community**shelter**board

Until everyone has *a place to call home*

A Place to Call Home

A framework for action to address homelessness in Columbus and Franklin County, Ohio

Columbus and Franklin County Continuum of Care
May 2018

Table of Contents

Introduction

A Place to Call Home is our community's new strategic framework and articulates our community's vision for making sure everyone has a place to call home. The framework has been adopted by the Columbus and Franklin County Continuum of Care and Community Shelter Board to re-affirm our guiding principles for addressing homelessness; and to articulate our vision for an aspirational, systemic response that ensures homelessness is prevented whenever possible, or if it can't be prevented, is a rare, brief, and non-recurring experience.

This is a framework for action to achieve our vision and includes 13 goals that encompass all populations experiencing literal homelessness[1], as well as goals focused on affordable housing, equity, employment and benefits, integration with other systems, and homelessness prevention. Each of these goals align with federal and state plans to address homelessness and support achievement of our overall vision for a comprehensive and highly effective community response to homelessness.

Strategies to accomplish each goal are also included in the framework. Strategies reflect the immediate, feasible, and relevant efforts we are collectively pursuing to accomplish each goal. Priority strategies for each goal were developed for FY2019 between January – April 2018 with input from voices across the community. This included members of the Columbus and Franklin County Continuum of Care and people who have experienced homelessness. We also had partner agencies; partners from healthcare, criminal justice, job and family services, workforce development, and other social services; representatives from the faith-based community, local governments, private investors, and many other key stakeholders. A complete list of participants is included as an appendix.

This framework is already being implemented. Existing and new ad hoc groups are working diligently to achieve strategies identified for each goal. As these efforts move forward, existing strategies will be adjusted and new strategies may be adopted during the year to account for lessons learned, new or changing resources and conditions, and impact. The framework and related strategies will also be revisited and refreshed annually by the Continuum of Care and Community Shelter Board.

Additional information and resources concerning the framework are located here, including an executive summary, materials used in the development of the framework, and implementation resources relevant to each goal. We encourage you to explore these resources and participate in the ongoing work to ensure everyone has a place to call home.

Community Shelter Board leads a coordinated, community effort to make sure everyone has a place to call home. CSB is the collective impact organization driving strategy, accountability, collaboration, and resources to achieve the best outcomes for people facing homelessness in Columbus and Franklin County. With the support of a compassionate community, our system of care served more than 12,000 people last year with

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[1] Literal homelessness includes people who have no safe, appropriate housing and require emergency shelter to avoid staying in a place not meant for human habitation. At-risk of literal homelessness includes people who will imminently require emergency shelter *but for* targeted prevention assistance and in spite of comprehensive and responsive early prevention efforts.

homelessness prevention, shelter, street outreach, rapid re-housing, and permanent supportive housing.

Community Shelter Board is funded by the City of Columbus, the Franklin County Board of Commissioners, the United Way of Central Ohio, The Columbus Foundation, Nationwide Foundation, American Electric Power Foundation, the U.S. Department of Housing and Urban Development, the State of Ohio, and many other public and private investors.

Homeless Assistance Needs in Columbus & Franklin County

At the most fundamental level, homelessness is the starkest form of housing inequity and is caused by the lack of decent, safe, affordable housing for people with limited means and supports necessary to sustain it. Families and individuals below the poverty line who are renting in Columbus and Franklin County struggle to keep a roof over their heads. Maintaining a two-bedroom apartment in our community requires a full-time job at $17 per hour. At minimum-wage, a worker would need at least two full-time jobs to afford it.[2] There is only one affordable rental unit for every three renters living in poverty, as determined by the Affordable Housing Alliance of Central Ohio.[3] Consequently, nearly 25 households are evicted per day in Columbus due to stagnant earnings and the lack of decent, affordable housing.

Families and individuals turn to other available family and social supports when they aren't able to secure safe, stable housing on their own and, while most are ultimately able to avoid further housing loss and need for emergency shelter, many cannot. Along with the basic shortage of affordable housing for lower income households, other structural challenges contribute to homelessness, including insufficient healthcare and supportive housing options for people who are disabled, transportation barriers, the lack of affordable childcare, changes in public assistance, and the limited availability and accessibility of emergency aid to avoid and resolve housing crises, and different forms of systemic racism and discrimination.

