Housing Assistance Council

HAC

CONTINUA OF CARE
BEST PRACTICES:
COMPREHENSIVE HOMELESS
PLANNING IN RURAL AMERICA

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EXECUTIVE SUMMARY

The economic and social conditions affecting homeless individuals and families are typically complex. In addition to affordable housing, the homeless may require job training, mental or chemical abuse counseling, or protection from an abusive spouse. The Department of Housing and Urban Development's (HUD's) continuum of care homeless planning system encourages local organizations and agencies to coordinate their shelter and service programs to provide homeless individuals and families with the full range of social and physical resources that they may need. This approach requires that emergency shelter, transitional, supportive and permanent housing opportunities are available to homeless persons in need of these resources. However, because rural areas have fewer homeless shelters and service providers, it may be difficult for rural organizations to form or maintain successful continua. Consequently, rural homeless people are not always able to access the shelter and services provided through a homeless collaborative network. This study examines the creation and operation of four successful rural homeless planning approaches.

HUD has suggested that local organizations and agencies form or join one of four types of continua:

- Local,
- Multi-County/Regional,
- Statewide with specific focus, or
- Statewide.

One example of each type of continuum that received 1999 funding from HUD was selected for analysis. Each of the jurisdictions selected provides shelter and service in a rural area. Cattaraugus County provides homeless planning and programs for this nonmetropolitan county in southwestern New York. Northwest Alabama provides homeless shelter and services for six counties in the state. State and local advocates across the state of Arizona decided to form a statewide plan, the Rural Arizona homeless planning system, to organize the efforts of rural homeless advocates. Ohio's rural areas participate through the Ohio Balance of State homeless plan.

This report briefly illustrates the conditions under which each homeless plan was created, the process of collecting data and writing the application, and the problems that were identified. Each of the jurisdictions studied encompassed different geographic areas and a variety of organizations. Regardless of the planning type, each relied on the development of several characteristics:

- Leadership,
- Inclusive Participation,
- Ability or Willingness to Plan, and
- Supportive Networks.

INTRODUCTION

Homelessness is the manifestation of a complex set of issues, which includes a lack of affordable housing and a variety of economic and social cleavages. Rural residents are just as likely as urban residents to fall into a cycle of poverty and despair that can lead to homelessness. However, unlike urban areas, rural communities often lack the organizational capacity to address these issues in a comprehensive manner. The U.S. Department of Housing and Urban Development (HUD) model of homeless shelter and service provision acknowledges the multiple problems suffered by homeless people and the structural issues keeping them in this condition. The comprehensive homeless planning model, frequently referred to as Continuum of Care (CoC), encourages local groups to work together to address these issues in a collaborative manner. Because it stimulates networking among groups and agencies, it can provide rural areas with the resources needed to improve the stock of rural shelters and service programs. However, some rural communities have had difficulties implementing a comprehensive homeless planning system. This best practices report provides case studies of rural communities that have successfully created and maintained rural systems and homeless shelter and service projects. The case studies provide rural communities and local groups with examples of how to create a comprehensive plan, prepare an application, and develop sustaining networks of collaboration.

Methodology

Housing Assistance Council (HAC) staff identified the 1999 Housing and Urban Development (HUD) funded McKinney homeless competitive awardees that covered rural areas. HUD Special Needs Assistance Programs (SNAP) staff were then asked to recommend a jurisdiction from each system type (county, regional, statewide, rural). The processes of creating and writing the applications for the four separate homeless plans were then assessed to provide other rural areas with insight into these activities. In order to illustrate how projects work within the systems, the highest ranked project within each jurisdiction that provides service in rural areas was selected for a more detailed analysis.

Data for the report was collected through onsite visits and interviews with members of the continua and staff members of the specific projects during the spring of 2000. Additional information was collected from state and local reports on homeless populations, and 1990 census data was used to illustrate the local economy. The 1999 application for each jurisdiction was also examined to provide background on the process of creating the comprehensive plan, collecting relevant data, and writing the application for funding from HUD.

Rural Homelessness

Many studies of homelessness tend to define the homeless population to include only those people living in shelters or on the street (Stover 1999). Using this definition, the Interagency Council on the Homeless found in 1999 that approximately 9 percent of homeless clients lived in rural areas. There are approximately 21,000 service locations in the U.S., and these organizations provide more than 40,000 homeless assistance programs (Interagency Council

1999, 60).[1] According to the 1999 Interagency Homeless Council report, 49 percent of all homeless assistance programs are located in central cities and 32 percent of the homeless programs offered are located in rural areas. However, rural homeless organizations tend to provide shelter to a lesser extent than they provide outreach and financial assistance (Interagency Council 1999, 72).

The shelter definition of homelessness focuses on the visible, street, or shelter homeless population. Rural homeless people are less likely to be on the streets of our towns and villages and because there are fewer shelters, less likely to be counted in these places. Because of the lack of shelters, rural homeless people are more likely to live in an abandoned car or trailer, in the woods, or other remote locations that make counting them difficult or impossible. However, the limited number of organizations in rural areas does not reflect a lack of need. According to homeless experts, there has been a surge in the rural homeless population, specifically, throughout the late 1990s (Roman 8/2/99).

The Interagency Council survey provides some interesting details about the composition of the rural homeless population. According to the Interagency study, rural homeless clients were somewhat more likely to be in families with children than urban homeless people. Rural homeless clients also tended to be homeless for shorter periods of time than urban people. Rural homeless clients were almost twice as likely as the surveyed urban clients to be homeless for three months or less. There were several important similarities between rural and urban homeless people in terms of social service needs. More than two-thirds of all rural homeless clients had experienced an alcohol, drug, or mental health problem in the last 30 days. While alcohol usage was a significant problem among almost 50 percent of all rural clients, many (26 percent) suffered from mental health problems.[2]

The Continuum of Care Planning Model

> "Continuum of Care forces us to plan, and it's the right thing to do."
>
> – CoC Administrator

HUD's McKinney programs approach homelessness as a breakdown in both the housing and social service systems. Rather than address only the housing aspect of the problem, HUD, through its funding and programs, seeks to address the multi-level needs that homeless individuals and families often have. In addition to shelter, a range of educational and social service programs are often needed to lift people out of homelessness and should be made available within each continuum. The combined funding application for HUD

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[1] Homeless program types include emergency, transitional, or permanent housing, voucher distribution, food pantry, soup kitchen, physical or mental health care, alcohol or drug treatment, etc. The Interagency report defines rural as nonmetropolitan counties.

[2] Again, the Interagency data reflects the characteristics of only sheltered homeless persons. Consequently, the data presented may not be representative of the whole population, specifically those rural homeless who do not have access to shelters. This data is presented, however, to illustrate the extreme social service needs that exist in rural America.

programs offers local groups a framework for organizing homeless programs and a uniform method to apply.

The Stewart B. McKinney Homeless Assistance Act programs have provided funding to support homeless programs since 1987. The majority of HUD's McKinney program funds were dispersed through six programs, the Supportive Housing (SHP), Shelter Plus Care, Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO), Emergency Shelter Grants, Safe Havens, and Rural Homeless Assistance programs. Until 1994, state and local agencies and nonprofit providers applied for funding through these distinct and separate grant programs, each of which had its own set of rules and reporting requirements. HUD's continuum of care planning system replaced its fragmented homeless housing and service programs and funding streams with a coordinated system that is based on the consolidated planning model. Local areas are asked to identify organizations that provide housing assistance and social services and coordinate their activities so as to provide the homeless population with the network of programs often needed.

A successful local homeless program includes several components, including outreach/intake, emergency shelter, transitional housing, permanent housing, and permanent supportive housing (Figure 1). Social services including, job training, mental health, and substance abuse counseling should be made available to the clients throughout the system.

Figure 1
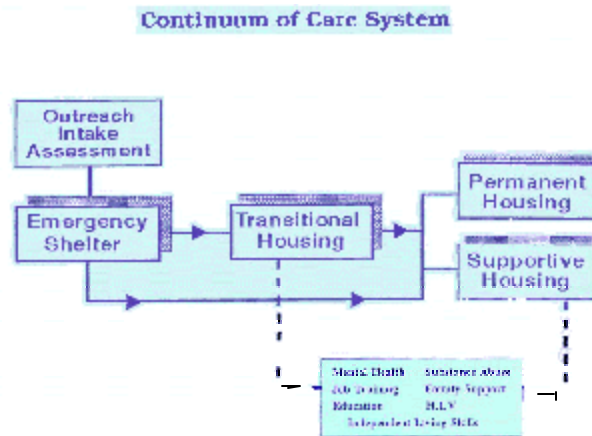
Continuum of Care System

Source: Office of Special Needs Assistance Programs (SNAP), Office of Community Planning and Development, HUD.

HUD suggests that local organizations wanting to create a comprehensive homeless plan pursue one of four systems.

1.   Create a comprehensive homeless planning system within their own local boundaries.

2.   Join nearby communities in creating a multi-county or regional system.

3.   Join with the state government or a statewide organization in creating a statewide system.

4.   Join with the state government or a statewide organization in developing a system for a specific locality or set of localities.

HUD staff acknowledge that because of small populations in rural areas, rural communities tend to have smaller pro rata needs amounts than urban areas.[3] In order to maximize funding potential, HUD staff have encouraged rural homeless advocates and local governments to form regional or statewide systems (Garrity 2000). By including more geographic areas, advocates increase the size of the pro rata needs amount for which they can compete. For these types of systems, HUD combines the pro rata figures for every city and county to come up with a single pro rata need for the combined geographic area. According to HUD data, the number of state and regional systems increased during the years 1995 to 2000 and the percentage of these systems that were awarded funding increased as well (Tables 1 and 2).

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[3] Pro rata needs refers to the relative proportion of national homeless assistance need assigned to a community or group of communities in HUD's funding award competition. HUD has developed a scoring system that expresses relative homeless assistance needs for each community in dollar terms. The basic or primary pro rata need is then used to calculate the rolled-up pro rata need, the renewal-adjusted pro-rata need, and the permanent pro rata need bonus for an area. The final pro rata need is then used in rating applications during the funding competition. See *HUD Homeless Funds Qs and As,* 1997, http://www.hud.gov/cpd/snaps4.html.

Table 1
State Government CoC Systems, 1995 - 2000

	# of Applications	# Funded	Percentage
1995	9	5	55%
1996	14	10	71%
1997	17	14	82%
1998	23	20	86%
1999	26	26	100%
2000	26	26	100%

Source: Office of Special Needs Assistance Programs (SNAP), Office of Community Planning and Development, HUD.

Table 2
Regional CoC Systems, 1995 - 2000

	# of Applications	# Funded	Percentage
1995	6	1	16%
1996	9	1	11%
1997	17	15	88%
1998	27	18	66%
1999	29	20	69%
2000	29	25	80%

Source: Office of Special Needs Assistance Programs (SNAP), Office of Community Planning and Development, HUD.

Table 3
Continuum of Care Application Coverage of Rural Areas, 1995-2000

	% Requested	% Awarded
1995	13%	8%
1996	14%	9%
1997	15%	11%
1998	14%	14%
1999	20%	13%
2000	20%	11%

Source: Office of Special Needs Assistance Programs (SNAP), Office of Community Planning and Development, HUD.

According to HUD reports, approximately 84 percent of the U.S. population was covered by a comprehensive homeless planning system in 1999. As of March 2000, these jurisdictions were credited with having developed over 154,000 transitional beds and 81,000 permanent housing beds.

MODEL CONTINUUM OF CARE SYSTEMS

Case studies of successful 1999 fund recipients of the four system types suggested by HUD – a county system (Cattaragus County, New York), a multi-county/regional system (Northwest Alabama), a rural statewide system (Rural Arizona), and a statewide system (Ohio Balance of State) – are presented below. These systems were selected based on their coverage, or anticipated coverage, of rural areas and recommendation by HUD staff. The project that received the highest priority rating on the application that provides service in a rural community was selected for a more detailed examination. The case study data was current as of spring 2000.

> *"[Comprehensive homeless planning] is not about ... chas[ing] the dollars, but [it is about] planning, meeting and exchanging information."*
>
> - State CoC Administrator

County System: Cattaraugus County

Cattaraugus County's network is an extremely well-coordinated, cooperative system comprised of 12 housing and service providers and dozens of supplementary organizations. The homeless system is the result of a decade of inter-organizational collaboration in a nonmetropolitan, rural county where providers support each other for the good of the community they serve.

Cattaragus is a nonmetropolitan county located in southwestern New York between Erie County and the northern Pennsylvania border. The county's population has hovered between 81,000 and 86,000 since 1971 and was estimated at 84,477 in 1999 (U.S. Census Bureau 1999). Approximately 70 percent of Cattaragus County's population lives in rural areas[4] and approximately 96 percent is non-Hispanic white. There are two reservations of the Seneca Nation of Indians within the county, and approximately 2 percent of the population is Native American.[5]

The median household income in Cattaragus County was $29,439 in 1996, and 15.1 percent of the population lived below the poverty line. Poverty rates were particularly high among female-headed households with children under five years old (61 percent) and the county's African-American children (70 percent).

Cattaragus Community Action (CCA) estimates that the number of homeless households increased from less than 100 in 1990 to more than 750 in 1998. The 1999 Cattaragus County application notes that this growth was due, in part, to welfare reform regulations affecting New York State and it was expected that this population would continue to increase (Figure 2). Approximately 56 percent of those requesting homeless assistance in the county during 1998 were turned away due to a lack of resources (Cattaragus County Application 1999, 5).

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[4] The U.S. Census Bureau's definition of rural – open country and places under 2,500 population – is used here.

[5] All data is from the 1990 Census of Population and Housing unless otherwise noted.

According to the county's 1999 application, 76 percent of homeless individuals referred to CCA reported that they faced unaffordable housing costs. Of those seeking help due to housing affordability problems, 36 percent were living with other households, 35 percent were forced to relocate, 27 percent had been evicted, 10 percent were experiencing domestic violence problems, 9 percent had been recently released from institutions, 5 percent were the victims of a disaster, and 2 percent considered themselves transients (Cattaraugus County Application 1999, 6). The application also notes that the housing vacancy rate in the county was decreasing due to the loss of aging

Figure 2
Homeless Population Growth, Cattaraugus County, 1990-19:

Source: Cattaraugus County Application, 1999.

housing stock and that family incomes were falling, resulting in increased homelessness (Cattaraugus County Application 1999, 9).
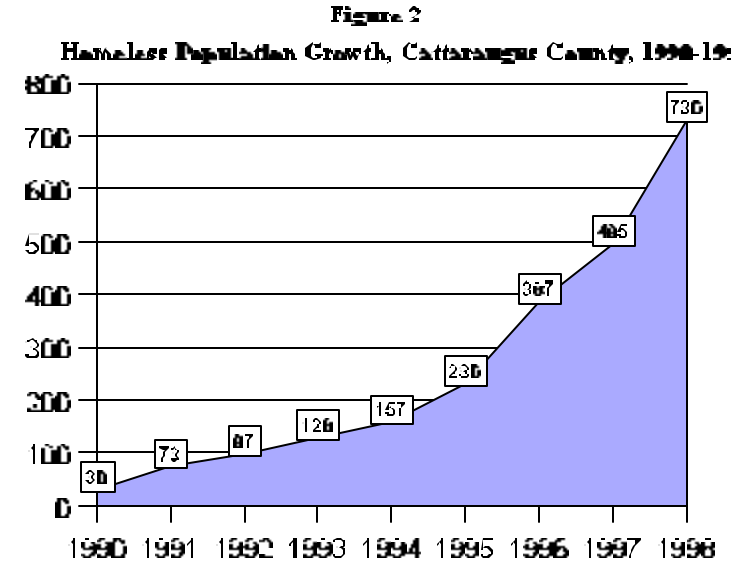
Cattaraugus County's homeless population was greatly affected by the loss of the Gowanda Psychiatric Center. This state-run facility housed severely mentally ill (SMI) individuals until its closing in 1994. A lack of housing for the de-institutionalized mentally ill and others with severe mental health problems was then identified as a gap in the county's housing continuum.

Cattaraugus's County-wide Network

Cattaraugus County has applied for and received funding through a consolidated application since 1992. The county's strategy is an on-going process, stewarded by Cattaraugus Community Action (CCA) and two collaborative organizations.

