

**Executive Summary:**  
**Review of Homeless Prevention Challenge Grant Initiative**  
**(Rounds One and Two – June, 2002)**

The Homeless Prevention Challenge Grant Initiative, a partnership between the Michigan State Housing Development Authority (MSHDA) and the Council of Michigan Foundations (CMF) has created an opportunity for 20 Michigan communities (Rounds One & Two) to work collaboratively to address local issues of homelessness and homelessness prevention.

This initiative sought to engage local Community Foundations, Continuum of Care planning groups, and provider agencies in a process to develop local homeless prevention strategies and services, to facilitate local planning and the development of long-term solutions through Community Summit activities, and to establish a local funding source through “homeless prevention endowments” that have the potential to address the needs of homeless individuals and families in perpetuity.

The initiative has had an overall positive effect on those communities who took advantage of this opportunity. The impacts of this initiative are evident in many areas, including:

- **Creating and/or validating a leadership role for community foundations and supporting their involvement in local housing/homeless efforts.**
- **Generating additional funds for communities to use for local needs and issues.**
- **Supporting local Continuum of Care planning in general and in the area of homeless prevention in particular.**
- **Increasing community awareness regarding homelessness.**
- **Facilitating greater community planning through community summit activities.**
- **Allowing agencies to creatively address gaps in service delivery.**
- **Addressing an array of homeless issues and needs without the restrictions tied to traditional funding of this nature.**
- **Re-energizing those agencies and individuals who have a commitment to the fight against homelessness, and finally**
- **Assisting a significant number of homeless individuals and families to avoid emergency shelter, and to obtain and/or maintain permanent housing that would likely not have been assisted were it not for this initiative.**

In the view of the evaluator, this initiative has created a win/win situation for all parties. Though not without a certain degree of challenge, most difficulties have been easily overcome. When considering the potential long term impact and the benefits that most of these communities have experienced the challenges seem insignificant.

## **Formative Evaluation Overview: Homeless Prevention Challenge Grant Initiative**

**Purpose:** MSHDA and CMF contracted the evaluator in February of 2002. At that time the prevention challenge grant initiative had been available for approximately eighteen months, with five projects funded in 2000, and another fifteen in 2001. At this juncture, the sponsors were interested in evaluating the initiative to develop information that would:

- Summarize project activities
- Assess impact on Community of Care/Community Foundation partnerships
- Assess impact on community-wide perception and/or coordination of prevention services
- Determine effective fundraising strategies and impact of Homeless Prevention Endowment
- Identify consequences resulting from the community summit activity
- Identify geographic differences, if any
- Enumerate obstacles and barriers to success
- Identify lessons learned – most and least effective strategies, etc.

The information compiled through the evaluation process is intended for use in sharing information among providers, in presenting background information to potential new applicants for project development, and ultimately to assist with policy and funding decisions.

**Background:** The initiative began in 2000. MSHDA, through CMF made funds available to distribute to Community Foundations partnering with the local Continuum of Care Planning bodies. Partnerships had the opportunity to develop and implement innovative local strategies designed to prevent homelessness. First round applicants (funded in September of 2000) could apply for \$25,000 (rural) or \$50,000 (urban) to use to support direct costs of prevention activities and programs designed to increase housing stability and permanency for at-risk families and individuals. Each partnership was required to demonstrate a commitment to raising matching funds for the project equivalent to the grant amount, all of which had to be invested in a designated Homeless Prevention Services Fund (endowment) with the local Community Foundation. Each participating community was also required to convene a local community-wide prevention planning summit intended to initiate a coordinated community prevention services plan and to broaden the base of sustainable community support for prevention activities. The process for a second round of funding occurred in February 2001. Requirements during the second round were the same, though smaller funding amounts were available, and requirements for the Homeless Prevention Services Endowment were reduced to \$10,000.