Structural racism and other social inequities create further risk for housing crisis and barriers to housing stability among people of color, people who are disabled, LGBTQ youth, and others. According to analysis conducted by the Center for Social Innovation, in Columbus/Franklin, County, Black individuals are disproportionately represented in the homeless population (64.9%) compared to their proportion of the general population (22.3%), the population in poverty (39.9%), and the population in deep poverty (39.3%).

On top of structural barriers, personal factors can further compound challenges to securing safe, stable housing. Mental illness, drug and alcohol abuse, domestic violence, a prior eviction or arrest, an unplanned pregnancy, a lack of family supports - these and other personal issues can increase barriers and make it more difficult to obtain or maintain housing without sufficient supports.

Comprehensive data on people who experience homelessness in Columbus and Franklin County, including data on their characteristics and use of homeless crisis response system assistance, is published annually in Community Shelter Board's Snapshot Report. The most recent report shows that in 2016, 7,571 distinct households were served in emergency shelter for families and single adults, transitional housing, and street outreach programs. An unknown number of households did not seek assistance or were unable to access shelter due to limited capacity for single adults during warmer months or other issues.

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[2] http://nlihc.org/oor/ohio
[3] http://www.ahaco.org/resources/

The overall number of households assisted in 2016 increased 6 percent (448 households) over 2015 and 27 percent (2,019 households) since 2010. This is only due in part to overall population growth. Between 2015 and 2016, the overall population in Franklin County increased 1.3 percent and between 2010 and 2016, the county experienced an 8 percent increase.
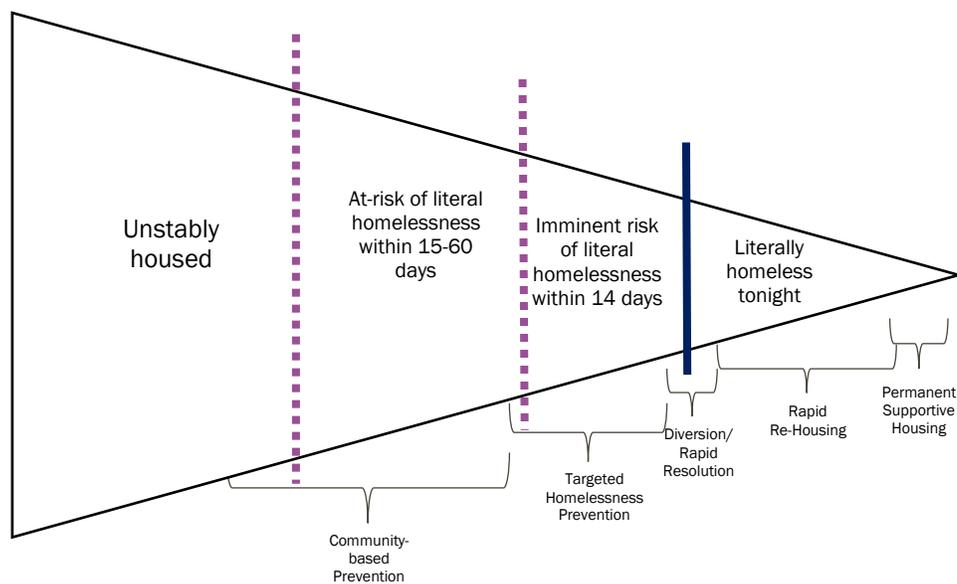
Total Distinct Households Served (#)
CY2007 – CY2016*
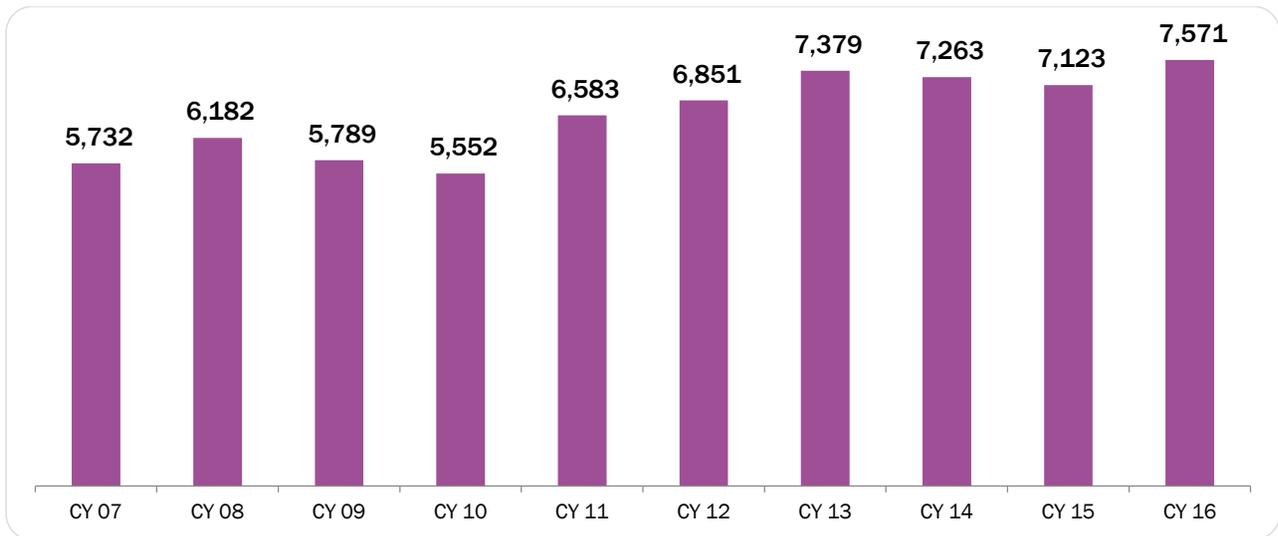
*Households are counted once in the most recent program type they participated in during each period.