In 1990, prior to the Council of Agencies' involvement in the McKinney process, CCA created a Homelessness Task Force, which originally served as the county's local Federal Emergency Management Agency (FEMA) board and continues to be involved in the process. The Homelessness Task Force includes 19 members representing 12 nonprofit and government housing and social service organizations. The task force meets quarterly to share recipient and homeless needs data and to identify and discuss county-wide needs and solutions.

CCA is the primary coordinator of homeless services in Cattaraugus County and is the lead facilitator of the county's strategy development process, which is conducted primarily through the Council of Agencies and the Cattaraugus Homelessness Task Force. The council, whose membership includes human service and housing organizations, local government agencies, educational institutions, utility companies, industry representatives, banks, and health care providers, began meeting on a quarterly basis in 1993. The informational meetings, where news regarding services and needs are exchanged, are complemented by the Council of

Agencies' newsletter. Since submitting its first Consolidated McKinney application in 1992, the council meets once a year to discuss the annual application for the county. The county's needs and program solutions are "brain stormed" at these annual meetings and gaps analyses and funding priorities are discussed prior to the initial drafting of the grant application.

During the 1990s, Cattaraugus County developed a coordinated homeless service network that provides outreach, emergency shelter, and transitional and permanent housing with supportive services as needed. This network, which is illustrated below, allows caseworkers in the various provider organizations to help their clients access necessary services (Figure 3).

Since 1994 components of the Cattaraugus County network have been linked by a common methodology – the Family Development model of case management. The Family Development approach, originally developed by Mid-Iowa Community Action, helps families and individuals identify and address the underlying causes of homelessness. It provides a process for each homeless or near homeless household to select the services that will help it meet its self-sufficiency goals. The approach is also designed to coordinate service providers and ensure that limited funding serves as many homeless people as possible. Most of the client case workers in Cattaraugus County participate in the New York State Family Development training.

As of 2000, the providers involved in the Cattaraugus County network continued to believe that a county-wide system and application process are their best options. They considered forming a regional plan, as advised by the state HUD office, and found that the neighboring counties did not have networks of organizations in place that could coordinate needs, gaps, and priority analysis. Although housing and service providers in Cattaraugus County participated in multi-county programs and networks with housing and service providers in neighboring counties, the Cattaraugus County providers believed that the providers in the neighboring counties needed to develop inter-county networks before a regional approach could be effective.

Figure 3

Cattaraugus County Flowchart

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                        ┌─────────────────────┐
                        │  Family Development  │
                        │ to break the cycle of│
                        │     homelessness     │
                        │         CCA          │
                        └─────────────────────┘

┌──────────────────────────┐              ┌──────────────────────────┐
│        Outreach          │              │    Permanent  Housing    │
│         Intake           │              │                          │
│       Assessment         │              │        PHA Olean         │
│          CCA             │              │       PHA Salamanca      │
│  Homelessness Task Force  │              │     Section 8 vouchers   │
│  Catt. County DSS and DMH │              │  Catt. Preservation Corp.│
│ Self-referral and Community│             │ Rural Revitalization Corp.│
└──────────────────────────┘              └──────────────────────────┘

                         ┌──────────────────────────┐
                         │   Transitional  Housing   │
                         │            CCA            │
                         │         YWCA/YMCA         │
                         │ Housing Options (mental illness)│
                         │     STEL (mental illness) │
                         │  CCCOASA (substance abuse)│
                         └──────────────────────────┘

┌──────────────────────────┐              ┌──────────────────────────┐
│    Emergency  Shelter    │              │   Permanent  Supportive  │
│          CCA             │              │          Housing         │
│     Genesis House, and   │              │ Housing Options (mental illness)│
│   Hotels (Catt. County DSS)│            │     STEL (mental illness)│
└──────────────────────────┘              └──────────────────────────┘

                  ┌──────────────────────────┐
                  │    Supportive  Services   │
                  │                           │
                  │            CCA            │
                  │         YWCA/YMCA         │
                  │ Housing Options (mental illness)│
                  │     STEL (mental illness) │
                  │  CCCOASA (substance abuse)│
                  │   AIDS Community Services │
                  └──────────────────────────┘
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Source: Cattaraugus County Application, 1999.

Cattaraugus County's homeless planning approach also continues to function on a county-wide basis because most of the funding streams that support projects with matching and leveraging funds are county based. Furthermore, there is some question as to whether a comprehensive homeless planning approach would be able to overcome the geographic and political distances that exist in the southwestern New York region; competition for limited funds and priority status within a larger planning area might be too fierce.

The 1999 Cattaraugus County Application

As mentioned above, the Cattaraugus County application process is conducted by the 90 member Council of Agencies and the Homelessness Task Force, both of which are facilitated by CCA. Initial drafting of the first (1992) application and preparation of subsequent submissions, which includes updating previous applications, are group efforts.

The data for Cattaraugus County's gaps analysis was obtained by the county's Council of Agencies and the Homelessness Task Force through client surveys. Additional data related to homeless needs in Cattaraugus County was provided by CCA's Needs Assessment Survey, which was first completed in 1992 and is updated annually; individual program demand and recipient statistics; 1990 Census data; and the 1998 Community Action Plan prepared by the Cattaraugus County Department of Social Services. In 1998 those involved in the county's homeless application process supplemented data with information gleaned from five focus groups, which were open to the public. Information for the gaps analysis was also gathered by surveying county fair attendees in a previous year.

The 1999 county -wide gaps analysis process was facilitated by the Cattaraugus Homelessness Task Force. The task force analyzed several years of housing and homeless needs data by surveying all housing and service providers in the county and determined that:

- Serious gaps existed in transitional housing for those in crisis, including those with mental illness, domestic violence victims, and substance abusers.
- Serious gaps existed in the continuum for permanent housing with supportive services for those with serious and persistent mental illness and those with a history of substance abuse, as well as families who have multiple issues that need to be addressed.
- The problem of homelessness in Cattaraugus County was growing rapidly with welfare reform.

Cattaraugus County's gaps and priorities are clearly linked, as are its county-wide and individual project applications. In 1999 the Cattaraugus Homelessness Task Force prioritized lack of both transitional and permanent housing as its most urgent needs, and homeless severely mentally ill (SMI) people were given top priority. This need was exacerbated in large part due to the 1994 closing of the Gowanda Psychiatric Center in northwest Cattaraugus County. According to the 1999 application, "[t]he Cattaraugus County Mental Health Department estimate[d] that 50 mentally ill persons are homeless at any given point in time [and] Housing Options Made Easy [had] a waiting list of 110 individuals for their [supportive housing] program." An estimated 60 of the individuals on Housing Options' waiting list were

determined to be in immediate danger of becoming homeless (Cattaraugus County Application 1999, 22-23).

Once the Homeless Task Force analyzed gaps and determined priorities, it invited proposed project submissions from all of the providers in Cattaraugus County. In 1999 two projects were proposed: Housing Options Made Easy's Supportive Housing Program (SHP) renewal request and a SHP request from Southern Tier Environments for Living, Inc. (STEL). Both project proposals were accepted by the Task Force and a project application was submitted to HUD as part of the consolidated application for Cattaraugus County. Housing Option's project was ranked above the STEL application because Cattaraugus prioritizes funding renewals for programs that will otherwise run out of funds and because the gaps analysis revealed a somewhat larger gap for persons in families with children. Housing Option's project fit this gap, while STEL's did not. Housing Option's 1999 project application includes a written agreement between Housing Options and STEL to avoid duplication of services and improve service accessibility through coordination. Furthermore, each project narrative notes that the two programs complement each other. The consolidated application document also includes contract documents from the various non-HUD funding sources that support Housing Option's services.

The Project: Housing Options Made Easy's Homeless Empowerment (Supportive Housing) Program

Housing Options Made Easy, Inc. is a client-run nonprofit agency founded in 1989 that serves Cattaraugus County and three neighboring counties. Housing Options combines rental stipends with peer advocacy services, provided by specially trained individuals with a past history of mental illness who have been functioning in the community; case management by professional staff; and other services, such as transportation, to assist persons with mental illness. The organization works closely with other providers in the counties it serves and tailors programs to fit individual households' needs.

Housing Options serves 217 households through its transitional supportive housing tenant based rental assistance program for the mentally ill: 136 of these households are supported by the New York state Office of Mental Health and 23 transitional units were created using HUD funding. Six of the transitional units are dedicated to individuals with mental illness chemical abuse (MICA) clients. Seventy-seven of Housing Option's clients lived in Cattaraugus County. Of those households, ten were provided rental assistance under Housing Options' 1996 (implemented in 1997) three-year SHP grant, which provided tenant based rental assistance for scattered site units in Cattaraugus County. The SHP project has remained at 100 percent occupancy since it began. Housing Option's successful 1999 project application was submitted as a renewal request for the 1996 SHP grant.

The SHP empowerment program run by Housing Options serves persons with serious and persistent mental illness and mentally ill chemical abusers with transitional housing and services. Only individuals with serious and persistent mental illness (Access I diagnosis) are eligible for the program. The program's goal is to help these individuals and their families to become stabilized in the community. All recipients of Housing Options' transitional tenant based rental assistance are on waiting lists for Section 8 housing, and continue to receive

services after they become recipients of the permanent (Section 8 supported) rental assistance. Generally clients are able to stay in the units used during the SHP transitional program when they switch to Section 8. Unfortunately, the waiting list for Section 8 rental assistance in Cattaraugus County has grown, and Housing Options staff are concerned about their ability to transition all clients to permanent housing situations.

Participants in Housing Options' SHP program are referred by CCA, the Cattaraugus County Department of Mental Health, or other organizations, or through self referral. Housing Options or the referring agency conducts an assessment to determine the cause of each individual household's housing crisis and develops an individualized program plan. Participants are directed to emergency and/or transitional housing and linked to mental health rehabilitation and supportive services, based on consumer choice.

Housing Options combines SHP tenant based rental assistance with Family Development modeled case management, including outreach; housing placement (locating and inspecting units and security deposit assistance); furniture donations; family and individual counseling; transportation services; and a "friendship line," which provides after-hours assistance by phone. Each client meets with Housing Options staff and/or peer advocates on a monthly basis to review individual goals. Participants also attend monthly community support meetings.

The $170,554 Supportive Housing application submitted by Housing Options in 1999 was leveraged with funding commitments of more than $267,500 from other sources, including the New York State Office of Mental Health, Cattaraugus County, and the New York Department of Education. These local and state agencies contract with Housing Options for client services.

Problems and Solutions

Development and implementation of a successful homeless system in Cattaraugus County has been a relatively unimpeded process. Although participants in the process believe that comprehensive planning has increased communication and cooperation, housing and service providers in the county note that they were already networking and cooperating with each other as members of a county-wide council of agencies.

The Cattaraugus network was developed over a period of several years both to address the growth in the number of homeless people within the county and also to increase the long-term efficiency and effectiveness of the services provided. Cattaraugus County Homelessness Task Force survey data indicates that prior to implementation of the Family Development model based network, homeless households that were able to access assistance often did not stay housed for even one year. Since implementation of the Family Development model, however, success rates have increased. For example, 80 of the 85 high-risk homeless families served by CCA family development specialists during the 1997 - 98 program year remained in permanent housing as of 1999 (Cattaraugus County Application 1999, 10). "The high level of collaboration, coordination, and cooperation among service providers in this rural county means that homeless persons may access assistance [from] a variety of programs through the comprehensive referral system" (Cattaraugus County Application 1999, 12). The housing and

services accessed through the system are increasing the likelihood of achieving permanent, stable housing and self-sufficiency for formerly homeless households.

Despite its successes, the Cattaraugus system has not overcome all obstacles to housing the county's homeless people. The 1999 application for Cattaraugus County states that "[o]ne of the major problems faced when developing the comprehensive homeless planning strategy is the lack of affordable housing." This problem is even more insurmountable for households suffering from mental illness, other disabilities, and/or substance abuse. Cattaraugus network members are working toward solving the problem through housing rehabilitation programs and non-HUD sources of funding, including Community Service Block Grants (Cattaraugus County Application 1999, 15-17). Housing and service providers in Cattaraugus County also believe that unaccompanied homeless youth are slipping through cracks in the county system, and that this presents an unmet need.

Cattaraugus County homeless assistance providers believe that although the McKinney funding method is largely effective in their area, some of HUD's approaches result in urban funding bias. As members serving a rural county, providers believe their applications are not as competitive as applications from providers in urban areas due to HUD's emphasis on homeless street populations.
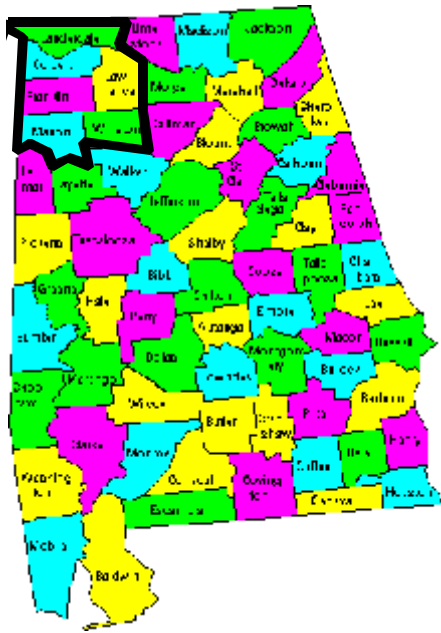

Figure 4 Northwest Alabama

Regional System: Northwest Alabama Continuum of Care Council

The Northwest Alabama Continuum of Care Council (NACCC) covers a six-county area, including Lauderdale, Colbert, Franklin, Marion, Lawrence, and Winston counties, bordering Tennessee to the north and Mississippi to the west (Figure 4). The region had a population of 255,313, according to the 1999 Census estimates. The largest city in NACCC's service area is Florence, located in far northwest Lauderdale County, with the Tennessee River running along its southern border. The economic issues affecting housing in the area center primarily around housing affordability. However, the majority of the area's homeless population has been displaced by a force other than the economy – domestic violence. It was this issue that led to the creation of Safeplace, Inc. – a family violence program that provides a 24 hour crisis line and temporary housing facilities. This organization eventually became the centerpiece of NACCC.

The lower three counties of NACCC's service area are much more rural than Lauderdale County. From Florence, County Road 43 stretches south through Franklin County and its county seat Russellville, all the way down to Marion County and its county seat of Hamilton. There are a number of outdoor recreational opportunities in the southern counties, including the Bear Creek Lakes and Dismals Canyon in Franklin County, and the Bear Creek Canoe Run and the Natural Bridge of Alabama in Marion. To the east of Franklin and Marion counties is

Winston County, which is dominated by the Bankhead National Forest – 180,000 acres of canyons, bluffs, waterfalls, and lakes. The forest area has several recreational sites, as well as the historic Looney's Amphitheater and Park, which commemorates the site where the citizens of Winston County decided to secede from Alabama in protest of the Civil War.

The principal housing problem facing the six-county area, as of the year 2000, was availability of affordable housing – particularly for Lauderdale, Colbert, and Franklin counties. While HAC staff was visiting the city of Florence, the city housing authority opened up its Section 8 wait list for applications. According to one person who was in line, there was an 11-hour wait with people sleeping in overnight bags in the back of their trucks in order to get on the list. Although the population of the six-county area did not grow dramatically from 1990 to 1999, median incomes did (see Figures 5 and 6), resulting in an increase in effective housing demand and a corresponding increase in rents (Figure 7).

