum of Care system are present in Columbus and Franklin County. These include homelessness prevention, outreach, emergency shelter, transitional housing, permanent supportive housing, and supportive services. A priority of our community is to direct resources to

expand and strengthen permanent housing options and services for the hardest-to-serve populations including chronically homeless individuals, families, and youth.¹⁶

Our community's continuum of care is extensive and comprehensive -- more than 50 non-profit and public organizations are involved.

Innovative Features in Franklin County:

Homelessness Prevention

Effective, targeted homelessness prevention services are critical to reducing demand on emergency shelters and limiting the incidence of physical homelessness. In Franklin County we are re-examining homelessness prevention efforts to better understand effective prevention strategies, ensure system coordination and make efficient use of limited emergency financial assistance resources, legal assistance, and other prevention assistance. As our research indicates, homelessness prevention programs, if unfocused and not closely coordinated with mainstream resources, have a negligible effect when weighed against the significant level of demand arising from the disparity between housing affordability and household income. With targeted prevention assistance, households most at risk of losing their housing and ending up physically homeless can receive help through individualized intervention assistance and avoid shelter placement. Other households who may have other sources of support or require non-financial sources of assistance are best served through intervention strategies that assist the household in accessing these resources expeditiously. In these and other situations, minimal follow-up as well as linkage to existing community-based services ensure long-term stability following resolution of the immediate housing crisis. CSB is working with partner agencies to develop a new model of homelessness prevention to achieve these ends.

Coordinated Emergency Shelter

Based on the *Rebuilding Lives* plan, an **improved emergency shelter safety net** is in place to meet the needs of people who have short-term needs and are "transitionally" homeless. The *transitionally homeless* population consists of those people who generally enter the shelter system for only one short stay. They have usually lost their housing due to a catastrophic event. In most cases, transitionally homeless people stay in shelter for an average of one month and do not return to homelessness after they leave shelter. The shelters also serve as an entry point to supportive housing for the 15 percent of the adults with long-term needs. These improvements include:

- Three new men's shelters opened to replace the outdated shelters concentrated in a downtown neighborhood. The new facilities, along with existing facilities, assure better geographic dispersion of emergency shelters. One is a specialized program for publicly inebriated individuals that has exceeded all expectations by linking more than one-third of the men and two-thirds of the women served to treatment programs.
- All CSB emergency shelters passed the Shelter Certification Standards, which include Good Neighbor Agreements. The latter are written agreements that are signed with neighbors of the projects. The agreements stipulate communication, expectations, and safety issues.
- The YWCA of Columbus, its congregational community, and community partners are building a new Family Center for families that are facing a housing crisis. The YWCA Family Center will accommodate up to 50 families at once on a daily basis and will

offer families in transition a stable, supportive environment, allowing them to maintain their dignity and regain self sufficiency.

- Resource Centers located in each shelter are equipped with computers, Internet access, telephones with voice messaging capabilities, and current information about job and housing leads. The Resource Centers provide an efficient way to meet resident needs.

Family Housing Collaborative

In order to accommodate the needs of homeless families, the Family Housing Collaborative was established as an effective alternative to traditional homeless facility-based shelter services. The Family Housing Collaborative houses some of the sheltering system's neediest families in a **'Housing First' model** that has a housing success rate of greater than 95%. Since the inception of the program in 1988, very few participating families have returned to shelter after being housed by the Family Housing Collaborative. The goal of the Family Housing Collaborative is to quickly place a homeless family in a permanent apartment. Services include housing search assistance to help a family locate housing and providing assistance with deposit, several months' rent, and utility arrearages. The services continue until the family is stabilized in their new home. Through the Family Housing Collaborative, the Community Shelter Board is working with its partner agencies to ensure that resources are available to quickly move families out of shelters and into homes. As a result, our community is able to provide services to homeless families that decrease the length of time families stay in the shelter system, increase permanent housing outcomes, and break the cycle of homelessness.