People experiencing a housing crisis may or may not be imminently at-risk of literal homelessness. For most, housing instability does not automatically result in literal homelessness and a need for emergency shelter. However, for those who run out of safe housing options and have limited or no resources to help with housing, more targeted and timely assistance is needed to avoid shelter and secure housing. When those efforts are unsuccessful and shelter is needed, experience has shown that most people will resolve their homelessness within a short period of time, with only limited assistance, and not return to shelter. The vast majority of those remaining require rapid re-housing assistance, which provides more intensive and individualized housing search, placement and stabilization assistance, to quickly resolve their homelessness. Finally, a smaller percentage of people with the most significant barriers experience homelessness repeatedly and for extended periods and require permanent supportive housing with a long-term subsidy and ongoing services to successfully stabilize in housing.

Housing Crises and Interventions

Unstably housed

At-risk of literal homelessness within 15-60 days

Imminent risk of literal homelessness within 14 days

Literally homeless tonight

Community-based Prevention

Targeted Homelessness Prevention

Diversion/ Rapid Resolution

Rapid Re-Housing

Permanent Supportive Housing

Further analysis of the characteristics and service needs of families and individuals who experience housing crises is needed to discern how many require different types of interventions to successfully and quickly prevent or end literal homelessness. Analysis of these needs is inherently dynamic, as the overall number of people who experience homelessness and require assistance from the homeless crisis response system changes year-to-year due to factors outside of the control of the system. As the number and characteristics of people who experience homelessness changes, so must our collective response in order to achieve and sustain an effective response capable of meeting the needs of all people at-risk of or who experience literal homelessness. Community Shelter Board will continue to examine community and system data and seek to develop additional analysis of system demand and resource needs to inform ongoing development of the homeless crisis response system and future updates to this community framework.

What it Means to Effectively End Homelessness

The Continuum of Care for Columbus and Franklin County and Community Shelter Board seek to effectively prevent and end homelessness for people who are at-risk of or experiencing literal homelessness. This does not mean we will achieve an absolute end to homelessness or that no one will ever experience a housing crisis again. Changing economic realities, the unpredictability of life, and unsafe or unwelcoming family environments may create situations where individuals, families, or youth could experience or be at risk of homelessness. Instead, an effective end to homelessness[4] means that our community will have a systematic response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience.

Specifically, if fully resourced, our community's homeless crisis response system would have the capacity to:

- Quickly identify and engage people imminently at-risk of and experiencing homelessness.

- Intervene to prevent the imminent loss of housing and divert people from entering the homeless services system.

- When homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are secured.

- Quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing.

Our Goal:

Develop and sustain a systematic response that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience.

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[4] Adapted from the U.S. Interagency Council on Homelessness

Guiding Principles

Guiding principles include the approaches, philosophies, and practices that serve as the foundation for this framework and our local response to people at-risk of or experiencing homelessness. These principles help ensure that services and programs are as effective as possible in quickly resolving housing crises. The Continuum of Care and Community Shelter Board promote and support these principles, including support for partner agencies in their implementation. Where possible and as resources allow, we aspire to have policies, system and program design, direct services, resource allocation, monitoring, and evaluation processes reflect these principles.