County Population Change, Northwest Alabama, 1990-1999

County	1999 Population (7/1/99 estimate)	1990 Population
Lauderdale County	84,327	79,013
Colbert County	52,552	51,109
Marion County	30,464	29,735
Winston County	24,459	21,742
Franklin County	29,716	27,454
Lawrence County	33,795	31,164
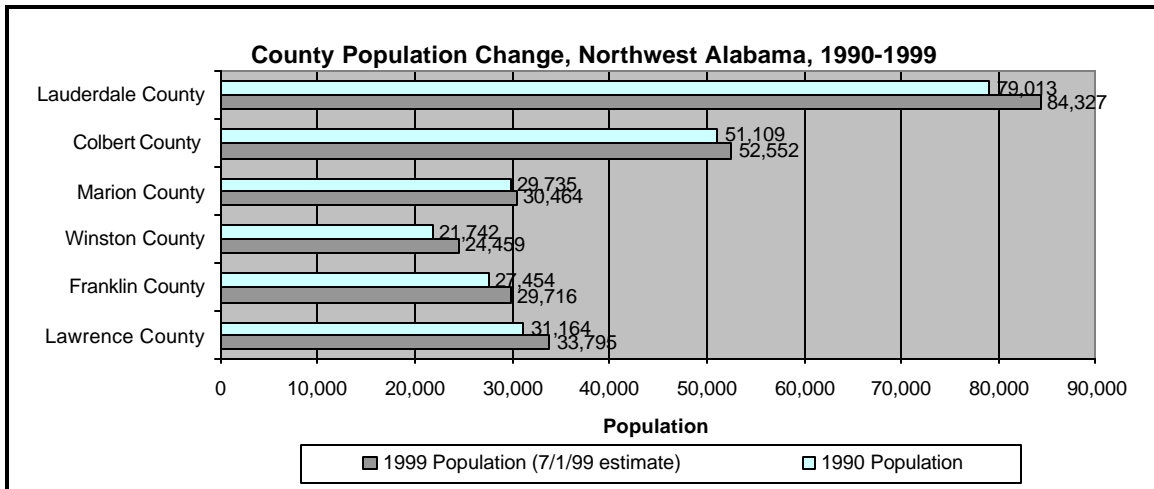
Source: U.S. Bureau of the Census.

Figure 5

Figure 6

Change in Median County Income, Northwest Alabama, 1989-1995

County	Median Household Income In 1989	Median Household Income in 1995 (est.)
Lauderdale County	$23,690	$31,663
Colbert County	$22,378	$29,080
Marion County	$18,455	$25,960
Winston County	$17,936	$24,947
Franklin County	$17,907	$26,003
Lawrence County	$21,519	$29,765

Median Income

□ Median Household Income in 1995 (est.) □ Median Household Income In 1989

Source: U.S. Bureau of the Census.

Figure 7

Increase in County Fair Market Rents, Northwest Alabama, 1996-2000

County	1996 FMR	2000 FMR
Lauderdale County	398	431
Colbert County	398	431
Marion County	332	347
Winston County	332	347
Franklin County	332	347
Lawrence County	405	438

Fair Market Rents ($)

□ 1996 FMR ■ 2000 FMR

Source: Data files, HUD, Office of Policy Development and Research.

According to the Florence Housing Authority executive director, Shaler Roberts III, overcrowding is a much more common problem than street homelessness in this region. G. David Jackson, executive director of the Guin Housing Authority, reported that affordability is a problem even as far south as Marion County; however, the problem there is due more to local layoffs over the past decade than to any significant rise in rents.

The subsidized housing stock in the six-county area is fairly plentiful and the vast majority of this stock is public housing (Table 4). For the nonmetropolitan counties, Section 8 vouchers are particularly scarce and public housing is virtually the only affordable rental housing option. In Guin (Marion County), housing authority executive director Jackson told HAC staff that his predecessor had returned all of the Guin Housing Authority's Section 8 vouchers to HUD. When asked why, Jackson speculated that his predecessor simply felt that the program was too difficult to administer.

The low number of Section 8 rental vouchers in the six-county area has sometimes posed problems for prospective residents, many of whom do not wish to live in public housing projects due to the perceived crime risk. In fact, some of the housing authorities in the southern counties have had persistent problems filling public housing vacancies, which run from 11 percent of the public housing units in Guin to 25 percent of the public housing units in Winfield.

When northwest Alabamans are asked if any homeless people live in their communities, they usually answer "no," picturing in their minds a chronically homeless street person panhandling on the sidewalk. Indeed, driving through downtown Florence, it is nearly impossible to see so much as a single case of "street homelessness." However, when Florence city officials did a survey of existing shelter facilities and service gaps for its 1995 consolidated plan, they discovered a shocking fact: the City of Florence had over 100 people needing emergency shelter – and 65 percent of them were battered women. For a city with a population of less than 85,000 in 1999, these numbers were alarming to many in the community.

Table 4
Public and Assisted Housing Units, Northwest Alabama

Housing Authority	Public Housing Units	Sec. 8 Certificates	Sec. 8 Vouchers	Sec. 8 New Construction
		(The certificate and voucher programs have been merged as of October 1999)		
Lauderdale County				
Florence	664	314	267	
Colbert County				
Sheffield	412	249	64	
Tuscumbia	241			
Marion County				
Brilliant	100			
Guin	183			
Hackleberg	62	14		
Hamilton	487	72		
Winfield	154			
Winston County				
Haleyville	275			
Franklin County				
Phil Campbell	64	39		
Red Bay	164			
Russellville	209	90		
Lawrence County				
Moulton	58			45
Total	**3073**	**778**	**331**	**45**

Source: NACCC FY 1999 SHP Application.

The Northwest Alabama Continuum of Care Council (NACCC) [6]

In northwest Alabama, homeless service providers are especially concerned about domestic violence. In 1989 the Alabama legislature passed the Family Violence Protection Act, which allows law enforcement officers to arrest batterers without first requiring their victims to sign a warrant and enables victims to leave battering spouses quickly. The law also opened the door for social service agencies to train law enforcement officers on the issue of domestic violence.

It was not until the mid-1990s, however, that the connection was made between battering and homelessness. After the City of Florence survey was conducted, Safeplace, Inc., a family violence program with a 24-hour crisis line and emergency shelter, serving northwest Alabama

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[6] As of 2000, NACCC has been renamed the Homeless Care Council of Northwest Alabama (HCCNA).

since 1980,[7] applied for Supportive Housing Program (SHP) funds in 1995, to acquire and renovate a new supportive housing facility and cover program costs.[8] Although there was no formal homeless council in the region at the time, there were several interagency councils, and Safeplace was awarded the grant.

In 1997, Safeplace, the City of Florence, and the Birmingham field office of HUD began to discuss forming a regional continuum of care for the six-county northwest Alabama area. At that point, there were five separate urban homeless planning areas in the cities of Mobile, Montgomery, Huntsville, Tuscaloosa, and Birmingham, but none of them served rural areas. The five jurisdictions would meet on a semi-monthly basis for a "grantees' meeting," but there was no statewide homeless plan.

The decision to form a regional homeless plan for the six-county northwest area came from a number of different considerations. To begin with, none of the counties in the area except for Lauderdale County had an entitlement city within their boundaries, and consequently, they were unable to access HUD funds on their own. In addition, the Alabama Department of Economic and Community Affairs (ADECA) stipulates that nonprofits cannot independently apply for Emergency Shelter Grants, and must do so through a local government. Since Florence was the only entitlement city in the area, a regional homeless plan would give rural nonprofits access to federal shelter funds. A statewide homeless plan was not perceived to be a desirable alternative because state meetings mean a four-hour drive to Montgomery.

By 1997, there were three social service agencies for homeless people that served all six counties: Safeplace, Legal Services Corporation of Alabama (Florence regional office), and the Aging Program of the Northwest Alabama Council of Local Governments. There was also a great deal of informal inter-county cooperation and referrals between agencies due to shortages of resources in some counties. For example, during the 1980s, law enforcement officers in Marion and Winston counties who responded to domestic violence calls at night would often transport victims to the county line, where they would be picked up by officers in a neighboring county and transported to shelter. The reason for this practice was the shortage of officers on night patrol in the two counties. (Marion County had one officer for the entire county and Winston County had two – which was still true as of the year 2000.)

After confirming that there was no other homeless planning process overlapping the six-county northwest area, Safeplace, the City of Florence, and Legal Services put together a list of invitees to the first Northwest Alabama Continuum of Care (NACCC) meeting. The list consisted of 100 names taken from the Directory of Community Services for Lauderdale, Colbert, and Franklin counties, which was created in 1978 and updated semi-annually by the area Community Services Council since the mid-1980s. The list included groups representing a wide cross-

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[7] In order to protect the confidentiality of Safeplace and its clients, its location cannot be given.

[8] Safeplace had also received a HUD Homeless grant in 1987 to open a transition home, and had renewed the grant five years later for a total of ten years of operation (to 1997). However, the 1995 grant was the first Continuum of Care grant.

section of agencies dealing with each of the homeless sub-populations (veterans, persons with disabilities, persons with mental illness, domestic violence victims, and persons with HIV/AIDS), as well as bankers, housing developers, local government officials, and formerly homeless people. The meeting invitations included a description of the comprehensive homeless planning concept and a clear, comprehensive definition of homelessness.

Out of the 100 invited organizations, 25 people representing 17 organizations attended the first meeting of NACCC on April 21, 1999. Safeplace, Inc. presented the comprehensive homeless planning concept and provided an explanation of homelessness,[9] after which the participants appointed a core group of agencies to meet again on May 3. On May 3, 11 people from seven different agencies established NACCC's future meeting dates and times and set up a time line and methodology for conducting the gaps analysis for the fiscal year (FY) 1999 grant application. On May 19, 27 people from 22 organizations met and adopted a goal statement and strategies for NACCC, reviewed the results of the gaps analysis, and approved the Safeplace SHP renewal grant application.

As of one year later, NACCC still met on a monthly basis. Meetings include business associated with HUD McKinney grant applications, but they also feature presentations by new members and a great deal of informal information exchange. NACCC meetings were moved south from Lauderdale County to Franklin County in order to facilitate participation by rural agencies. At the May 17, 2000 NACCC meeting in Russellville, there were over 40 people present, including social service providers, government officials, law enforcement agents, and two newspaper reporters.

The FY 1995, 1999, and 2000 grant applications were all completed primarily by Safeplace, Inc. (although the organization did contract with a consultant to provide guidance for the FY 1995 application). Safeplace coordinated the gaps analysis surveys, carefully analyzed the continuum data for accuracy, wrote the narratives, and relentlessly sought follow-up information where needed. As of 2000, the executive director had served at the helm of Safeplace, Inc. for almost 20 years, and had been the driving force behind northwest Alabama's continuum of care effort long before NACCC was officially organized.

In order to conduct the gaps analysis for the FY 1999 application, Safeplace and NACCC's survey committee mailed the HUD gaps analysis form to the 100 different social service agencies listed in the Directory of Community Services. The survey committee estimated the need for homeless housing resources primarily by asking survey respondents how many people were on their waiting lists. They also counted clients who had called or come into an agency and been determined as eligible, but who did not later claim a bed, even if they had not signed up for the wait list. If organizations did not mail their surveys in, committee members

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[9] "A person is considered homeless if he/she lives in a place not meant for human habitation such as a car, in a park, under a bridge, on the street; is living in an emergency shelter; is living in transitional/supportive housing; will be evicted within a week from a private dwelling or discharged from an institution where no subsequent residence has been identified and no resources and support networks to obtain housing are available; or is fleeing their home as a result of domestic violence." (Meeting minutes, April 21, 1999)

contacted the groups by phone or in person to get the needed data. Eventually, the committee reached a 98 percent response rate.

Survey responses were not always complete. Some of the organizations stated that they simply did not collect data on homeless services and service gaps. Other organizations, such as veterans' services organizations, may have been serving homeless or near-homeless people but did not ask their clients about the status of their housing. The survey found one religious organization serving Marion and Winston counties, but the group stated that they did not serve homeless people. The survey probably did not capture absolutely all of the information about resources available in the rural counties. However, these counties do not have very many homeless resources to begin with.

For families with children (who were typically battered women), the biggest service gap was in transitional housing (Table 5), which was filled by Safeplace, Inc. However, for individuals, the biggest service gap was in permanent supportive housing. Most of these individuals were people with serious mental illnesses. There are many service providers in northwest Alabama for persons with mental illness – the Riverbend mental health facility has several branches and a five-county service area, and there are also local providers such as Independent Living Associates for Muscle Shoals and Volunteers of America. However, there are also many more clients needing services than there are spaces for them.

Safeplace encouraged other members of the planning process to apply for project funding. Whenever there are HUD-sponsored workshops on McKinney applications, the events are publicized to members. However, the workshops are often held shortly before applications are due, and even though the sessions are helpful, Safeplace staff have still had to do two different grant applications (FY 1995 and FY 1999) "by the seat of our pants." It was also felt that the difficulty of the application was the greatest barrier to other agencies submitting project applications. There are not many agencies in the six-county area that actually provide housing for homeless families, and for many of them it is simply easier to look for funding elsewhere.

Table 5
Northwest Alabama Homeless Service Gaps Analysis

		Estimated Need	Current Inventory	Unmet Need/Gap	Relative Priority
INDIVIDUALS					
Beds/Units (excludes 255 units of PHA housing)	Emergency Shelter	13	12	1	Medium
	Transitional Housing	36	35	1	Medium
	Permanent Supportive Housing	68	38	30	High
	Total	117	85	32	
Supportive Services Slots	Job Training	No Data Provided			
	Case Management	104	73	31	High
	Substance Abuse Treatment	28	27	1	Low
	Mental Health Care	76	46	30	HIgh
	Housing Placement	No Data Provided			
	Life Skills Training	No Data Provided			
	Other				
	Other				
Sub-populations	Chronic Substance Abusers	3	2	1	Medium
	Seriously Mentally Ill	76	46	30	High
	Dually-Diagnosed	4	4	0	Low
	Veterans	10	10	0	Low
	Persons with HIV/AIDS	No Data Provided			
	Victims of Domestic Violence	8	8	0	Medium (included
	Youth				in Families)
	Other				
PERSONS IN FAMILIES WITH CHILDREN					
Beds/Units	Emergency Shelter (included in Transitional Housing – facilities serve as both types of units)				
	Transitional Housing	56	46	10	High
	Permanent Supportive Housing	0	0	0	Low
	Total	**56**	**46**	**10**	
Supportive Services Slots	Job Training	19	3	16	High
	Case Management	43	13	30	High
	Child Care	32	10	22	High
	Substance Abuse Treatment	2	2	0	Low
	Mental Health Care	0	0	0	Low
	Housing Placement	10	2	8	High
	Life Skills Training	124	13	111	High
	Other	139	40	99	High
	Other	69	50	19	High
Sub-populations	Chronic Substance Abusers	2	2	0	Low
	Seriously Mentally Ill	0	0	0	Low
	Dually-Diagnosed	0	0	0	Low
	Veterans	4	4	0	Medium
	Persons with HIV/AIDS	0	0	0	Low
	Victims of Domestic Violence	141	50	99	High
	Other (Street/homeless not identified in other sub-populations)	7	7	0	Low

Source: NACCC Application, FY 1999.