**Evaluation Process/Methodology:** The evaluation process began in February of 2002, beginning with discussion of evaluation goals, possible methods, and suggestions for survey content. The evaluator reviewed material provided by MSHDA that included Request for Proposal (RFP) documents, timelines, and suggestions for issues to explore. CMF provided copies of all written proposals that had been funded, project progress reports, and copies of newspaper articles covering each project as these became available. Surveys were developed for the foundation, Continuum of Care, and provider agencies (those agencies providing services funded by the grant) with input from MSHDA and CMF in order to obtain feedback from each unique perspective. Distribution of surveys, along with instructions was conducted via email during the last week of April 2002. Foundations received their survey along with the agency survey and were asked to assist with dissemination of the latter. COC contacts were sent their survey separately based on a list provided by MSHDA. The requested deadline for survey return was May 10.

In addition to the above materials, this evaluator was in a somewhat unique position of having fairly regular contact and/or experience with several CoC's and provider agencies throughout the state. Therefore, additional information for the evaluation (though not planned) has been garnered through personal contact with several individuals associated with these programs. In particular, the 2002 Affordable Housing Conference offered an opportunity to discuss many of these programs on an informal basis.

Material available from each project was reviewed and compiled – beginning with the five projects funded in 2000. A preliminary report was developed to present to those in attendance at a workshop at the Michigan Statewide Conference on Affordable Housing (held June 8, 2002 in Lansing, MI). The review process was used to help answer specific project related questions and to identify themes for general use.

Limitations: Though as complete as possible, the evaluation has several limitations (typical of formative evaluations.) Though conclusions generated seem generally sound, the evaluator offers a cautionary note – i.e., most of the material shared in the evaluation process was highly subjective in nature. This is not a statistically valid or scientific assessment of these projects. Nor was it designed to be. However, when looking for overall perceptions about the value of the initiative and the perceived impact it has had on these communities, the information is useful. Other limitations to the evaluation methods are:

- Not all requested input was received
- Not all respondents completed the correct survey
- Information is not equally balanced (for example, some projects had several progress reports available, others had none.)
- It may not have been clear to some survey respondents that the intention was to evaluate the PROCESS, and not the individual programs (based on many of the responses)
- The survey itself had limitations – e.g., questions designed to elicit three-part answers often were incomplete (Example: Describe: a) your organization's role\_\_\_\_, b) the foundation role\_\_\_\_, and c). the COC role\_\_\_\_.)

Interpretations and Conclusions: Despite these limitations, the evaluation process has clearly demonstrated that this initiative has had a positive impact on those communities that have taken advantage of this opportunity. Those impacts can be felt in many areas:

Community Foundations: While some had been involved with or had some knowledge of their local Continuum of Care Planning Body, about half had never had any contact prior to this initiative. Developing partnerships and working together on this project has, for the most part fostered the development of relationships that will continue beyond the scope of this endeavor. For the foundations, this initiative offered them an opportunity to provide leadership and to be viewed as a convener – an entity that can bring people and resources together to address local issues and needs, rather than simply as a source for funding. For most, learning about the issues of homelessness – even learning that there ARE homeless families and individuals in their community has been quite a revelation. In some cases this knowledge has helped create new “champions” if you will (of foundation staff and board), who have taken the issue to heart and become true advocates, adopting it as a focus area, and/or including strategies to address it in their organization's long-range planning. For others, the concept of prevention has become very appealing with many taking a good look at ways to incorporate the concept into other areas. Foundation/agency relationships were also impacted as each learned more about the other's goals, expertise, issues, challenges, and limitations.

Continuum of Care Planning Bodies: Because these groups function differently from community to community, and are in various stages of growth (depending on how long they have been organized), the impact of this initiative on this group is somewhat more difficult to determine. In general though, the initiative has validated the CoC as a local planning entity, supported those who had a vision for prevention, and helped to create community awareness for their functioning and for the issues of housing and homelessness that they work to resolve. Summit activities in particular generated an interest in the CoC and in many cases brought in new membership. For most, partnering with their community foundation brought a new set of contacts and a new perspective about the potential to solve local homeless/housing issues. This served to re-energize many CoC groups.