- **Recognition that homelessness is a crisis** that causes personal and community harm. There is inherent common interest and obligation to pursue efficient responses that effectively prevent and end homelessness.

- **Prioritize safe, stable housing** as the primary solution to homelessness and a basic human right. Homelessness is fundamentally due to lack of available, safe, affordable housing. Assistance intended to prevent or end homelessness should focus on resolving critical housing needs *first ("Housing First").* Housing First approaches quickly connect people experiencing a housing crisis with permanent housing and the supports needed to stabilize housing without preconditions (e.g., income, sobriety, or engagement in treatment).

- **Prioritize self-determination**. People experiencing homelessness should be able to choose housing among a variety of housing types and models, within reasonable limits. Services and supports should be voluntary, and there should be choice in who provides them.

- **Reduce disparities and ensure equity in outcomes**. Our collective efforts to prevent and end homelessness should reflect the disproportionate rate at which different groups experience housing instability and homelessness, especially people of color; people with disabilities; and lesbian, gay, bisexual, transgender, and questioning youth. Assistance should account for structural biases that cause or perpetuate homelessness, as well as individual needs, abilities, or resources, and adjust accordingly to ensure equitable resolution to housing crises.

- **Protect and support individual rights**. Each person should be treated with dignity and respect, be afforded basic rights, and be supported to protect those rights.

- **Support community integration**. In alignment with Ohio's mandate to provide community-based services to persons with disabilities, assistance should support community integration and the highest level of independence possible that assures people can quickly resolve their housing crisis and maintain safe, stable housing. To that end, other community systems – corrections, healthcare, foster care, etc. – should work to not discharge people to the streets and homeless shelters given the increased harm and compounding impact of homelessness.

- **Remove and maintain low barriers to shelter, services, and housing**. People who are or will be unsheltered, including people with wide-ranging and significant health conditions and housing barriers, should have ready access to emergency shelter, re-housing and stabilization assistance to resolve their crisis as quickly as possible.

- **Focus on individual needs**. Services should be flexible, person-centered and adapt to a person or family's needs and preferences. People experiencing homelessness should participate in their own housing plan.

- **Target resources for people with greatest vulnerability** for becoming or remaining homeless. Community resources are limited and demand often exceeds them. People also have wide ranging housing, income, health, and service needs beyond the scope of our homeless crisis response system. Therefore, assistance from the homeless crisis response system should be used progressively and as-needed to help people quickly secure and stabilize in housing, while being connected with important community-based supports they need and desire. Assistance should also be prioritized for people more likely to become or remain homeless and with greater vulnerabilities, including people who are disabled and have severe service needs, women who are pregnant, transition age youth, and people who have experienced long term homelessness.

- **Stewardship and maximization of resources**. Public and private resources supporting the homeless crisis response system should be used for maximum benefit. Resources should be re-aligned and reallocated when necessary to support system efficiency and effectiveness (e.g., decreasing time people spend homeless, increasing successful housing outcomes).

There are a number of tools and resources available to support these guiding principles. They include evidence-based practices - those that show evidence of positive outcomes based on peer-reviewed randomized controlled trials or other equivalently strong methodology; and promising practices - those supported by current clinical wisdom, theories, and professional and expert consensus.

Aspirational System Overview

The Continuum of Care and Community Shelter Board seek to develop and sustain a fully *optimized* homeless crisis response system that can quickly and effectively prevent or end literal homelessness – every day and for everyone. Accomplishing this requires adequate resources, adherence to the guiding principles described above, and use of evidence-based and promising practices. It also depends on having an effective, community-wide prevention system that