In addition, several of the members of NACCC provide services for the prevention of homelessness, and therefore cannot apply for SHP funds. The organizations are learning more about how to apply for funding from other sources, and are being referred to other grant programs by Safeplace staff and City of Florence personnel.
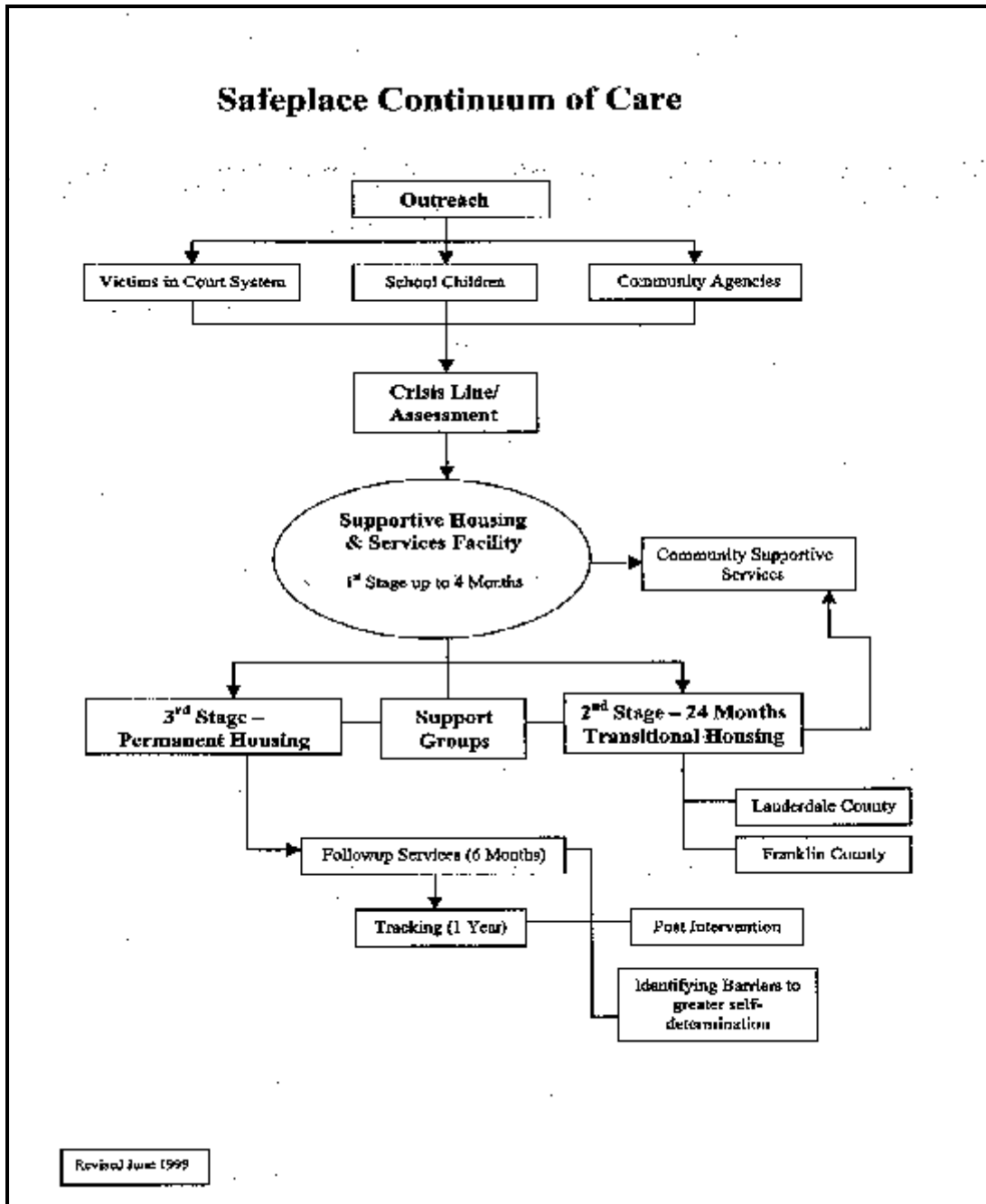
Safeplace's project applications benefitted other members, even though they had not applied for funding as of 2000. According to the executive director, "They've gained services as we've gained funding, because they can refer greater numbers of clients to us." She also felt that when other agencies were ready to submit project applications, NACCC would be there as a resource for them. "As people start to apply, we can all put our heads together and see how we can help."

The Project: Safeplace, Inc.

Safeplace, Inc. was formed long before the Northwest Alabama Continuum of Care, and was the driving force behind the formation of the comprehensive system. It was the sole project applicant in the FY 1995, 1999, and 2000 applications. In many ways, Safeplace is a comprehensive system in its own right, with its own emergency housing, supportive housing, and even two transitional single-family homes donated to the group from two different housing authorities (Figure 8). However, Safeplace also works with several other agencies, housing authorities, health care providers, and other community groups to fulfill the needs of its clients.

A typical Safeplace client will most often be referred by police officers responding to a domestic violence call. Other sources of referrals are hospitals or other social service providers that care for victims; Safeplace brochures and cards giving the Safeplace crisis line number; and often former Safeplace clients themselves. In the past two years, Safeplace has expanded its outreach efforts dramatically to include not only law enforcement officers and health professionals, but also an entire series of age-appropriate literature for children in the public school systems on personal safety at home and with peers. Safeplace had a large role in reviving the Directory of Community Services, and now "there is one in every single school and with every single mental health caseworker." Safeplace also distributes yellow cards with its toll-free crisis line number, which are carried by police officers and kept available at hospitals.

Figure 8

Safeplace Continuum of Care

Outreach

Victims in Court System | School Children | Community Agencies

Crisis Line/ Assessment

Supportive Housing & Services Facility
1st Stage up to 4 Months

Community Supportive Services

3rd Stage – Permanent Housing | Support Groups | 2nd Stage – 24 Months Transitional Housing

Lauderdale County

Franklin County

Followup Services (6 Months)

Tracking (1 Year) | Post Intervention

Identifying Barriers to greater self-determination

Revised June 1999

Source: Safeplace, Inc.

Once a battering victim comes into the Safeplace facility, she[10] will receive counseling by a case manager and will be referred to the appropriate providers for additional medical care or mental health treatment. The case manager will also arrange for her to contact her employer and notify them of her situation while maintaining her confidentiality. Finally, the case manager will help her to write a personal social service plan and to think through her options for the next steps that she will take. There is an emergency housing wing of the facility with three bedrooms, located close to crisis staff offices, and a supportive housing wing with nine bedrooms. The bedrooms are simply but pleasantly decorated (Figures 9a and 9b), with blinds and automatic-locking doors to ensure privacy. There is also a free laundry facility with irons, ironing boards and detergent provided. There are four bathrooms in the supportive housing wing, each shared between two bedrooms, and one of the bathrooms is specifically designed for persons with wheelchairs (all of Safeplace's facilities and offices are compliant with the Americans with Disabilities Act).

Figure 9a Safeplace bedroom – study area.

Figure 9b Safeplace bedroom – sleeping area.

During her first week at the facility, the victim can also be provided assistance in filing for a restraining order against the batterer and in applying for emergency income benefits. She will also be provided with a police escort back to her home to get sufficient clothing and personal articles that she may have left behind when fleeing, although Safeplace is well-stocked with donations of food and toiletries through local community food drives. If, at this point, the

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[10] The vast majority of domestic battering victims are women; however, men can also be at risk for a battering relationships, although male victims are comparatively rare. There is also a rising incidence of elder abuse (of both sexes) by adult children or other caretakers.

woman feels safe enough to leave the facility, she may do so; however, most women typically stay longer.

After the first week at the facility, residents can attend support groups for survivors of battering and classes in job search skills and parenting and begin to set long-term goals such as finding permanent housing. In addition to common eating facilities and a living room/play area, Safeplace also has a computer room and library, where women can learn basic computer skills and practice writing an employment resume (Figure 9c). At this point, a client will have taken basic measures to ensure her safety; if she has children, she will have enrolled

Figure 9c Safeplace computer room.

them in school; and if she had a car at her former home, she will have been able to retrieve it with a police escort. She can also take a job training course offered at the Shoals Community College called "Choices for Success," which is specifically designed for adults who have been out of the workforce for an extended period of time.
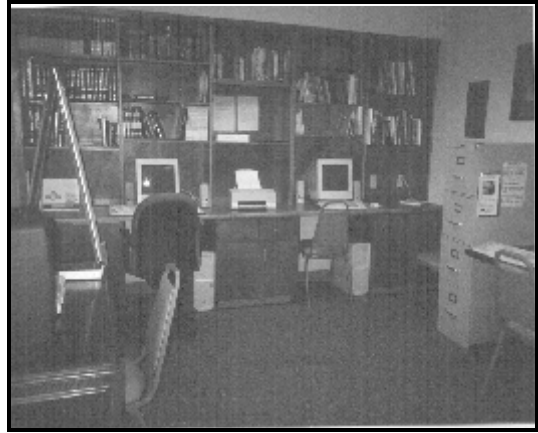
The resident can stay up to a total of four months in the supportive housing wing. After the four months are over, she can either move into her own permanent housing or she can stay for two more years in one of the two semi-permanent transitional houses operated by Safeplace.

In 1997, 94 percent of Safeplace's clients succeeded in finding their own permanent housing upon exiting the program, far exceeding their goal of 70 percent. However, in the following year, only 53 percent had remained in their permanent housing. According to Arneda Heath, Safeplace's executive director, part of this attrition was due simply to the fact that the women were difficult to track over time. She speculated that most of the women who did not stay in their housing had simply moved on with their lives to other areas.

There were some women who found the economic and emotional stresses of life on their own too difficult, and returned to Safeplace. Some women, tragically, went back to their abusers for a number of different reasons – either because they were convinced their abuser had changed, they felt that life was too hard on their own, or sometimes because it was far easier to live with the abuser than to live in constant fear of him. Many women reported being stalked and harassed after leaving Safeplace, and according to Heath, eight women have been murdered either after they left their abusers or while they were attempting to leave.

The budget for the Safeplace, Inc. SHP project application included funds for the following activities.

Outreach	$253,830
Case management	$245,889
Education	$35,930
Employment assistance	$35,930
Child care	$31,182
Other	$152,429
Total	**$755,190**

NACCC contributed project leveraging funds directly to the FY 1999 SHP application budget as well as assisted in raising community contributions, United Way funds and other fundraising efforts, totaling $358,000. Other leveraged resources were the value of Safeplace's existing building and furnishings ($1.3 million), the value of two donated transitional housing units ($22,735), and the organization's cash on hand ($170,000). Although the organization was aware of the HUD-defined pro rata needs for their area, it was decided to write the budget and leverage the funds "that would [help us] do what we had to do." The organization was ultimately awarded roughly one-half the amount that was requested ($683,604 out of $1.3 million), but was also given the suggestion to re-apply for second- and third-year funding, which was done for the FY 2000 application.

Problems and Solutions

There are still many challenges facing NACCC in terms of outreach to rural social service agencies. There is a great deal of reticence in rural areas about coordinating services, and it will sometimes be told that "we don't do things that way around here" when issuing meeting invitations. There are also many agency and local government officials who feel that NACCC is irrelevant to them because "we don't have any homeless." Some government officials are reluctant to participate because they are afraid that drawing attention to the issue of homelessness will attract homeless people in search of services to their area.

From the perspective of most rural social service providers, the main barriers to joining a comprehensive homeless assistance system are time and travel expenses. When travel time is factored in, meetings often take up half a day of work time. One of the providers noted that funds are needed for the administrative and travel expenses of operating NACCC, stating, "All of the money for postage, printing and travel – all of that has to come out of our own budgets. Some organizations just can't afford that."

The other main obstacle to rural participation in the HUD comprehensive homeless system is the complexity of the application process. At the May 17, 2000 continuum meeting, the provider commented that "for us [Safeplace], it's worth it, but if there's any message we want to send to Washington, it's that this application is just too hard." Although the new application (as of 2000) has been reformatted, the information requested remained the same – and is still equally difficult to gather.

Rural Statewide System: Arizona Rural Homeless Planning System

Rural Arizona can be both hospitable and harsh. The mild winter weather draws in tourists, retirees, and others seeking comfortable living. The searing heat of the summer drives residents to seek protection from the sun's glaring rays. For the rural homeless population, the reality of an Arizona summer is even more daunting. Without shelter and with few social service organizations available, many of rural Arizona's most desperate residents have had to rely on family and friends to provide them with housing or seek refuge in the mountains and deserts surrounding the county's population centers. The Rural Arizona system was established to coordinate the activities of the shelter and social service organizations in the state of Arizona. This system brings together nonprofit groups and local government agencies to discuss the problems of serving the rural homeless population and expand resources to fill these needs. The isolated nature of Arizona's rural areas makes these functions difficult. However, the Rural Arizona system has been successful in attaining HUD funds and creating a network of homeless shelter and service projects.

Thirteen of Arizona's 15 counties are rural.[11] There was considerable economic and population growth in the state as a whole during the 1990s, which led to population growth in every rural county (Arizona Housing Commission 2000, 8-9). However, these counties continue to lag behind urban areas in terms of employment, income, and services (Arizona Housing Commission 2000, 12-14). These factors, in addition to the isolation of many rural communities, add to the problem of providing shelter and services to the rural homeless population of the state. Mohave County in many ways typifies the experience of rural counties in the state of Arizona.

Figure 10 Arizona Counties

Mohave County is located in the northwest corner of the state bordering Nevada, Utah, and California (Figure 10). It is the third largest county in the country and encompasses a great expanse of desert and national recreation areas. There are three incorporated areas within Mohave County, Kingman, Bullhead City, and Lake Havasau. The majority of the county's population resides in these three cities with 36.5 percent of the population living in the surrounding suburbs and further out in the desert (Table 6).
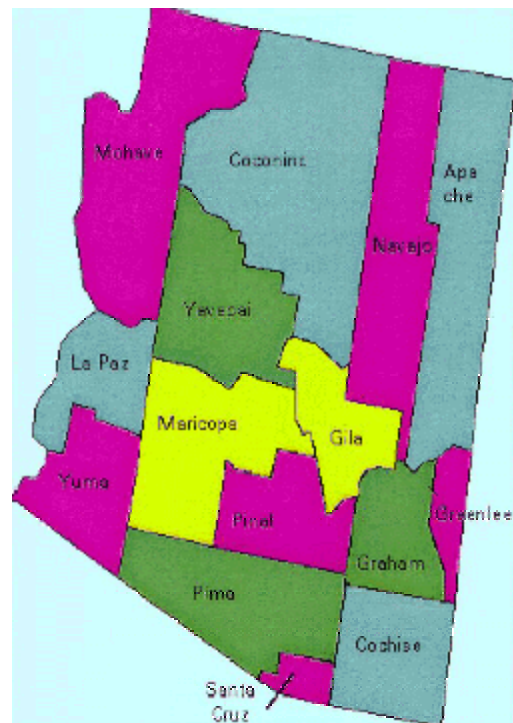
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[11] The Arizona State Housing Commission identifies Maricopa and Pima counties as the only urban counties in the state. Apache, Cochise, Gila, Graham, Greenlee, La Paz, Navajo, Santa Cruz, and Yavapai counties are nonmetropolitan counties. Coconino, Mohave, Pima, and Yuma counties are within metropolitan areas. However, these counties have large rural populations. For consistency with state reports and the continuum of care, this case study will refer to the 13 nonmetropolitan and rural counties as rural.

Table 6
Mohave County Population Breakdown

Geographic Area	Population (1992)
Lake Havasau City	28,054
Bullhead City	24,781
Kingman	14,428
Balance of County	8,762

Source: 1992 Economic Census Profile.

Mohave County grew, both in terms of population and industry, during the 1990s. According to the *2000 Annual State of Housing in Arizona* report, the Mohave County population grew faster annually than any other county in the state, 4.8 percent between 1990 and 1998, and the number of households grew by 5.3 percent during that same period (Arizona Housing Commission 2000, 8-9). According to local residents, economic development lured a considerable number of new residents to Mohave County.

Table 7
Mohave County Economic Profile

Geographic Area	Population (1992)	Retail		Wholesale		Services	
		# of Establish-ments	Sales ($ millions)	# of Establish-ments	Sales ($ millions)	# of Establish-ments	Sales ($ millions)
Lake Havasau City	28,054	281	245	56	71	225	84
Bullhead City	24,781	122	191	28	39	165	57
Kingman	14,428	194	375	40	146	186	57
Balance of County	38,762	154	88	21	12	110	59

Source: 1992 Economic Census Profile, 1992.

Housing affordability is a significant problem in much of the state of Arizona.[12] According to a state analysis of housing issues, the affordability of owner occupied and rental units has decreased since 1970 (Arizona Housing Commission 2000, 20). While 64 percent of all Arizona families could afford to purchase a home in 1970, only 43 percent were able to do this in 1999. Rental affordability has also decreased from 73 percent in 1970 to 62 percent in 1998.

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[12] Affordability, according to the Arizona study, means that a household should pay no more than 28 percent of its income for a mortgage payment. Rental affordability means that the household pays no more than 30 percent of its income for rent plus utilities.

Increased population growth places pressures on a local housing market that result in higher rents and higher home prices, compounding the affordability problems that exist in most Arizona counties.

While affordability has not been a significant factor in contributing to homelessness in certain rural counties, other factors have played a larger role. For example, the promise of available and well paying jobs, affordable housing, and mild winter weather lured a significant number of people to Mohave County. Many of those who moved to Mohave to take advantage of the economic boom came without skills or support systems. There is no public transportation in the area and, with no way to get to the jobs, people often lose their employment. Without these resources individuals and families have simply been stranded in the area. Many of the area's street homeless people are transients who came to Arizona looking for a warm place to spend the winter months. While these people add pressure to the shelter and service facilities during the winter, many disappear during the spring and summer.