Permanent Supportive Housing

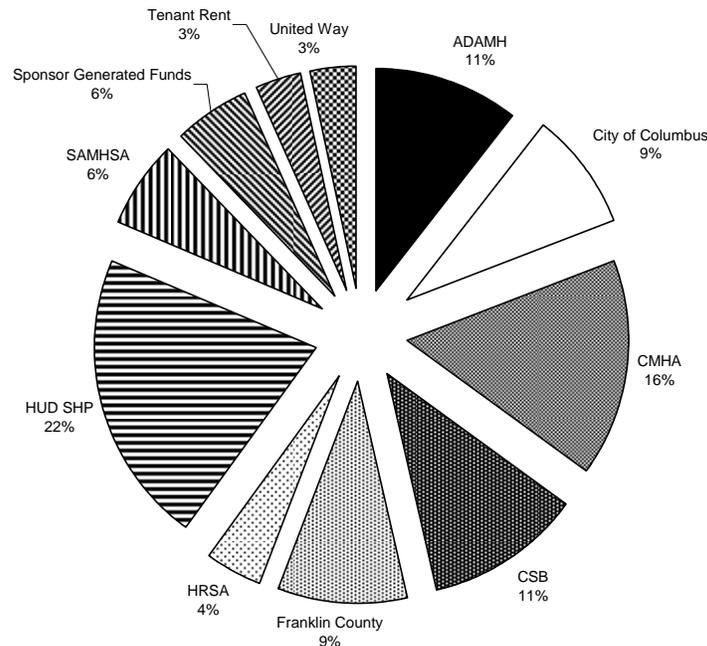
The supportive housing component of the Rebuilding Lives plan provides permanent, affordable housing that includes counseling and on-site social services for individuals who have long-term needs. The goal is to develop 800 units of supportive housing over a five-year period, including assisted living for persons with disabilities, treatment housing, and mixed population housing. Supportive housing is being developed throughout our community and will help to revitalize and develop downtown and neighborhoods.

Since the *Rebuilding Lives* plan implementation started in July 1999, 457 units of supportive housing are operational and 125 more units are in the development process. An additional 288 units, not targeted to homeless persons, have been developed or are in the development process; thus there are a total of 870 affordable units to date.

<i>Rebuilding Lives: Key Funding Facts</i> ¹⁷	
Current Annual Investment (operating/services for 457 units)	\$ 8,289,739
Units operational	
Percent new construction units	15%
Percent rehab units	52%
Percent rent subsidy only units (non-construction)	33%
Capital development cost (per unit)	\$60,000-100,000
Operating subsidy sources (all types of units)	
Housing vouchers (Section 8)	48%
Public housing units	26%
HUD Supportive Housing (SHP)	14%
Other state/local sources	12%
Average annual per unit cost (operating/services)	\$14,445
Federal share	52%
Local share (public and private)	47%
State share	1%

Our experience in Franklin County also indicates that families with a disabled parent are best served in permanent supportive housing. Programs that offer long-term housing subsidies and supportive services are essential to the long-term stability of adults and children in these families.

Chart 2. FY2004-2005 Funding Source for Rebuilding Lives Operation and Services¹⁸



The Rebuilding Lives PACT Team Initiative (RLPTI)

The Rebuilding Lives PACT Team Initiative (RLPTI) is a three-year project in Columbus and Franklin County, Ohio, awarded from the Collaborative Initiative to End Homelessness as part of the Chronic Homeless Initiative. **RLPTI serves men and women that have: 1) experienced chronic homelessness; and 2) that live with serious mental illness, and/or co-occurring substance abuse problems and/or physical illnesses or disabilities.** The program plans to serve 156 individuals, including 47 veterans, over the three-year period, and develop 108 supportive housing units. There will be 80 units open by September.

RLPTI is designed to incorporate a multi-agency partnership that will provide a multi-disciplinary team of primary health care, mental health and substance abuse, benefits linkage, and housing professionals that will utilize evidenced based practices to deliver services to clients in their homes and the community. The RLPTI partners include: Community Shelter Board, Community Housing Network, Columbus Metropolitan Housing Authority, Columbus Neighborhood Health Centers Inc., Franklin County Department of Job and Family Services, Southeast, Inc., and Chalmers P. Wylie VA Outpatient Clinic.