> **Optimization:**
> an act, process, or methodology of making something (as a design, system, or decision) as fully perfect, functional, or effective as possible.
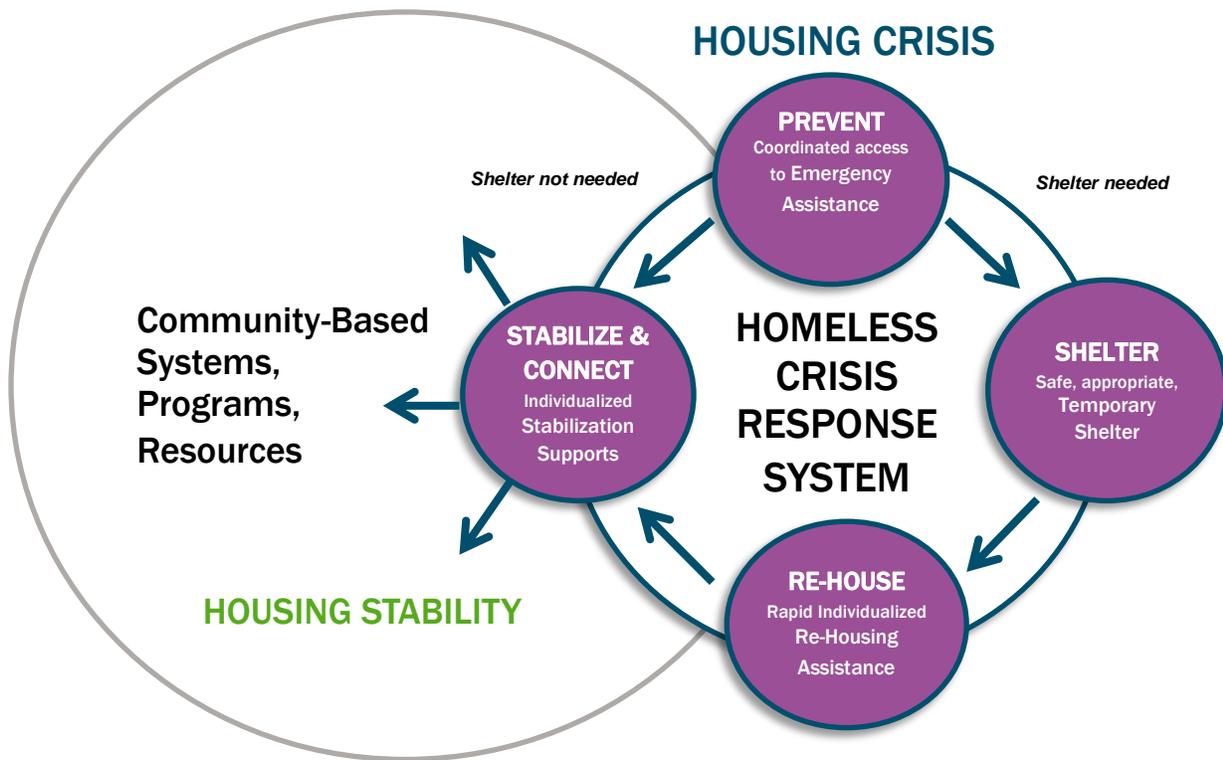>
> -Merriam-Webster Dictionary

prioritizes access to assistance for people at greater risk of homelessness and resolves housing crises before literal homelessness occurs. More organized and targeted community-based prevention services can reduce the need for assistance from the homeless crisis response system.

Core Functions of a Homeless Crisis Response System

An optimized homeless crisis response system is able to fulfill the following core functions for each individual or family experiencing a housing crisis:

- **Prevent** homelessness by providing coordinated and ready access to emergency assistance for all people at-risk of or experiencing literal homelessness in Columbus and Franklin County. This includes targeted homelessness prevention assistance for people at highest risk of homelessness and other community-based or homeless crisis response system resources, as needed.

- **Shelter** people who are literally homeless and not more appropriately assisted by other public systems. This includes providing year-round access to a variety of temporary shelter options and support services to best meet the varying needs of people experiencing homelessness.

- **Re-house** people who are literally homeless by providing immediate access to individualized re-housing assistance and connection to a wide-range of private market, subsidized, and permanent supportive housing options.

- **Stabilize and connect** people who experience a housing crisis by providing direct access to a wide-range of community-based services that help address immediate needs and support long-term housing stability.

A fully developed and optimized system is able to fulfill these functions generally and for different sub-populations who may have different or unique needs and access to different benefits, resources, and assistance (e.g., families with children).

HOUSING CRISIS

PREVENT
Coordinated access to Emergency Assistance

Shelter not needed

Shelter needed

STABILIZE & CONNECT
Individualized Stabilization Supports

HOMELESS CRISIS RESPONSE SYSTEM

SHELTER
Safe, appropriate, Temporary Shelter

Community-Based Systems, Programs, Resources

RE-HOUSE
Rapid Individualized Re-Housing Assistance

HOUSING STABILITY

Performance Goals & Indicators

The homeless crisis response system aspires to achieve an optimized level of system performance for each system core function and for each distinct subpopulation served by the system (i.e., families with children, single adults, youth, veterans) in line with our overall goal and guiding principles. Achievement of these goals is affected by available resources, use of evidence-based practices, fidelity to service standards, high quality service delivery, and sound management.