The rural homeless population in Arizona is largely hidden and very difficult to count. According to state housing experts, there is less of a hardcore homeless problem in rural Arizona. Rural Arizona's "at risk" population is largely made up of "couch hoppers," those people who are near homelessness as they move from couch to couch in the homes of their friends and family. Housing experts say that there are more families with children than in past years and an increase in the number of homeless youth in these areas. Providers have stated that substance abuse is the greatest issue contributing to homelessness and there has been an increase in homelessness among the mentally ill.

In Mohave County, specifically, the homeless population has grown due to the gaming economy in nearby Laughlin. Bullhead City is a bedroom community for Laughlin and homeless people have come to Mohave County to live along the river and survive on the "freebies" and cheap meals offered by the casinos. Despite the increased presence of homeless individuals and families, many rural communities remain oblivious to the extent of the problem. For many rural communities, coming to grips with the extent of homelessness and the concomitant issues has been difficult. It has often taken tragic incidents to bring adequate public awareness and resources to address homelessness in rural communities. For example, in the town of Hollbrook, there were 12 to 15 deaths in the homeless community during the 1990s. Substance abusers who were without shelter would fall unconscious on the train tracks and were killed by oncoming trains. While local groups were concerned, they were small organizations, with few assets, and no way of changing things.

According to local advocates and social service providers, domestic violence was the beginning of understanding for many elected officials and residents. Those who were hesitant to discuss or understand homeless people, much less provide assistance to them, could care about those who were displaced because of domestic violence issues. This issue was then used as a springboard to move on to serving other sub-populations. Issues like the deaths of local homeless people and domestic abuse have been a point of entry into homelessness programs for many rural organizations and agencies.

Rural Arizona Homeless Plan

The Rural Arizona Continuum of Care (RACoC) was created in 1996 in response to a Super NOFA issued by HUD. The process for rural Arizona was coordinated by the Special Needs Housing Office of the Arizona Department of Commerce (ADC) and the Homeless Coordinator's Office of the Arizona Department of Economic Security (DES). The ADC is the state housing agency and is responsible for administering the state's Community Development Block Grant (CDBG), HOME funds, Housing Trust Fund, Low Income Housing Tax Credit (LIHTC) and bond financing. For rural areas, it also acts as the grantee for McKinney programs. DES is the state welfare agency and is also responsible for the state's Emergency Shelter Grant (ESG) program. The state of Arizona also has a Homeless Coordinator, an executive office position, which was established by statute to address homeless issues, as well as a Joint Task Force Committee on Homelessness.

Thirteen of the Arizona's 15 counties and two cities within these counties were included in the rural McKinney comprehensive homeless system as of 2000 (Figure 11). Arizona's rural counties are linked by current conditions and a history of collaboration. As noted above, a number of barriers exist in providing homeless services in rural Arizona. The state is large and there are vast, often inhospitable, distances between the population centers. However, these communities often rely on one another for support in addressing the issues of poverty that affect them. Several of these rural counties were carved out of the same geographic area and have maintained shared resources. The statewide homeless system has worked particularly well within this dynamic, according to local participants.

State government agencies and local organizations involved in homelessness and housing decided to form a statewide system for rural Arizona for practical reasons. It was identified early in the process that no individual area would receive enough funding to successfully complete a project if each county applied separately. The established fair share for each of the rural areas in the state was simply too low to meet the needs that existed in these regions. Even Yuma County, which had the highest pro rata share and would qualify for the greatest amount of funding, could not meet renewal numbers unless it joined a larger planning system.

The work that was required to successfully put together a system and monitor its progress was also viewed as being beyond the capacity of many of the small, rural organizations.   The resources required to work on the McKinney application and the technical expertise needed to implement a project were viewed as being beyond the abilities of the staff of many of the local groups. In addition, county governments were typically in denial about the extent of the homeless problem in their communities, according to state and local advocates. Thus, the organizations could not always rely on their local governments for needed support.

According to local participants, the statewide system addressed these issues and was seen as a better opportunity to be successful. ADC staff were the first to suggest that it would be best for

Figure 11 Areas Covered by RACoC
Apache County
Cochise County
Coconino County
Flagstaff
Gila County
Graham County
Greenlee County
La Paz County
Mohave County
Navajo County
Pinal County
Santa Cruz County
Yavapai County
Yuma
Yuma County

rural areas to use a statewide system. ADC agreed to act as the grantee for the local groups if the organization or agency wanted. However, if a group chose not to have ADC act as grantee, the organization could still participate in the process and apply through the joint application. ADC sought to create a rural statewide system, where groups would be encouraged to develop "regional interplay and communication." While planning would occur on the state level, implementation would require that there be several smaller systems on the local level that are linked to share information and technical expertise.

The rural Arizona system did not apply for funding the first year of competition (1994) but it applied each of the following years, as of 2000. Community Action Program (CAP) agencies, councils of governments (COGs), two state departments, and local social service organizations were active in putting together the RACoC in the first year. Meetings to develop the system were advertised in local newspapers and in social service newsletters. The process was designed to bring as many people and perspectives to the table as possible. Some communities already had networks in place and these networks became the foundation of the local coalition and were integrated into the broader statewide system. In Mohave County, 40-50 people came out to participate in the initial meetings and many of the organizations they represented continue to play an active role. Table 8 shows the meeting frequency of the local planning groups in each of the rural counties.

Table 8
Rural Arizona Regional Homeless Planning Group Meetings

	Meeting Frequency
Apache County Homeless/Social Services Workshop	Quarterly
Bisbee Homeless Coalition	Monthly
Cochise county Homeless Task Force	Semi-annually
Coconino Emergency Service Network	Bi-monthly
Gila County Homeless Task Force	Ad hoc
Graham/Greenlee Homeless Task Force	Semi-annually
La Paz Human Resources Workgroup	Quarterly
Mohave County Homeless Task Force	Semi-annually
Pinal County Human Services /Homeless Coalition	Monthly
Santa Cruz Homeless Task Force	Quarterly
White Mountain Homeless Coalition	Monthly
Yavapai Homeless Coalition	Monthly
Yuma Housing Alliance Partnership	Quarterly

Source: RACoC 1999 Application.

Meetings for the entire continuum are held twice a year, once to do planning for the McKinney application and the second time to rank the projects. Statewide meetings were held to discuss the objectives as a whole and the resources that were available to meet the needs that exist. In going through this process, resources from the state were identified to help alleviate the problems contributing to homelessness. For example, during 2000-2002, the state will make $970,000 available in rural areas for eviction prevention and emergency aid. This need was identified through discussions emanating from a planning dialogue.

The 1999 McKinney application was prepared by an ADC staff member. Prior to the NOFA, an announcement about the process encouraged local organizations to talk with ADC staff about the needs that exist in their communities. Each group was provided with an application and instructions on completing it. The technical assistance provided throughout the application stage was viewed as central to its success.

According to a participant, data collection was the most difficult part of filling out the application, despite the fact that Arizona conducted a regular survey of homeless services and shelter. Twice a year, the DES Office of Homeless Coordination conducts a statewide shelter survey. The data collected by DES represents the bulk of the information that the state agencies have on homeless needs in the state. ADC staff also meet with every local planning group to discuss the needs and resources that exist in their communities each year.

Local information is an important component of the McKinney application in that local groups are aware of dynamics and resources that may be missed by state agency surveys. Groups are encouraged to use the most accurate and recent data available. For example, Mohave County Housing and Community Development (MCHCD) contributed to the 1999 gaps analysis by providing its Section 8 waiting list. These three components – the DES survey, ADC program knowledge, and local information – make up the data presented in the gaps analysis. Those who administer the application are aware, however, that these numbers change every year as new beds and new agencies are created and some are lost. Staff working on the gaps analysis for the application noted that it was especially difficult to inventory the beds that are provided by faith-based organizations. Table 9 shows the individual gaps analysis that was conducted for the 1999 application. The relative priority for each need was established at the state-wide meeting.

Organizations were encouraged to submit a preliminary application to the ADC office, and staff helped each organization rewrite and redefine the budgets and evaluation, as well as the presentation of the application, as necessary. Groups were also encouraged to secure commitment letters from leveraging partners when possible. The final application was then submitted to the statewide planning process for ranking.

Table 9
Rural Arizona Gaps Analysis, Individuals

		Estimated Need	Current Inventory	Unmet Need/Gap	Relative Priority
Beds/Units	Emergency Shelter	3,160	173	2,987	High
	Transitional Housing	1,513	219	1,294	High
	Permanent Supportive Housing	1,095	78	1,017	High
	Total	5,798	470	5,298	
Supportive Services Slots	Job Training	2,017	130	1,887	Medium
	Case Management	3,694	368	3,326	High
	Substance Abuse Treatment	3,253	207	3,046	High
	Mental Health Care	1,349	131	1,218	High
	Housing Placement	1,585	84	1,501	Medium
	Life Skills Training	2,955	245	2,710	High
Sub-populations	Chronic Substance Abusers	3,557	195	3,362	High
	Seriously Mentally Ill	862	128	734	High
	Dually-Diagnosed	1,799	87	798	High
	Veterans	100	114	1,685	Medium
	Persons with HIV/AIDS	423	0	100	Low
	Victims of Domestic Violence	753	36	387	High
	Youth		61	692	High

Source: RACoC 1999 Application.

The RACoC used what it believes to be a unique process to rank projects for the application. One representative from each of the 13 areas, a representative from the state homeless coalition, and the state homeless coordinator's office, plus one or two additional people came together to rank the projects. Before the ranking, several things were explained:

− *Renewal Implications* – The importance of continuing support for projects that already exist.
− *Permanent Housing Bump* – The extra "bump" that HUD is giving to permanent housing projects and the impact this could have on the final budget that is awarded.

- *Adjusted Pro Rata/'Fair Share'* – Groups were told what the area could expect to receive from HUD funding and the implication this would have relative to the budgets that were proposed.

A description of each project was provided to the participants and each representative was asked to rank the projects, with "1" being the highest ranking. At the end of the process, the sum for each project was tallied and the project with the fewest points was ranked highest. According to the meeting moderator, there is typically total agreement among the representatives, and the highest priority has always received the highest ranking.

The Rural Arizona CoC requested a total of $3,008,871 in 1999, which far exceeded the area's adjusted fair share of $1,192,000. The system received a total of over $1,500,000 from HUD, in addition to the $2,405,708 that was leveraged in goods and services (RACoC Application 1999). All of the renewal projects and all of the new projects, with the exception of one, were funded.

There have been other positive outcomes from the comprehensive planning process. The communication that occurred in the meetings led to new alliances between groups and agencies. In Flagstaff, which was nominated for a HUD Best Practices Award, local organizations have designed an innovative domestic violence, transitional housing project. The city provided the land, ADC provided HOME funds, and there were over 40 other entities, including the Northern Arizona University, involved in the project, providing a variety of services and referrals.

In Yavapai City, a new men's shelter project was developed on the city fairgrounds through the efforts of several state and local groups and agencies. The City Fair Association provided the building, pays the utilities, and provided a local homeless assistance program with a $1,000 grant to convert a structure on the city fairgrounds into a shelter. The Council of Governments (COG) provided funds for rehabilitation and local restaurants provided meals. The shelter is closed from May 1 to October 15 for the fair season and then reopens for use as a shelter for local homeless people from October 16 to April 30. The program also has a bike repair business that the residents run out of the shelter.

These innovative projects were viable because organizations came together to provide each other with resources and support. The networks created and nurtured by the McKinney planning model have increased the contact and communication between organizations. According to participants, the communication between small, rural organizations that the RACoC encourages was essential to building projects like those presented above.

The Project: Mohave Housing and Community Development

Mohave County Housing and Community Development (MCHCD) is a comprehensive system in its own right. The small housing authority (HA) has no public housing units.[13] However, the HA manages to provide a wide array of housing and social services for the people of Mohave

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[13] According to local HA staff, the county government is totally opposed to public housing and has notified staff that they will not allow it within Mohave County.

County. MCHCD administers the county's Community Development Block Grant (CDBG), provides rental assistance, and offers workforce development programs and educational services, all under one roof. [14] With their 1999 McKinney award, MCHCD was able to improve their ability to service a particularly challenging population, the severely mentally ill homeless population.

In the county's CDBG meetings during the early 1990s, homelessness was continually identified as a need in the area. In addition to MCHCD, the Department of Health and Human Services, Catholic Social Services, Mohave County Community College, and the Western Arizona Council of Governments were involved in these issues to varying degrees. However, these local groups and agencies lacked the organizational capacity to address the issue in a comprehensive manner. MCHCD staff members attended a local meeting on homeless needs in 1995, where state Department of Commerce representatives presented information on the continuum of care model. MCHCD staff members were immediately aware of the fact that while this was a good program, there was simply not enough planning staff in the county to implement it locally. Consequently, they were interested in continuing the dialogue with statewide advocates.

The ADC approached MCHCD to discuss the possibility of collaborating with Mohave Mental Health (MMH) to provide permanent housing resources for the county's severely mentally ill (SMI) population. SMI clients include those who are suffering from schizophrenia, major depression, borderline disorder, or a bipolar disorder. The housing authority was aware that there were problems associated with keeping SMI clients on the Section 8 rolls, as these clients, specifically, tended to fall through the cracks. However, they did not have the resources to develop a strategy to address this issue.

MMH is a community mental health program that has its roots in the Title 19[15] programs. According to MMH staff, their SMI clients consistently have serious housing issues that make them vulnerable to becoming homeless and aggravating their mental conditions. Many receive Supplemental Security Income (SSI) checks and lack adequate financial resources to find or pay for quality housing. According to MMH staff, the county did not have psychiatry beds before MMH. As of 2000, the mental health clinic provided 17 beds for those clients in need of housing, who had no other positive alternative.[16] This resource consistently fell far short of the demand. According to MMH staff, approximately 1,200 to 1,800 clients come into the mental health clinic each year. In June 2000, almost 550 of these clients were diagnosed as SMI. The staff estimated that approximately 5 percent of this population were street homeless people. However, a much larger percentage were precariously housed, living in situations or in units

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[14] The HA recently moved into an abandoned retail outlet that provides an open floor plan. Clients can move through the space, accessing the various services that they may need.

[15] In the Social Security Act, Title 19 refers to Grants to States for Medical Assistance Programs.

[16] MMH also provides a Single Living Treatment Center, where clients are coached on cooking, cleaning, and personal maintenance. Clients come to the center for a few hours a day to learn skills that they need to live independently.

that might have aggravated their mental condition. The threat of homelessness looms large in the lives of many mentally ill individuals and their families in Mohave County.

For an individual or family living in the desert, in an abandoned car, or on the streets of Mohave County, housing assistance can be difficult to secure. The typical wait on the Mohave County Section 8 list is two years; there were 500 to 600 families on the Section 8 waiting list in the summer of 2000. Of this population, the housing authority estimated that there were between 25 and 31 SMI families in need of a rental subsidy to prevent homelessness.

The project that won 1999 McKinney funding established a separate waiting list for the SMI patients of MMH. MCHCD requested $260,139 from HUD in the 1999 application. The housing authority planned to make 12 units available for two years with these funds. The project leveraged MMH case management to support the newly established SMI Section 8 waiting list. Case managers are responsible for brokering a range of mental health, medical, financial, and housing services for their clients. As of 2000, MMH had 11 full time case workers for the 1,200 clients on their rolls, five case managers in Kingman, three in Bullhead City, and three in Lake Havasau.

MMH case managers assess the independent living skills (ILS) of their SMI clients and those who are prepared to live on their own are referred to the MCHCD program. The ILS assessment measures a client's ability to cook for themselves, pay their own rent, live with others, and take basic responsibility for their living situation. Only those clients who can pass this assessment are referred to the new program. MCHCD then directs these clients to landlords who would be understanding of their situation. Because of the working relationship that MCHCD has developed with a network of landlords in the county over the years, they know which living situations might be most beneficial for the SMI clients. There is a formal memorandum of understanding between the two organizations drawing out their separate and joint responsibilities under the project. MCHCD is responsible for the quality inspection of the unit, the annual reexamination, and other programmatic aspects, including reporting to ADC.