RLPTI is implementing several evidence-based practices:

1. Program of Assertive Community Treatment: a comprehensive mental health treatment team for persons with serious mental health disorders.

2. Integrated Dual Diagnosis Treatment: a treatment model shown to be effective with individuals who have a dual chemical dependency and mental health diagnosis.
3. Pathways to Housing: a comprehensive “housing first” program that works well for persons who have experienced serious mental illness and chronic homelessness.
4. Baltimore SSI Outreach: expedited benefits enrollment for homeless persons with disabilities to receive SSI and other mainstream benefits.

Table 3. Profile of individuals housed via RLPTI¹⁹ (n = 37)

Age	
22-30	11%
31-45	38%
46-61	51%
Gender	
Male	67%
Female	33%
Race	
White	32%
Black	68%
Education	
Less than High School	22%
High school graduate	35%
Post school	53%
Veteran	30%
Monthly Income	
\$0	54%
\$1-300	8%
\$301-\$750	19%
>\$750	19%

To date, 42 individuals are enrolled with 37 already housed. The following are profiles of two persons who have benefited from the RLPTI.

“Berl” is a 50 plus year old male, veteran suffering from Post Traumatic Stress Syndrome and alcohol and substance abuse problems. He has been in and out of shelters and living on the land for approximately 20 years. During the outreach and engagement process, he decided that it was time to get off “the land” due to his age and health. Another consideration was the fact that he wanted to be able to have some place to see his daughter. He has been housed since March and has adjusted well and maintains involvement with the treatment team.

“Sissy” is a 40 plus year old female from a women's shelter suffering from schizo-affective disorder. She has been incarcerated for various crimes, was involved in dealing drugs and has been on the streets for several years. Through outreach and engagement through the shelter she was brought onto the team and housed. The initial adjustment to housing was difficult, but through the provision of support services and a treatment plan that included finding the appropriate medications,

she has been stable for three months, has learned to function in the apartment and is now interested in finding employment.

Table 4. Summary of the Funding Awards – Collaborative Initiative

Federal Agency Awarding Funds	Local Grantee	Amount Awarded	Term of Award
U.S. Department of Housing and Urban Development	Community Housing Network	\$1,912,438	3 Years
U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration	Southeast, Inc.	\$690,847	1 Year
U.S. Department of Health and Human Services: Health Resources and Services Administration	Columbus Neighborhood Health Centers	\$300,000	1 Year
U.S. Department of Veterans Affairs	Chalmers P. Wylie VA Outpatient Clinic	\$429,000	3 Years
		\$3,332,285	

Promising Results

Coordinated and Integrated Services

Through the RLPTI (Collaborative Initiative), the processing time for an SSI application has decreased from more than six (6) months to about three (3) weeks. This is due to the high level of cooperation between the SSA, Bureau of Disability Determination and RLPTI staff.

Targeted Housing Placement Eases Closing of Large Shelter

On June 30, 2004, a 95-mat overnight shelter for homeless men closed when the non-profit sold the building and ceased shelter services. A coordinated and targeted housing placement/case management team armed with some interim financial assistance successfully placed 75 men into market rate, affordable, and supportive housing over a 90-day period. Ten (10) of those placed were housed by RLPTI – many had ten or more years of homelessness. Consequently, the number of individuals placed in other emergency shelter was limited.

Supportive Housing Ends Homelessness

A recent program evaluation found that supportive housing was effective at ending homelessness. Seven of eight projects evaluated had residential stability (average tenant stay) of more than a year – overall the average tenancy exceeds a year and a half. Six of eight projects evaluated had tenancy stability rates of more than 90%; all had tenancy stability rates greater than 80%.²⁰

Additional Federal Response Needed

Columbus/Franklin County is a model community in terms of the level of cooperation and coordination among providers and funders. We are a model in terms of the level of local investment – private and public. We know what works and can document success. We are committed to ending – not just managing – homelessness. Without a strong federal partnership we cannot be successful. In order to achieve the President’s stated goal of

ending homelessness by 2012, we believe the following federal initiatives will be critical to our success.