Function	Goal	Indicators
Prevent	Homelessness is prevented whenever possible	✓ Low number of people newly homeless
Shelter	People are not unsheltered due to lack of decent, safe shelter	✓ Low number of unsheltered
Re-House	Homeless episodes are brief People are successfully re-housed People do not return to homelessness	✓ Low length of time homeless ✓ High positive housing outcomes ✓ Low returns to targeted prevention
Stabilize & Connect	People have coordinated and direct access to services and supports they need	✓ Low returns to homelessness ✓ High client satisfaction

Each year, standards are established for each type of homeless assistance program (e.g., street outreach, emergency shelter) around key performance metrics, such as number served, length of time people are homeless, income and employment improvements, successful exits to permanent housing, and returns to homelessness. Programs are also reviewed for compliance with local program administration and practice standards. Standards are based on CSB Governance Ends Policies, HUD performance standards and requirements, and additional CoC performance standards. Performance standards for FY2019 are located [here].

Individual program achievement of these standards is influenced by adherence to best practices, providing a consistent level of services year-to-year, and available funding. Performance is also impacted by environmental conditions. The availability of decent, safe, and affordable rental housing, changes in the job market, changes in public assistance, access to healthcare, and the opioid crisis – to name a few – all directly affect how many people experience housing crises and homelessness and how quickly and successfully such crises can be resolved.

The number of people experiencing homelessness (system "inflow") and successful resolution of housing crises is also affected by other public systems and their responsiveness to critical housing needs. Hospitals, child welfare, corrections, and public assistance systems can help identify people who are precariously housed or homeless, provide or make connections to housing assistance as needed, and make every effort to not discharge people to homelessness. Other public systems increasingly recognize the value of stable housing relative to their system goals. For example, mounting [evidence] shows that successful healthcare outcomes are dependent on stable housing and housing is now recognized to be a social determinant for health. In other words, addressing chronic or acute health conditions and reducing reliance on costly emergency department visits and hospital admissions is directly affected by whether a person has a safe, stable place to live.

At the same time, helping individuals and families quickly and successfully resolve their homelessness while adhering to a Housing First approach and remaining focused on our core functions as a homeless crisis response system depends on close coordination with other public systems. People suffering from severe and persistent mental illness, for example, must be sufficiently connected with and supported by a level of mental health care services appropriate to their state of crisis and needs while the homeless crisis response system focuses on resolving the housing crisis.

The U.S. Interagency Council on Homelessness has published criteria and benchmarks for what it means to effectively end homelessness for Veterans and for people experiencing chronic homelessness and is working to finalize criteria and benchmarks for families, youth and others. Federal criteria relate to the approaches and types of assistance community systems should offer that reflect a fully developed, high functioning system that adheres to evidence-based practices. Federal benchmarks are key performance measures and targets that reflect the expected performance of communities with a homeless crisis response system that operates consistent with the criteria. The CoC and CSB will continue to examine federal criteria and benchmarks as they are finalized and piloted nationally to determine the feasibility of achieving this for our community and to adjust our goals accordingly. We will also continue to examine factors contributing to homelessness, the homeless crisis response system's ability to effectively respond and the resources necessary to ensure an

effective response, and the optimal performance that should be expected given current community conditions and available funding.

State of Our Community Response

As the number of households becoming homeless continues to rise due to factors outside the homeless crisis response system's control, the community and homeless crisis response system must in turn adjust to achieve and sustain optimal system capacity and performance. As further described in the framework goals below, the homeless crisis response system currently lacks sufficient funding and capacity to:

- **Prevent homelessness whenever possible for those at greatest risk.**

    o Community-wide, coordinated access and prioritized prevention assistance is needed for individuals and families at-risk of housing loss and homelessness.

    o Additional targeted homelessness prevention and stabilization assistance is needed for people most at-risk of literal homelessness.

- **Shelter people who would otherwise be unsheltered.**

    o Additional shelter capacity for single adults is needed during warmer months to assure year-round access to shelter for single men and women.

    o Tailored shelter options are needed to meet the needs of unaccompanied youth age 18-24, people with disabilities or other special needs.

- **Re-house people who are literally homeless.**

    o Additional housing options are needed for families and individuals with higher housing barriers (e.g., prior evictions, low income, etc.) in the private rental market.

    o Additional rapid re-housing assistance and permanent supportive housing is needed for both individuals and families.