MCHCD staff noted several factors about the Mohave County housing market that made this program workable. First, there are a significant number of vacancies in the county; over 27.5 percent of the county's 50,822 housing units were vacant in 1990. Landlords are extremely anxious to find tenants for these units and working within the Section 8 program assures the landlord of a steady source of rent. These vacancies also meant that rents were low for a number of years in the county. The competition for tenants kept rents at an affordable level. The median rent for Mohave County was $468, according to the 1990 Census.

Section 8 also assures that landlords receive a decent rent for the property. Mohave County falls within the Las Vegas Fair Market Rent (FMR) jurisdiction and consequently, the HA can offer sufficient subsidies to the landlords. FMR for FY 2000 was $708 (HUD FMR List 2000). Lastly, the housing authority cultivated good relationships with local landlords and encouraged ongoing communication. The HA can call landlords if tenants are having any problems and the landlords feel comfortable calling the authority to discuss problems that they may have with their tenants. This level of collaboration between the housing authority and the landlords is viewed as central to the program's success.

In order to head off any problems that may arise, MCHCD meets on a quarterly basis with the MMH case workers to discuss each case. These dialogues are viewed as an important part of the preventive management of the program and also help the organization identify future needs and collect data on the process. MCHCD must report to the state Department of Commerce every six months and report annually to HUD. The HA was confident that its relationship with HUD and the resources that they have in place to handle their Section 8 vouchers helped in writing the application and would prove to be beneficial in the future follow-up with HUD. MCHCD staff consider this program a success if 60 percent of the clients are still in the program one year from moving into their units.

Problems and Solutions

As of 2000, the RACoC has proceeded with few problems and difficulties. However, the McKinney process revealed several local level needs and issues that may prove to be problematic in the future. Members are attempting to find ways to address these concerns and develop programs that will fill the needs that exist in local areas.

After having gone through the application several times, the ADC realized that local organizations require a significant amount of technical assistance throughout the year. This technical assistance cannot be concentrated on the state level and must be accessible to grassroots organizations. Several years ago, an ADC staff member, who had been responsible for writing the McKinney applications, was ill and major portions of the application could not be completed without his expertise. This was the only year that the system was not awarded funding. The ADC proposed that a nonprofit contractor be hired to provide local groups with year round technical assistance in preparing their applications, working together in the system, and implementing projects.

Not In My Back Yard (NIMBY) sentiments also limit the scope of homeless projects and programs in rural communities. For example, a local religious leader and shelter provider in Mohave County had been stalled for several years in the construction of a homeless facility for single men. County residents tried to prevent the building of a shelter in a local community using the local zoning ordinance. As of 2000, despite the need that exists in Mohave County for such a facility, it is doubtful that the community residents and elected officials will allow it to be built. This development, specifically, was proposed without McKinney funding. However, members in Mohave County were aware of these dynamics and conscious that they may affect future projects. The potential of expanding homeless projects beyond mental health and domestic violence were viewed as somewhat limited by local activists given these sentiments.

In response to NIMBY and limited fiscal resources, MCHCD staff tend to focus their projects on populations with which the community at large and elected officials are comfortable. The county government has been adamant about not allowing public housing in the county and MCHCD is aware of the boundaries that exist in terms of project development. According to MCHCD staff, the county's government can be resistant to certain projects and programs. The project that was funded through the 1999 McKinney competition was viable because the SMI were viewed as "deserving" of help. The staff was not sure that a similar project for another sub-population, for example, chemical abusers would be received as well. In order to address

this issue, MCHCD and other organizations within the community continue to educate local officials and the community about the nature of homelessness and the needs that exist in their community.

Statewide System: Ohio Balance of State Comprehensive Homeless Planning System

Ohio developed a statewide homeless system for balance of the state areas that do not receive Emergency Shelter Grant (ESG) by entitlement. As of 2000, Ohio's balance of the state McKinney jurisdiction includes 80 of the state's 88 counties, and 16 local jurisdictions.[17] These counties had a total population of 5,745,169 according to 1999 Census estimates (U.S. Census Bureau 1999). Almost 18 percent of the counties in the balance of the state were central or fringe counties of metropolitan areas with populations greater than one million.

> *"It works . . . because the people want it to work; they work together to make the system successful."*

Among the nonmetropolitan counties in the balance of the state, the prevalence of poverty and substandard housing increases the more rural the location. While higher population nonmetropolitan counties (counties with an urban population of between 2,500 and 19,999 and adjacent to a metro area) in Ohio had a mean poverty rate of over 11 percent in 1996, the most rural of the state's nonmetropolitan counties (those that are completely rural or have an urban population fewer than 2,500, not adjacent to a metro area) had a mean poverty rate of more than 19 percent (U.S. Census 1996).

Portage County was selected for the project profile because it is home to Coleman Professional Services (CPS), which received the highest project ranking in the Ohio Balance of the State 1999 continuum of care application. Portage County is about 45 minutes southeast of Cleveland and located between the cities of Akron and Youngstown, a rural buffer between the two large metropolitan areas. The 1999 Census population estimates showed a population of 151,579 in Portage County. Portage County is a metropolitan county, but much of it is very rural in character. Over 44 percent of residents live in rural portions of the county, which are characterized by low rolling hills, winding back roads, large ponds, and old farmhouses situated between newer subdivisions of single-family homes. Kent is the county's largest population center with a population of 28,835, and Ravenna is the county seat and second largest community, with a population of 12,069.

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[17] The local jurisdictions included in the Ohio balance of the state continuum of care are Bowling Green, Elyria, Fairborn, Hamilton City, Kent, Lancaster, Lima, Lorain, Mansfield, Marietta, Middletown, Newark, Springfield, Steubenville, and Warren. The counties covered are Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Fulton, Gallia, Geauga, Greene, Guernsey, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Madison, Marion, Medina, Meigs, Mercer, Miami, Monroe, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, and Wyandot counties.

Census Bureau figures in 1998 showed that almost 96 percent of the county's residents were white, with African Americans the largest minority, comprising almost 3 percent of the county's population. Persons 65 and older made up more than 9 percent of Portage County residents. Over 70 percent of Portage County units were owner-occupied. Two- and three-bedroom units were the most prevalent unit sizes in the county's housing stock, with almost 44 percent of the county's units having three bedrooms and over 27 percent having two. Single-family, detached structures were the most common type of dwelling, with 66 percent of Portage County units falling into this category. Almost 11 percent of Portage County units were mobile homes (U.S. Census Bureau 1998a).

Portage County is home to three colleges, most notably Kent State University. Kent State is the county's largest employer. Manufacturing provides the next largest proportion of Portage County jobs, with almost 38 percent of the positions in the county with manufacturing firms. General Electric is another large employer, with 600 employees working at the company's manufacturing plant and 160 more working in a distribution center.[18] The area is served by one county-wide hospital located in Ravenna, and Coleman Professional Services (CPS) has a campus adjacent to the hospital. There was a great deal of retail and service sector development between 1995 and 2000, particularly in the town of Streetsboro. The county has a bus system, but the system does not connect to Streetsboro, making it difficult for low-income residents to reach jobs in the new retail and fast food outlets.

Ohio Balance of the State Comprehensive Homeless System

Ohio's balance of the state system is two-tiered. Each local jurisdiction wishing to participate in the statewide process must develop a local homeless plan as a threshold requirement to apply for funding. In lieu of a local plan, there must at least be some collaborative entity or ongoing forum where local housing and social service providers share information and coordinate their work. Local organizations submit funding applications to the state, often in collaboration with their local partners and with assistance from statewide technical assistance providers. There are also venues at the state level where local groups are represented and can provide ongoing feedback on the administration of the system.

At the state level, the lead agency for the Ohio balance of the state McKinney application to HUD is the Office of Housing and Community Partnerships (OHCP) in the Ohio Department of Development (ODOD). The Ohio Department of Mental Health (ODMH) is also a major agency participating in the process at the state level. ODMH has funds available for social service programs reaching people with serious mental illness and also for housing development that will serve this population. In addition, every county in the state is served by a Board of Mental Health and Recovery Services (Mental Health Board), which gives this state agency a substantial vehicle for feedback on local mental health, homelessness, and housing needs.

The Coalition on Homelessness and Housing in Ohio (COHHIO) is the third major entity involved in coordinating the statewide system. COHHIO is a statewide nonprofit organization

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[18] From "A Community Profile," provided by the Ravenna Chamber of Commerce. Data were compiled in 1999 by the Economic Development Department of FirstEnergy Corporation of Akron, Ohio.

representing over 600 local and regional housing and homeless service providers. COHHIO is the principal provider of technical assistance to local systems and organizations in the planning and application process. In addition to its role in providing technical assistance, COHHIO also engages in a number of other housing and homeless service and advocacy efforts. The organization provides technical assistance and training regarding preserving projects with expiring Section 8 rental assistance contracts as affordable housing, operates a community reinvestment project that works to encourage financial institutions to improve services and lending benefitting low-income customers, and coordinates assistance with the Ohio Department of Education to improve the quality of education received by low-income children. COHHIO also engages in homelessness, housing, and community development advocacy at the local, state, and national levels on behalf of member organizations and their communities. Ohio has taken an interesting approach to coordination by heavily involving a nonprofit organization in most aspects of the program – from outreach to training to application review.

The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) is also involved in planning and application review, but prior to the late 1990s this agency had limited involvement in the process. It has important resources to contribute to local systems, given that chronic substance abusers are an important subpopulation targeted in planning.

The Ohio process depends on a number of linkages between statewide actors involved in coordinating the planning and funding of the statewide system, and between state entities and local systems. ODOD sends notices concerning performance of the gaps analysis, local planning, and application deadlines to all local governmental jurisdictions and housing development organizations around the state. COHHIO contributes to this process by sharing its mailing lists with ODOD. In the period leading up to the application deadline, ODOD provides extensive technical assistance to local applicants. Each year, ODOD conducts a summit providing in-depth training in all of its programs, including the McKinney competition programs, and invitations to this training are extended to all local jurisdictions and housing development groups in the state. COHHIO also runs McKinney planning and application training sessions throughout the year on establishing local systems, conducting gaps analyses, and the application process. This training is open to all of the state's emergency shelter, supportive housing, and mental health providers. ODOD and COHHIO also conduct joint workshops on the state's homeless system at COHHIO's annual national conference. Outreach tools include direct mailings and telephone follow-up by involved state agencies.

As of 2000, COHHIO's homeless system-related outreach was funded through a Supportive Housing Technical Assistance grant and additional funding from ODOD and ODMH. COHHIO's technical assistance helps establish new local planning areas, helps funded areas access renewal funding for their existing projects, helps increase the capacity of individual local organizations, and contributes to ongoing efforts to publicize the value of planning and the housing and social service resources available through the process.

In addition to the individual state agencies and COHHIO, there are two committees that play a role in administering the McKinney program in the balance of the state. The steering committee is comprised of staff from the state agencies involved in the system, primarily ODOD, ODMH, and ODADAS. The steering committee is essentially an interagency review

team responsible for reviewing and improving the statewide process, reviewing and ranking local applications that have been scored by ODOD, and coordinating technical assistance to applicant groups. There is also an advisory committee whose members include representatives from state agencies such as ODOD, ODMH, and ODADAS, and from interest groups across the state. Not only does COHHIO participate in the advisory committee's work, but so too do representatives from local social service agencies and nonprofit housing organizations. The advisory committee provides input to the state concerning strategies for extending and strengthening the process throughout the state, conducting the gaps analysis, and ranking project applications.

Once local applications have been reviewed and ranked by the advisory committee, groups that need additional assistance to improve their projects or applications receive it through ODOD staff. ODOD then prepares the balance of the state application for HUD, with a consultant primarily responsible for drafting the application and COHHIO assisting. Between the outreach and technical assistance work of COHHIO, the key role of the advisory committee in shaping the planning and application process, and the extensive outreach by the state agencies involved in the process, Ohio's system has built considerable opportunity to reach and assist local systems around the state, and for participants in local systems to have a substantial voice in shaping the evolution of the system (Figure 12).

Ohio's statewide McKinney system has its roots in the mid-1980s when the Ohio Coalition for the Homeless was founded (1984), Ohio State University published a study of rural homelessness (1985), and a state-funded Emergency Shelter Grant program was developed (1985). Other milestones leading to the evolution of the system as of 2000 include:

- the passage in 1990 of a constitutional amendment making housing a public purpose in Ohio;
- the creation in 1991 of a state Housing Trust Fund;
- the 1994 merger of the Ohio Coalition for the Homeless and the Ohio Housing Coalition into COHHIO;
- COHHIO's receipt in 1995 of a HUD Supportive Housing technical assistance grant to assist local communities in continuum of care planning; and
- the formation of the statewide advisory committee in 1996.

Figure 12
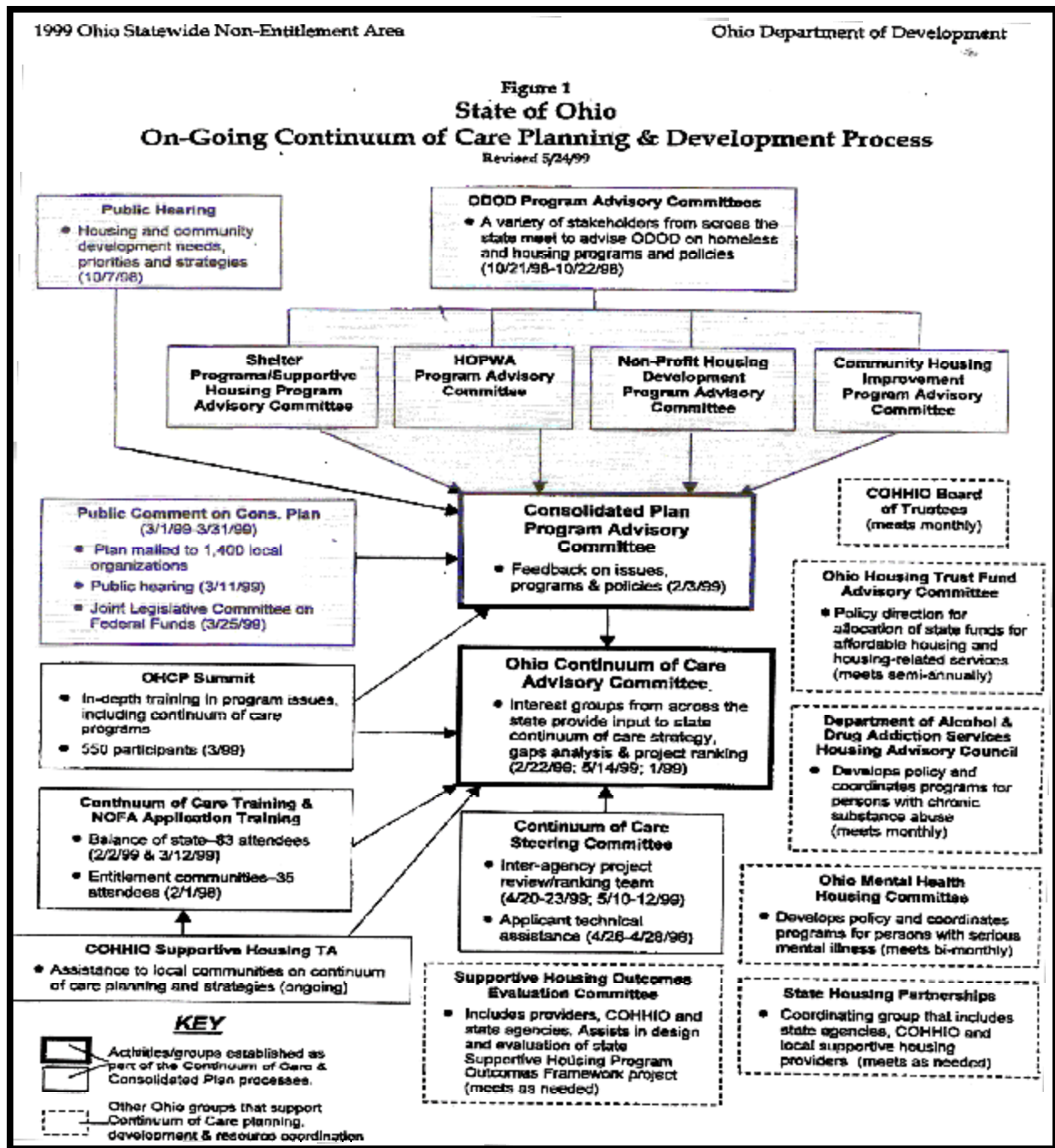
Source: 1999 Ohio Balance of the State McKinney Comprehensive Homeless HUD Application.