1. To end homelessness among chronically homeless people, 150,000 new units of supportive housing are needed according to the Millennial Housing Commission and the President's New Freedom Mental Health Commission. New HUD and DHHS funding will be needed to realize that goal.
2. To maintain existing safety net and supportive housing programs, funding for McKinney-Vento programs must be sustained at levels adequate to protect the federal commitment to these programs.
3. To maintain existing supportive housing programs and to stem the tide of newly homeless families and individuals who are at risk of experiencing chronic homelessness, we must preserve and expand Housing Vouchers.

Samaritan Initiative Act of 2004 (H.R. 4057)

The Samaritan Initiative will help combat and end chronic homelessness. We applaud the Initiative's call for new funding for supportive housing as well as measurable performance outcomes in reducing homelessness. Our local experience has found that these are effective means of moving people out of homelessness. Our local research and experience supports the legislation's discovery that 15% of the homeless population consumes over 50% of the resources. The Samaritan Initiative is a positive step in our collective goal to end chronic homelessness.

According to the Interagency Council on Homelessness:

The Samaritan Initiative Act of 2004 would amend the McKinney Vento Homeless Assistance Act to provide authority for the Departments of Housing and Urban Development, Health and Human Services, and Veterans Affairs to jointly fund community-based efforts to coordinate the provision of housing, health care, mental health and substance abuse services to chronically homeless persons to move them from the streets and out of shelters into housing with the supports they need to sustain their tenancies.

We share the Interagency Council's view that "the Samaritan Initiative represents a fresh approach to chronic homelessness that is based on accountability, collaboration and results."

By requiring HUD, HHS and the VA to collaborate and make new federal housing and services dollars available in a single funding stream, local communities can more effectively implement a comprehensive and integrated community strategy to provide outreach, treatment, and support services coordinated with permanent housing.

As a Collaborative Initiative grantee, we are experiencing first-hand the positive impact of required federal agency collaboration coupled with new funding for housing and services.

We believe, however, that the funding level proposed falls short of the stated goal of ending chronic homelessness by 2012. The average cost to operate and provide services in our Rebuilding Lives supportive housing is \$14,445 per unit. The RLPTI units are slightly more expensive at \$18,461. Using these two actual costs, I calculated how many units could be developed under the Samaritan Initiative, if fully funded. The predicted number of units is 2,092 to 3,218 units. At that rate, with new appropriations at this level

for each of the next eight years (2005-2012), we would develop 16,733 to 25,747 new units of supportive housing (11% and 17% of the 150,000 unit goal). Using the same rate, I calculated the number of years to reach the 150,000 unit goal – 47 to 72 years. This exercise demonstrates that if we are serious about ending chronic homelessness, it will take more than just collaboration and demonstration grants, it will take real investment.

Services to End Long Term Homelessness Act (SELHA)

Representative Burr is planning to introduce the Services to End Long Term Homelessness Act (SELHA) later this month. The bill will be considered by the Energy and Commerce Committee, and it would be a complement to the Samaritan Initiative. SELHA would provide services for communities that have identified housing resources from other federal, state, or local sources such as Section 8 or state housing trust funds. It would also provide incentives for communities to invest mainstream funding from public health and behavioral health agencies into supportive housing. We strongly support SELHA and encourage members of the committee to co-sponsor and support funding for that initiative as well as Samaritan.

Preserve and Expand Housing Vouchers

In April 2004 the Department of Housing and Urban Development issued a notice that made significant changes in its policy for Voucher (Section 8) administration. According to the Columbus Metropolitan Housing Authority (CMHA), the amount of Voucher funding they would receive would be capped at a level below the current cost of providing Vouchers. Because the new rule was retroactive to January 1, CMHA would have had to make even deeper cuts since it was midway through its fiscal year. Without adequate funding, CMHA would not have been able to honor existent Rebuilding Lives commitments – **more than 400 Rebuilding Lives units were at risk (50% of overall program)**. Due to the recent announcement by Secretary Jackson that some additional funds will be awarded to several communities, including Columbus, the immediate crisis has been averted.