Provider Agencies: Given an opportunity to develop services creatively -- based on their experience and best practice -- this was a significant development for most provider agency partners. The “worker bee” usually knows what will help and is often frustrated when that help is not available or accessible because of some seemingly randomly developed eligibility criteria or other limitation. Some were quite surprised to find that the need for services far exceeded their expectations. Others have been notably underwhelmed. Nevertheless, most would agree that the opportunity to try and the lessons learned by trying have been worth the effort. Almost all communities have an interest in maintaining the services that were developed through this process. Several have specific plans to do so.

Homeless Individuals and Families: This is the ultimate end-product of this initiative. Many individuals and families were helped through the programs funded by this initiative. Perhaps not quantitatively assessed yet, it is clear that a significant number of these people would not have received assistance had these services not been available.

### **Lessons Learned/Recommendations**

Specific feedback and suggestions offered to MSHDA and CMF are presented at the end of each agency summary (in the full evaluation) and are underlined. Presented here are some more general observations and recommendations, based on that programmatic input:

- Those projects that had an established partnership between the Community Foundation and the CoC prior to this initiative appear to have experienced a higher level of success and generally expressed a more positive experience.
- As is needed with some of the projects, MSHDA and CMF might consider developing a common definition of prevention along with some tools with which to measure it. Many of the projects, though worthwhile may have no real way to demonstrate whether homelessness was prevented (e.g. shelter avoided, housing obtained/maintained) as a result of services delivered.
- Some excellent models and materials have been developed as a result of this initiative. In addition to sharing these with other providers, it might be worth considering a way to highlight these model programs through publications/newsletters that are in place, or by developing an “award” process that would give them public recognition.
- What will happen to a project if endowment funding is not obtained? This has not occurred yet, but some projects are not doing well in this area. It is wonderful to work with a funding source that is flexible, allowing extensions and consideration for unique circumstances. However, there may exist potential for some to take advantage of this.

## Issues/Questions of Concern to MSHDA and CMF

### **1. Prevention activities**

*a. How many projects are on target? If not, why not?*

Four (4) of five first round projects, and eleven (11) of fifteen of the second round projects have fully implemented proposed services. Delays in service implementation for the remaining projects related to delays in staffing the project and to funding/fundraising – e.g., one agency has funds available for proposed services and intends to use project funds once those are exhausted, another agency wanted to see progress toward the matching fund requirement before implementing services. Defining the role of each partner is delaying another.

*b. What strategies seem to be having the most impact?*

Those projects that attempt to serve the “hard to serve” (those who have exhausted the system or who are not eligible for traditional services) are quite effective when attempts are made to address the specific, individual causes of homelessness.

*c. What outcomes do we see in terms of housing stability?*

Intensive case management (wrap around, community coordinated response, mentoring, etc.) that follows a client until their situation is stabilized report excellent outcomes in this area. These strategies allow service providers to work with their clients beyond one - time assistance in order to avoid repeated crisis situations, to support and educate, to help develop new skills, and to assist with access to additional resources.

### **2. Impact on Continuum of Care/Community Foundation Partnerships**

*a. Has this helped create a new relationship? If so, what is their impact?*

In eleven (11) communities there was no relationship between these two entities prior to this initiative. In most cases the impact of these new partnerships has been significant, creating new levels of awareness about homeless issues and about prevention strategies. Please refer to previous section for additional information.

*b. Describe issues in shared planning.*

Most projects have had a positive experience with shared planning. In a few cases the need to have a clear understanding of roles and expectations is evident.

### **3. Impact on community-wide coordination of prevention services.**

- a. *Are there any identifiable changes in community commitment to prevention strategies?*

The majority of the communities (foundations, COC, and provider agencies) had a previous understanding of and commitment to prevention. While in some cases there was not consensus regarding the definition of prevention, working through this has begun to impact each partner, in many cases resulting in a merger of the various definitions being incorporated into longer term strategies.