In the balance of the state all components of the system are present, including homelessness prevention, outreach, emergency shelter, transitional housing, permanent supportive housing, and supportive services. These components, however, are not uniformly available across the state and many communities have significant gaps in their local systems. According to the 1999 Ohio balance of the state application, there was an estimated need for 12,577 beds or units of emergency shelter, transitional housing, and permanent supportive housing to serve both individuals and persons in families with children statewide. Emergency shelter and permanent supportive housing represented the greatest needs in Ohio's gaps analysis, with an estimated need for over 5,200 emergency shelter beds and over 4,300 permanent supportive housing units. The largest gap between needs and existing resources was for emergency shelter, although the state ranked emergency shelter as a low priority because of its emphasis on developing systems, services, and projects that will move homeless individuals and families into permanent housing as quickly as possible. There was also a large gap for transitional housing, with almost 2,100 units needed to meet the combined needs of individuals and persons in families with children (Table 10).

The largest homeless sub-population documented in the state's gaps analysis was people who have serious mental illness. The gaps analysis showed a need to serve over 3,100 seriously mentally ill people in the balance of the state. For this group, there was a gap of over 680 people unserved by current resources. Victims of domestic violence, people with chronic substance abuse problems, and veterans were the next most significant homeless sub-populations, in descending order, documented in the state's gaps analysis. Of these groups, victims of domestic violence had the largest gap in available resources, with over 1,300 beds or units required to meet the need. In fact, although the state estimated a total need for seriously mentally ill clients that was greater than that for victims of domestic violence, the gap between needs and resources was greater for the latter group (Table 10).

Table 10
Ohio Balance of the State Gaps Analysis

OHIO: BALANCE OF THE STATE	Individuals				
	Housing/Population	Estimated Need	Current Inventory	Unmet Need/Gap	Relative Priority
Beds/Units	Emergency Shelter	2,532	653	1,879	Low
	Transitional Housing	1,121	108	1,013	Medium
	Permanent Supportive Housing	2,919	2,132	787	High
Sub-populations	Chronic Substance Abuse	500	12	488	High
	Seriously Mentally Ill	2,674	2,041	633	High
	Dually-Diagnosed	316	– * –	316	Medium
	Veterans	430	0	430	Low
	Persons with HIV/AIDS	54	3	51	Low
	Victims of Domestic Violence	429	125	304	Medium
	Youth	219	67	152	Medium

OHIO: BALANCE OF THE STATE	Persons in Families with Children				
	Housing/Population	Estimated Need	Current Inventory	Unmet Need/Gap	Relative Priority
Beds/Units	Emergency Shelter	2,700	1,068	1,632	Low
	Transitional Housing	1,866	786	1,080	Medium
	Permanent Supportive Housing	1,439	432	1,007	High
Subpopulations	Chronic Substance Abuse	244	0	244	High
	Seriously Mentally Ill	480	432	48	Medium
	Dually-Diagnosed	24	– * –	24	Medium
	Veterans	135	0	135	Low
	Persons with HIV/AIDS	36	9	27	Low
	Victims of Domestic Violence	1,484	485	999	High

* Current inventory for dually-diagnosed is included with inventory for serious mental illness.

Source: 1999 Ohio Balance of the State McKinney Comprehensive System HUD Application.

There had been substantial progress developing shelter and housing throughout Ohio as of 1999. There were 43 emergency shelters in Ohio's non-ESG entitlement areas. There were also 22 transitional housing programs, of which 13 received state funds through ODOD. ODMH had supported development of 140 units of family housing and 1,860 single units, and had also contributed to the development of 88 single-room occupancy units (Ohio Balance of the State Application 1999).

The statewide McKinney model was adopted in order to ensure that small and rural jurisdictions would receive adequate funding in developing their projects through the system. Since the pro rata share of funding is small for jurisdictions with limited population, pooling the pro rata share of all the non-entitlement jurisdictions allows the state to not only fund a number of projects, but to also provide substantially more funding per project. The system was adopted by ODOD by regulatory rule-making in consultation with other state agencies involved in the system, COHHIO, and local housing and social service providers.

The lead entity for Portage County's local network is the Portage County Housing Services Council. The purpose of the Housing Services Council is to assist in the coordination and development of services for homeless persons through planning, education, and advocacy. Almost all housing and social service agencies in the county participate in Housing Services Council meetings, as well as representatives from local government, the financial services industry, foundations, private housing developers, and homeless or formerly homeless individuals. The Council meets quarterly, with additional meetings leading up to the McKinney application deadline each year.

The Housing Services Council is responsible for conducting the annual evaluation and planning process, which includes updating information for the gaps analysis, identifying resources, and prioritizing local needs. Within each segment of the system (outreach and assessment, emergency shelter, transitional housing, and permanent housing) a list of prioritized needs is created that serves as a guide for development in the coming year. The Housing Services Council then outlines steps to address priority needs, which may involve establishing a task force. Prior working groups have been formed to launch the county's Homeless Outreach Program and emergency hotel voucher fund, to examine the need for additional emergency shelter space, and to develop a local housing trust fund. The planning process is also a time for the Housing Services Council to provide feedback and support for federal and state funding proposals by member organizations outside of the process. Project priorities are assigned based on the following criteria:

- project addresses identified need;
- impact of the project on meeting need;
- feasibility of the project;
- level of participation of the project sponsor in Council and local service collaboration;
- past performance of a project or sponsoring organization; and
- capacity of the sponsoring organization to implement the project.

This process has contributed to ongoing funding success for McKinney applications from Portage County. The Housing Services Council has facilitated identification of resources from varied housing and service networks, including leveraged funding and service provision at

proposed projects. The process also reduces competition among local groups for scarce housing and homeless service funding, so that the projects developed involve many stakeholders and attract the maximum resources possible to contribute to their success. Portage County housing and social service providers feel that the diverse interests represented on the Housing Services Council improve the quality of its deliberations and the strength of proposals it endorses. However, Housing Services Council members are working to include more varied interests, such as representatives from more local banks and businesses. As of May 2000, no representatives of the local business community regularly attended Housing Services Council meetings.

The Portage County Housing Services Council has developed a centralized outreach and referral system to connect homeless residents to the services and housing that best meet their needs. The majority of homeless persons in Portage County are referred to and receive services from the Homeless Outreach Program, or CPS if they have serious mental illness. Each program is well known among social service agencies, housing providers, and other community entities. Emergency phone lines and staff are available at each program 24 hours a day, and these programs serve as central points of access for the system-coordinated services and housing. Each program also ensures movement of homeless persons to temporary shelter, transitional or permanent housing by offering ongoing case management, housing counseling services, and coordination among housing and service providers. Staff from the Homeless Outreach program, CPS, Miller Community Housing (emergency shelter), Safer Futures (shelter for victims of domestic violence) and PATH (transitional housing) meet at least monthly to discuss specific client needs and general service coordination (Figure 13).

Individuals contacting the county's emergency shelter, Miller Community House, are referred to the homeless outreach specialist for assistance in accessing other short-term shelter and for long-term housing placement assistance if they are unable to immediately enter the shelter. Families contacting PATH who are not sheltered or engaged in other services are also immediately referred to Homeless Outreach services. Homeless persons with mental illness who are hospitalized or staying in the CPS crisis unit are assessed for CPS residential services and offered housing counseling and placement assistance until permanent supportive housing is obtained. Victims of domestic violence receive intensive support and advocacy from Safer Futures, which facilitates access to emergency shelter or other housing. Referral and access to PATH services is provided through the outreach programs and shelter providers, while movement to permanent housing or permanent supportive housing is facilitated at all levels through coordinated information, referral, and housing counseling services. The Housing Services Council monitors service and housing coordination in the county.

ODOD is responsible for preparation and submission to HUD of Ohio's balance of the state application. However, like the comprehensive homeless planning process, a number of state-level and local actors are involved in the preparation of the application.

The statewide gaps analysis is updated by surveys conducted by local systems, who are required to update their gaps analyses as a component of applying to the state for McKinney Comprehensive Homeless Planning funding. Assistance in conducting the local gaps analysis is available through COHHIO, ODOD, and other state agencies involved in homeless planning, such as ODMH.

At the local level in Portage County, once the McKinney NOFA is announced, the Housing Services Council meets to update the county's gaps analysis and discuss projects being considered by local organizations. As noted in the discussion of the Portage County structure and planning process, the Housing Services Council reviews local project proposals based on how well they target local gaps, the resources available for their development, and other considerations. Groups with strong proposals that are selected for submission to the state draft their own applications, with feedback and assistance from other Housing Services Council members as needed. One Housing Services Council member attends the state advisory committee meetings, which provides an opportunity for local feedback to the state staff ranking Portage County applications.

The initial scoring and ranking of local applications is done by ODOD and the steering committee. The advisory committee reviews the initial rankings, provides feedback, and the rankings may then be adjusted based on that input. Local groups receive feedback from ODOD and COHHIO on their initial applications, and are provided with technical assistance, usually from ODOD staff, to address any shortcomings in their submissions. All applicants receive telephone technical assistance, and those that need to revise their applications are provided additional feedback so that their projects will be more competitive. Once the final project rankings are completed and projects from around the state have been selected for inclusion in the state's application to HUD, ODOD prepares the application document with the assistance of COHHIO and a consultant.

Figure 13
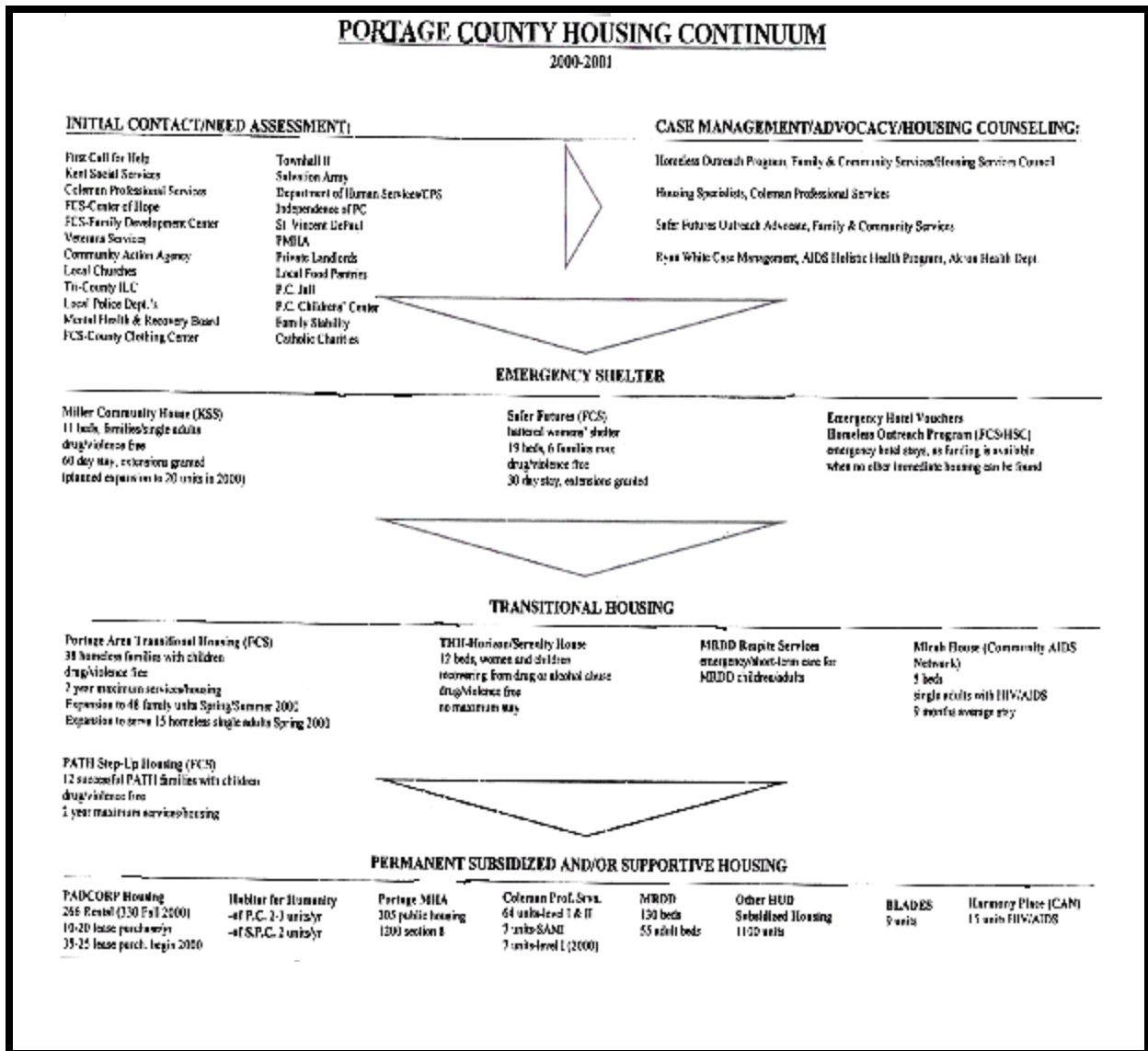
Source: Portage County Housing Services Council 2000 Continuum of Care Application.

The Project: Coleman Professional Services

CPS was the highest ranked project in the 1999 Ohio balance of the state application to HUD. CPS is a nonprofit organization founded in 1978 and committed to providing quality, effective behavioral services for persons with mental illness or developmental disabilities. The organization has campuses in both Kent and Ravenna. CPS has a staff of approximately 400, including 60 licensed and certified clinical professionals. The organization administers 25 clinical services and 11 business enterprises. Evaluation and prescreening, psychiatry, and psychotherapy are the clinical services most in demand. Other CPS services provide vocational evaluation, job coaching, job placement, and vocational rehabilitation counseling aimed at

obtaining and maintaining employment for persons with mental illness, mental retardation, or physical disabilities. CPS also provides assistance to local businesses to help employees with mental illness and their families function in the workplace and in the community. The largest business enterprise operated by CPS is Sage Computer Services, which employs people with disabilities to perform data entry and information storage (Ohio Balance of State 1999). CPS has developed its business enterprises not only to provide employment and training opportunities for clients, but also to generate revenue so that the organization can limit its reliance on foundation, charitable, and public funding sources.

CPS also provides a variety of residential services, and owns and operates a number of group homes and supportive housing projects. CPS owns 14 properties with a total of 52 units. CPS maintains a 24-hour phone line for emergency mental illness crisis intervention. The organization houses its Crisis Residential Services at its Ravenna campus, an 11-bed unit for individuals who are experiencing serious emotional problems but do not require immediate hospitalization. People may stay and receive counseling, medication stabilization, and other assistance designed to reduce the risk of their conditions deteriorating. CPS also provides assistance in community apartment planning and support to promote successful independent living experiences for clients. These services include assistance in locating safe, decent, and affordable rental housing, as well as working with local landlords and other community agencies to address client needs. CPS has a seven-bed residential group home for dually-diagnosed clients, those who have both serious mental illness and chronic substance abuse problems. The organization also has a 14-bed residential group home for persons with mental disabilities, and two five-bed group homes that provide education, medical monitoring, and independent living skill training for clients making the transition to independent living. Finally, CPS owns a Section 811 multifamily rental project for disabled residents. CPS uses a property management company to oversee its projects, with its own staff providing case management and other services at the sites.

CPS was awarded 1999 SHP funds for a supportive housing project that will provide permanent supportive housing, treatment, and services for persons with serious mental illness. The project will have eight one-bedroom units, and it is anticipated that it will serve a total of 10 individuals over a three-year period. The 1999 statewide gaps analysis showed a shortage of 633 units/beds for persons with serious mental illness. This activity was given a relative priority of "high" in the statewide and local gaps analyses. The CPS project will be designed to provide safe, decent, affordable shelter and necessary treatment and supportive service to promote client stability and self-sufficiency. The goals for the program and project are to target treatment, reduce hospital bed stays, and promote vocational activities. The SHP funds will be used for construction and operation of the facility, and to fund a housing specialist position. The project will be sited in proximity to jobs, social services, shopping, churches, and recreational resources. CPS had identified a possible site for the project in Kent, and as of May 2000 was working to secure the site.