Annual Permanent Supportive Housing and Rapid Re-Housing	Existing Capacity (as of Sep 2017)	Estimated Available Annually*	Estimated Annual Demand**	Estimated Annual Gap
PSH – Families	169	24	121	(97)
PSH – Individuals	2,179	455	1,494	(1,039)
RRH – Families	521	521	797	(276)
RRH – Individuals	2,340	2,340	3,634	(1,294)

*Annual PSH availability is based on estimated turnover of existing units available to serve individuals and families. Annual RRH availability is based on total annual RRH capacity available to serve individuals and families.

**Annual demand for PSH and RRH is based on estimated number of chronically homeless and non-chronically homeless individuals and families who need PSH or RRH to successfully exit homelessness and secure stable, permanent housing.

- **Stabilize and connect** people who experience a housing crisis.

  - More efficient, system-wide approaches are needed to quickly identify and link individuals and families to employment, benefits, healthcare, domestic violence assistance, childcare, and other critical supports.

Goals & Strategies

Goals and strategies included in this framework are intended to further develop and improve the homeless crisis response system towards achieving the core functions and performance goals described above. Goals are broken out by specific populations and by cross-cutting areas applicable to all populations who experience homelessness. Work to achieve and sustain population-specific and cross-cutting goals inherently supports the broader collective effort to prevent and achieve an effective end to homelessness.

This section also identifies priority strategies for each goal that are currently being pursued or will be during FY2019. Potential strategies were developed based on input from a broad cross-section of system and community stakeholders during a January 2018 input session and were later refined and finalized in ad hoc meetings for each goal between January to March 2018. The final strategies included in the framework include those that were deemed to have the greatest likely impact on goal achievement while being feasible to implement. They are not intended to reflect every current or potential effort related to achieving each goal. Refer to the [FY2019 Strategic Action Plan Matrix](#) for a comprehensive list of strategies and actions for each goal.

Population-Specific Goals

Population-specific goals focus on distinct sub-systems within the broader homeless crisis response system intended to ensure all four core functions and related performance goals are met for each distinct subpopulation that experiences homelessness, including:

- U.S. military Veterans

- People who experience chronic homelessness

- Youth age 18-24

- Families with minor children

- Single adults

Goals for each population align with federal and state plans. While different strategies and assistance are needed for each population, they may not be mutually exclusive with other populations. For example, the needs and outcomes for parenting youth are considered under both youth and family categories. Planning for and providing population-specific systems ensures strategies to prevent and end homelessness are responsive to and support individual needs, are consistent with evidence-based and promising practices, and use limited public and private resources in the most efficient manner possible for maximum benefit.

1 – veterans

Achieve and sustain an effective end to homelessness among Veterans

Lead on Strategy & Implementation:	Veterans System Operations Workgroup
Conveners:	Columbus Veterans Administration Community Shelter Board

Columbus and Franklin County have committed to achieving an effective end to homelessness among Veterans consistent with vision described in this framework and according to federal criteria and benchmarks. The current system meets federal criteria, ensuring every Veteran who is literally homeless has immediate access to low-barrier shelter and individualized re-housing assistance. Additional system improvements are needed to meet federal performance goals related to length of time to permanent housing and to reduce the number of Veterans becoming homeless compared with the number ending their homelessness. Achieving an effective end to homelessness among Veterans provides important evidence and practices to inform efforts to end homelessness among other populations.

FY2019 Strategies for veterans

Strategy 1:   Conduct a Veteran Challenge and make other system efficiency improvements to achieve system performance at or above federal benchmark targets.

Strategy 2:   Further develop targeted homelessness prevention approach for Veterans in collaboration with community partners.

Strategy 3:   Sustain current system capacity and approaches consistent with federal criteria.

2 – chronically homeless

Achieve and sustain an effective end to homelessness among individuals who are chronically homeless

Lead on Strategy:	Single Adults & Chronically Homeless Ad Hoc Group
Lead on Implementation:	Adult System Operations Workgroup
Conveners:	Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County Community Shelter Board