The President proposes to cut the Voucher program in FY05 by \$1.6 billion below what is needed to maintain 2004 services levels. Deeper cuts are proposed for each year through FY09. The Center on Budget and Policy Priorities estimates that CMHA would need to cut 2,832 families by FY09 from the Voucher program with 1,180 families being eliminated in FY05. This represents a twenty-nine (29) and twelve (12) percent reduction, respectively.

With a declining base of Voucher funding, CMHA may be unable to provide Vouchers for the two Rebuilding Lives programs currently under development and slated to open by winter 2005-2006, Chantry Place and Briggsdale Apartments. Chantry Place on the southeast side of Columbus would provide a total of 100 apartment units, with 60 units in multiple buildings and 40 units in a single building for formerly homeless men and women. Briggsdale Apartments in Columbus would provide 35 apartment units for men and women disabled by mental illness, substance addiction or dual diagnosis, many with histories of homelessness.

This would also portend that Vouchers would not be available for future Rebuilding Lives projects that would be needed to reach our community goal of 800 units.

We believe that the Section 8 policy changes contradict the Administration's stated goal of ending homelessness. According to the National Alliance to End Homelessness, the Section 8 program is the best available tool for moving people out of homelessness and

keeping them out. Research by Marybeth Shinn showed that families with children leaving homelessness with a Section 8 voucher were 21 times more likely than families leaving homelessness without a voucher to be stably housed 5 years later. Families that remained stably housed in subsidized housing included those with a history of mental illness, substance abuse, health problems and histories of incarceration.²¹

The strategies of the Rebuilding Lives plan offer the best approaches to addressing chronic homelessness. Without a fully funded voucher program, we will not be able to preserve and develop new permanent supportive housing.

McKinney-Vento Homeless Assistance Grants

McKinney-Vento Homeless Assistance Grants play an important role in the Continuum of Care in Columbus and Franklin County – just over 1,000 units receive direct funding from the McKinney-Vento program. Fifty-five percent (55%) are Shelter Plus Care units, 37% are SHP-permanent housing, and 8% are SHP-transitional housing. Overall, more than ninety percent (90%) are permanent supportive housing units targeted to disabled households.

Thus, our community believes that stable funding for the McKinney-Vento program is critical. We support the recommendation of the National Alliance to End Homelessness and the Corporation for Supportive Housing that an overall funding level for the Homeless Assistance Grants account requires a minimum \$1.4 billion. In FY05, \$150 million needs to be added to the President's budget request and reserved for renewals of expiring grants to permanent supportive housing serving homeless people with disabilities. This will provide existing projects with a reliable source of funding while making money available for local communities to address increases in homelessness and declining funding in real terms over the past four years for homelessness programs other than permanent housing.

Affordable Housing Production

Two-thirds of the units developed through the Rebuilding Lives program have been brought on through housing production. The balance has been achieved through leasing of units in the private sector. Thus, we encourage you to continue to invest in affordable housing production programs. The HOME program should be sustained and expanded, as well as, we support the creation of a National Affordable Housing Trust Fund to expand affordable rental housing. The Trust Fund with its deep income targeting would help address the needs of many homeless families and individuals.

Summary

To be successful in our goal of ending homelessness, we must address affordable housing needs first. In order to achieve the President's stated goal of ending homelessness by 2012, we believe the following federal initiative will be critical to our success.

1. New HUD and DHHS funding to realize the goal of 150,000 new supportive housing units.
4. Sustained funding for McKinney-Vento programs at levels adequate to preserve both short-term emergency programs and long-term supportive housing solutions.

5. Preserve and expand Housing Vouchers to maintain existing supportive housing programs and to stem the tide of newly homeless families and individuals who are at risk of experiencing chronic homelessness.

The new investment that is proposed by the Samaritan Initiative Act is one step toward the goal. We urge your full support of this bill.

Thank you for the opportunity to testify today. We look forward to working with the Committee on H.R. 4057, the Samaritan Initiative Act of 2004.

Community Shelter Board

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