The housing specialist will help with rent assessments and assist tenants with the leasing process. He or she will be available onsite and assist tenants in maintaining a safe environment, completing minor repairs, using cleaning supplies, and maintaining relationships with neighbors. The housing specialist will also help tenants access all of the

behavioral health services available through CPS and connect them with services available through other county providers.

The project has a construction budget of $473,536, and $236,768 of this is funded through SHP. Supportive services have a budget of $56,454 over three years, of which $42,340 comes from SHP. The SHP funding for services is to cover the cost of the housing specialist position. Operating expenses total $71,845, and $47,719 of this is funded with SHP. SHP funds of $16,341 will go towards administrative costs, for a total SHP project award of $343,168. Leveraged financing for the project includes $97,432 provided by CPS and $177,576 provided by ODMH.

CPS prepared its own application, with feedback and assistance from members of the Housing Services Council. When developing the housing proposal, the organization relied on a grant team that consists of CPS clinical, operations, fiscal, and Home Developments (project development and property management oversight) staff. The director of community support was the lead person on project development proposals. Technical assistance in preparing the application was also provided by ODOD and COHHIO.

Participation in the local system has been very beneficial for CPS and other members of the Housing Services Council outside the context of developing and enhancing the system. Information sharing at Housing Services Council meetings allows members to stay current on services and initiatives being offered or planned by different housing and social service providers in Portage County. Knowledge of other networks also leads to knowledge of other funding streams that can enhance project proposals and improve quality of life for tenants. Member organizations mutually support each others' applications for various service program or housing funding outside of the McKinney process. Housing Services Council members praise the high level of collaboration across a wide range of local initiatives as the most important byproduct of the McKinney planning process.

Problems and Solutions

Ohio has developed a very effective balance of the state system, with strong links between state-level and local entities. However, a number of state and local challenges need to be addressed in order to strengthen the existing system, make the process easier for local organizations to access, and extend the system more widely, particularly to the most rural counties that have fewer housing and service organizations. Different kinds of challenges, though, have been encountered by state-level agencies and local systems.

State agency staff note that it has been difficult to accommodate continuing changes by HUD in the reporting, documentation, and application requirements and formats. Experienced local systems and local organizations have developed effective systems for updating gaps analyses and preparing applications, but HUD has required completion of new tables and reformatted the application in 2000. These changes have substantially increased the amount of time needed to conduct the gaps analysis and to prepare application materials at both the local and state levels. In addition, responding to new documentation and application requirements has been complicated in the 2000 funding cycle by problems in publishing the NOFA and HUD's

efforts to streamline the application process for renewals. The NOFA was published later in 2000 than in 1999, without a concomitant extension of the application deadline. State agency staff also were hindered in disseminating the NOFA to local systems around the state because the online version of the application was missing pages. Finally, in an effort to streamline the process for renewal applications, HUD omitted a number of sections from the SHP portion of the NOFA, while still requiring applicants to complete a section addressing outcomes and goals for their projects – one of the deleted sections. ODOD and COHHIO responded to these complications in the application process by providing more extensive technical assistance to local organizations and by faxing and mailing hard copies of the NOFA and application package to local systems once they were received by the state. Nonetheless, with a tight deadline looming, Ohio had still lost several days of valuable preparation time.

Another challenge is a change in the requirement concerning how leveraged funds are credited for application points. In the 2000 application round, HUD requires leveraged funds be obligated, or "in hand," in order to receive points in the application, as opposed to a conditional or likely commitment of funding from other sources. State agency and COHHIO staff observe that the more stringent requirement for leveraged funds on hand handicaps small rural groups who generally need more time to secure and finalize their funding awards. ODOD has tried to compensate for this by using more of its own funding to provide the match needed by local applicants, although the agency's resources are not sufficient to thoroughly counteract the negative impact on rural groups.

The state has also been a victim of its own success – with so many Ohio projects funded over the last few years, a growing number of the projects submitted to HUD for funding are renewals, leaving fewer funds each year to develop new projects meeting local gaps. Although no solution has been developed to address this growing problem, the advisory committee is addressing this as a high priority topic for ongoing discussion in the coming year. Local advocates in Portage County also noted this issue.

According to members of the Portage County Housing Services Council, finding affordable sites with proper zoning in suitable locations is the most difficult part of the development process. Sites in or near population centers are the most desirable because of preexisting infrastructure, access to public transportation, and proximity to amenities and services. However, sites of this sort are much more expensive than remotely located parcels. Remote parcels, though, are less desirable because they often lack infrastructure, are zoned improperly for rental housing development, and are too removed from transportation, jobs, and services.

Another persistent challenge in developing projects for homeless people is local opposition to project proposals, or "Not In My Back Yard" (NIMBY) sentiments. NIMBY opposition is especially problematic when a project sponsor needs a zoning variance or conditional use permit that requires a public hearing, where opponents can organize against a proposal.[19]

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[19]   For more information about NIMBY opposition to affordable housing projects and how project sponsors can respond to NIMBY sentiments see Housing Assistance Council, *Overcoming Exclusion in Rural Communities: NIMBY Case Studies* (Washington, DC: Housing Assistance Council, 1994) and Housing Assistance Council, *Fair Housing, the Zoning Process, and Land Use Politics in Rural Areas* (Washington, DC:

Even when a variance or permit is granted, groups must often alter their development plans to respond to neighbors' concerns voiced at public hearings, such as increasing the setback of the project or putting in additional parking at the site. Having to respond to NIMBY opposition, then, drives up project costs either through delays or through additional design requirements.

Although Portage County has a public bus system, it does not reach all of the county, especially the more remote rural areas. Like many rural bus systems, there are limited routes, limited bus runs on those routes, and some bus runs are reserved for special populations such as elderly or disabled residents. Developing housing that will meet the needs of homeless persons means that sites must be accessible to services and jobs and, if not in close proximity to these resources, the housing must be accessible to some form of public transportation.

Housing Services Council members also observe that there are not enough emergency shelter beds in Portage County. Each year, more than twice as many people are turned away from the county's emergency shelter as are served. Homeless service providers often must transport those seeking emergency shelter to neighboring communities, most often to Akron. Many of the Portage County clients receiving shelter in Akron get lost in the system, since they are unfamiliar with the city, and are far removed from familiar service providers and family support networks. The Housing Services Council is currently trying to secure funding to expand Portage County's only emergency shelter, run by Miller Community Housing. The Housing Services Council has also given emergency shelter a relative local priority of "medium" as opposed to the "low" priority it receives statewide, and is engaged in ongoing discussion about how best to develop new emergency shelters.

Housing Services Council members also cite a need for greater outreach resources. Because much of Portage County is very rural, it takes a considerable amount of time to reach many communities. Often, the homeless outreach coordinator must spend so much time driving from place to place that only a couple of clients can be reached in a day. Funding to increase the number of outreach workers, or to extend public transportation, would facilitate more access to the system's resources for rural homeless individuals and families. The Housing Services Council has had ongoing discussions with Kent State University and local government officials about extending public transportation, although no major changes to the system have yet been made.

Although collaboration is very high among Housing Services Council participants, outside the McKinney Comprehensive Homeless Planning System application process these groups can find themselves competing for funding. The Housing Services Council has addressed potential conflicts through ongoing discussions at its meetings and emphasizing the inclusiveness of the forum. Information sharing discussions often focus on recognizing where services overlap or are duplicated. Members have worked together to identify service niches, and by focusing each group's service provision, competition among them for funding sources has been somewhat reduced. Groups that are not Housing Services Council participants have been encouraged to attend, and as more groups participate the potential for disagreements or conflicts has been reduced.

Housing Assistance Council, 1998.)

RECOMMENDATIONS

Cattaraugus County, Northwest Alabama, rural Arizona, and the balance of the state of Ohio have each been successful in terms of developing a comprehensive homeless system and preparing a McKinney application. Through these processes, organizations providing service and shelter opportunities to rural homeless families and individuals have been able to develop innovative programs to address some of the housing and social service needs that exist within rural communities. These four different system types offer important lessons in creating and maintaining a rural system.

Several common themes were identified in examining the creation of these systems and the application process.

–   *Leadership* – The success of each depended on the foresight and planning of a lead organization or organizations committed to long term planning, regardless of where the leadership is located (state agency, statewide nonprofit, local organization).

–   *Inclusive* – A McKinney planning approach should be as inclusive as possible, as this will broaden the resource base for participants and increase the dialogue.

–   *Planning* – The McKinney planning approach should be approached as a long term planning process rather than a way to simply fund a current project.

–   *Support Networks* – Systems should provide support networks for the member groups. These relationships will work to extend the shelter and service opportunities for rural homeless people.

Leadership

Developing and maintaining a comprehensive homeless planning system requires the commitment of a lead organization or organizations willing to dedicate sufficient staff support. The skills needed to bring organizations together in mutually beneficial ways have been incredibly important in each case. Leadership of this type can come from a variety of levels. For example, in Cattaraugus County, Cattaraugus Community Action (CCA) has been extremely effective in creating and sustaining a county-level collaborative that meets the current needs.

County-level leadership has also been highly productive in northwest Alabama. A provider noted that a key quality of strong leadership is a commitment to planning and follow-up. "You want people who are going to be committed and you want to let them know what's in it for them. At the very least, that would be an opportunity to meet new people, learn new things, and be on the cutting edge. You must set aside that one day a month [for meetings]. You have to be organized about it and be deliberate. You have to send reminders beforehand and take minutes. . . . The more distant you are from each other, the more important it is to have such a committed group."

A statewide nonprofit advocacy or technical assistance organization may also provide a powerful focus point for involving local organizations around the state. In Ohio, COHHIO's active involvement in the process has helped disseminate information and extend additional technical assistance to local housing organizations. In rural Arizona the presence of a statewide advocate leading the process has also been beneficial. There is the sense among organizational participants that they are not competing with the lead organization for funding and consequently, that organization can look out for the better interests of the system as a whole.

Inclusive Process

Comprehensive planning should be as inclusive as possible, taking advantage of all the resources available. The Rural Arizona system has consistently worked to expand the base of who is participating in the process, specifically to include local governments and community residents. Local advocates are attempting to develop ways to bring more business representatives into the process. As more organizations and interests are brought into the process, the resources available to increase outreach to rural homeless people will be increased, as well. Ohio has also discussed ways to improve business participation in its process.

According to Ohio participants, the planning process must be inclusive for a balance of the state system. This ensures that all areas of the state have input and can make sure their local needs and circumstances are addressed within the system. In addition, the planning process needs to be an ongoing, year-round endeavor. Local groups need to gain experience working within the new system, and need to systematically identify, prioritize, and address gaps in their system. This cannot be accomplished only once a year during the application cycle.

Bringing more representatives into the process is viewed as a way of improving communication among local organizations and increasing coordination of their efforts. Participants from rural Arizona felt that getting people together regionally is important for rural areas, specifically. Meeting regularly increased communication between participants and this has benefitted the process.   This networking has allowed the local and statewide participants to develop and strengthen their personal links. The homeless planning process is beginning to develop professional links and institutional relationships that they feel will sustain the partnership and the projects.

It is not necessary to develop a statewide system in order to be successful. The size of the process, according to the successful participants, depends largely on the local area's capacity. Areas that have adequate organizational capacity within the county or regional area should utilize local resources to the extent possible. The size of the area is a very important success factor – particularly for agencies either located in or serving rural areas. The Northwest Alabama system believes that establishing the "right size" of the planning area involves trade-offs: "It's very difficult to organize with a lot of input at the state level. The closer you get to the grass-roots, the more information you can get about what's best for your community. But at the local level, the less populated areas will be less able to keep something like that going." Another provider stated, "My advice would be to do a smaller area, if possible. But if you get too small, you won't be able to get anyone to show up. You need a large enough area to where you have a variety of agencies and a big enough pool of resources."

Members of the Rural Arizona system, while satisfied with the statewide system, concurred with this position. Statewide planning has been good for the rural organizations in Arizona. However, implementation has not been easy using this model. Projects have to be managed on a local level and the statewide system may not be most responsive to local issues.

Planning

In fiscal year 2000, HUD required areas to prepare an Action Plan. This process was beneficial for many of the continua and allowed them to think clearly about and discuss these issues. Planning is a foundation of the model and is an important part of addressing complex issues such as homelessness.

According to Arizona participants, the process should not be about getting the HUD funding. "This is about how you figure out what you can and want to do." State agency participants in the process are teaching people that the end result of this process should be the creation of an affordable housing plan. Several areas, including Prescott and Yuma have begun to plan this way. In doing this, new needs were identified, as well as new resources. RACoC participants were surprised at the results of their first Action Planning session for the FY 2000 application. They found that one of the most identified needs among local groups was staff development. Additional skills were needed on the part of organization staff to maintain the system and increase the scope of future projects.

Planning can also become an important resource in terms of identifying the gaps that exist within. Each of the cases identified the collection of data for the gaps analysis as their biggest difficulty throughout the process. However, specifically in the case of RACoC, the organizations made excellent use of the data they had already collected through their individual programs. State housing development data was complemented by local organization client lists and a statewide annual survey of the homeless population. The planning process can become a point wherein all members can identify the data that they each have individually and the best way to bring this data together. Conducting a gaps analysis is not an exact science. However, it does provide the framework within which the system operates. It is important to be as comprehensive as possible.

Support Networks

Finally, the success of a comprehensive homeless planning system depends on a lack of "turfism" and competition. Individual organizations must be willing to support, even facilitate, other organizations' applications for funds. The organizations that comprise the Cattaraugus network have the ability to see the big picture, the long-term, county-wide needs and solutions. Each group realizes the value of the others within the process. Grant seekers for individual organizations know that although they may not receive funding in a particular year, they will be supported in future years, according to the area's needs. In order to get to this point, however, groups must establish a certain level of trust.

The informal culture of cooperation that exists between the members in Northwest Alabama has contributed enormously to the planning success. According to one provider, "We have

pretty close nonprofits in our area." The relationship among nonprofits, even outside of NACCC meetings, is typically a warm and reciprocal one: "Just about any of us can call each other up any time we need something, and we'll just sit down, put our heads together and say 'OK, what can we do to solve this?' without having to go through a whole lot of paperwork." Another provider echoed these sentiments. "You can see that it's a much more laid back way of life here. All I have to do is call the people I know at the courthouse, and they can always find time to help – even if it's just to get a map."

The McKinney comprehensive planning process has "absolutely helped with those linkages." Safeplace's executive director says that there has been frequent collaboration of members outside of meetings, particularly for training sessions on issues such as domestic abuse and workplace assaults. Safeplace has conducted trainings with Legal Services, the Alabama Bar Association, and local law enforcement agencies to educate lawyers, police officers, and local businesspeople about the prevention of gender violence.

Collaboration through the McKinney process also benefits clients of other networks, since these ventures in homeless housing and service provision can be the basis for other collaborative efforts, such as centralized client referral systems, or sharing the costs of outreach efforts. One ODOD staff person in Alabama notes that the McKinney planning has helped "overcome the balkanization of service provision," improving the efficiency and effectiveness of local housing and social service initiatives around the state.

In rural Arizona, the process has created the foundation of important collaborative relationships. Groups have begun to look beyond their organizational interests to the greater good and this has meant that they have been able to support other groups in their efforts. The rural Arizona system allows organizations and people to do what they do best. Mental health organizations should not have to do housing, and housing specialists should not become mental health case workers. Rather than compete over the same funds, groups take themselves out of the competition, in order to support the application of another participant. Because the system encourages communication and dialogue, groups know which organizations are best equipped and suited to apply for specific funds and provide these services and shelter options.

The Ohio balance of the state system reflects this theme. The planning process works only with substantial collaboration from local participants. People and groups need to accept that they may have to give up a short-term gain if they are going to work together to fill a gap in the system. "It's hard for groups that sometimes compete for the same funding stream, but you need to be willing to partner and collaborate since smaller rural groups can do more together than they can alone." According to Arizona organizations, participants need to look at the process not just as a requirement that must be met to compete for funding, but as an effort to identify needs and consolidate services. "It is a meaningful process if you give it a chance."

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