- b. *Are there any identifiable changes in community practice in prevention?*

This is beyond the scope of this evaluation. However, there are situations where the foundations have begun to incorporate the practice of prevention into other areas.

### **4. Summary of issues for Community Foundations**

- a. *Impact on Foundation's grant-making/investment strategies – are more resources going to fund housing and/or homeless activity?*

It is not possible at this time to determine if additional foundation resources (beyond the funding available through this grant) are being allocated to homeless/housing issues.

- b. *Issues in raising matching funds. What works?*

Key factor for successful fundraising is increasing community awareness about homeless issues. Virtually all fundraising activities are effective to a certain extent when people understand the cause.

- c. *How many are on target with fundraising? How many needed extensions? Explain why.*

Of the five round one projects, four (4) have met fundraising goals. Of those four, one had requested an extension due to a major campaign underway in the community that required COC support. However, once that campaign was complete, the project successfully met their match. The last has not been successful to date due to a lack of clarity regarding roles. The evaluator is not aware if an extension has been requested in this case.

One (1) second round project has not yet submitted information adequate enough to answer this question. The remaining fourteen (14) are evenly divided. Seven (7) have met their match goal seven (7) have not. Most of the latter are not concerned at this time and therefore have not requested extensions.

Fundraising challenges include: Lack of awareness/support regarding homeless issues, effects of September 11 terrorist attack and resulting slowing economy, lack of experience on the part of COC membership, and unclear roles/responsibilities related to this endeavor.

- d. *Have any endowments exceeded initial commitments?*

This is not evident.

e. *What is the impact, if any of having Homeless Prevention Endowment?*

It is too soon to determine whether the endowments will impact funding of future programming, though in most cases that is the hope. However, creating the endowment insures that the foundation and the COC have an ongoing relationship and that the issue will be raised for years to come.

## **5. Highlight impact of Community Summit meetings.**

a. *What results have emerged from summit meetings?*

Results include increased community awareness, increased participation in COC activities, fundraising for the endowment, volunteers, materials to help with access to services, and focused strategic planning. Please see previous comments for additional information.

b. *What strategies for community summits have communities adopted?*

For most communities this was a new activity. Others tied the activity to existing events. Some communities used the event to increase community awareness, others for fundraising, and others for strategic planning. Most intend to make the summit an annual event.

## **6. What impact, if any, does geography have?**

a. *Do different strategies make more sense in different areas?*

Strategies develop in each area according to what makes sense in that area. It could be said that rural areas in general have had less difficulty developing the relationships necessary for this grant. Reasons may include: smaller communities have greater opportunity to encounter people in roles outside of those associated with their position – thereby allowing relationships to develop on a more personal level. Additionally, small communities tend to have one or two agencies who have traditionally provided prevention services and thus there is less competition. While it might seem that smaller communities would have difficulty with raising matching funds (and some have commented thusly) this is not a valid observation. Many of the larger communities have had less success than many of the smaller ones.

b. *Do we need to think about different approaches for different regions?*

Second round funding offered communities the option of applying for grants of less than \$25,000. This appears to have been a good strategy. There may be lessons to learn regarding provision of services in rural vs. urban areas, but aside from sharing information about what works, it is not clear at this time whether MSHDA or CMF should consider different strategies in future funding efforts.

## **7. Enumeration of obstacles and barriers to success.**

a. *What issues have obstructed effectiveness in community provider – foundation partnerships?*

Very few have struggled with this relationship. When barriers occurred they were overcome by improving/clarifying lines of communication.

*b. What barriers have interfered with achieving intended outcomes?*

Most services have achieved intended outcomes, often despite barriers such as:

- Individual client issues, such as lack of motivation, difficult histories/multiple issues such as bad credit, numerous evictions, long periods of unemployment or issues affecting their ability to obtain/maintain employment.
- Community issues, such as lack of affordable housing, low paying jobs, limited community resources and discrimination against homeless people in general and against certain populations of homeless in particular.
- General lack of awareness/support for homeless issues and programs.