Columbus and Franklin County seek to achieve an effective end to chronic homelessness consistent with vision described in this framework and with federal criteria and benchmarks. The current system does not meet federal criteria as sufficient resources are not presently available to assure single adults who are chronically homeless have year-round, low-barrier access to emergency shelter and sufficient access to critical health and behavioral health services while being assisted to secure housing. The system currently has capacity to place an estimated 455 single adults who are experiencing or are at-risk of chronic homelessness in permanent supportive housing (PSH) each year. The projection for an annualized number of chronic homeless individuals is 290. Of these individuals, 90 percent (261) need permanent supportive housing while 10 percent (29) require only rapid re-housing interventions to successfully resolve their homelessness. Current PSH capacity is therefore sufficient to meet the need for PSH among single adults who are chronically homeless annually. However, it is estimated that 20 percent of non-chronically homeless single adults who are homeless each year (1,233) also require PSH due to their severe service needs and barriers to housing stability. An estimated 1,494 PSH placement options are needed in total annually for single adults, when including those with severe service needs who are at-risk of becoming chronically homeless. Improvements are also needed related to identifying and prioritizing people who are chronically homeless for existing PSH and lowering barriers to PSH (e.g., restrictions related to criminal history).

FY2019 Strategies for chronically homeless

Strategy 1: Further develop collaborative outreach approach to better track, target, and ensure comprehensive, efficient, and effective delivery of outreach and permanent housing assistance for unsheltered people across the entire continuum of care.

Strategy 2: Increase PSH capacity and targeting to fully meet need among disabled single adults experiencing chronic or long-term homelessness who need long-term housing and service supports to quickly and successfully secure safe housing.

3 – families with children & pregnant women

Achieve and sustain an effective end to homelessness among families with children and pregnant women

Lead on Strategy:	Families & Pregnant Women Ad Hoc Group
Lead on Implementation:	Family System Operations Workgroup
Conveners:	Franklin County Children Services Community Shelter Board

Columbus and Franklin County seek to achieve an effective end to homelessness among families with children and pregnant women consistent with vision described in this framework. The current system provides immediate access to emergency assistance for families in need of shelter via a county-wide homeless hotline. Every family and pregnant woman who is literally homeless is provided immediate access to low-barrier shelter year-round. The system does not currently have sufficient re-housing capacity to effectively serve all literally homeless families and pregnant women who don't otherwise self-resolve. There is an estimated gap of 276 rapid re-housing slots for families annually and insufficient resources to assure all pregnant women have access to sufficient rent and housing stabilization assistance before and after child birth to reduce risk of infant mortality. Additionally, an estimated 97 additional PSH placement options are needed annually for families who are chronically homeless or who otherwise are at-risk of chronic homelessness and in need of PSH to successfully end their homelessness.

FY2019 Strategies for families with children & pregnant women

Strategy 1:   Improve consistency and efficiency of rapid re-housing intake after rapid re-housing acceptance during weekly referral meeting to assure rapid re-housing intake is scheduled within 2 business days

Strategy 2:   Establish routine means for identifying long-staying and/or repeat emergency shelter families (including those with shelter stay in last 2 years) and/or high complexity families, in order to review at system conference AND develop routine, standard case conference process with system and external partners and neutral facilitator.

Strategy 3:   Increase rapid re-housing capacity to meet need among families and pregnant women according to system gaps analysis

Strategy 4:   Increase PSH capacity to meet need among families and pregnant women according to system gaps analysis

Strategy 5   Further develop a care pathway for pregnant women who are literally
                 homeless, including relevant outcomes, related assessment tool(s), and
                 service strategies to support achievement of those outcomes

4 – youth

Achieve and sustain an effective end to homelessness among unaccompanied youth and parenting youth

Lead on Strategy:	CoC Committee to Address Youth Homelessness – Core Leadership Group
Lead on Implementation:	CoC Committee to Address Youth Homelessness
Conveners:	City of Columbus Community Shelter Board

Columbus and Franklin County have committed to achieving an effective end to homelessness among youth consistent with vision described in this framework. The current system is presently being developed by the Committee to Address Youth Homelessness and is informed by recent participation in the federally-sponsored 100 Day Challenge to End Youth Homelessness. While there are strong youth providers, there is currently no cohesive system capable of identifying and effectively serving all youth who are literally homeless. The system does not have sufficient capacity to assure all literally homeless unaccompanied youth age 18-24 have access to appropriate emergency shelter year-round. Shelter space designed to better meet youth needs, a youth-specific care pathway, and stronger service partnerships are needed. The system also needs additional, diverse permanent housing options for youth and presently lacks sufficient re-housing capacity to assist all homeless youth who do not otherwise self-resolve.

FY2019 Strategies for youth

Strategy 1: Further develop and maintain an up-to-date list of all youth who are literally homeless, including youth who are unsheltered or unsafely housed, and related case conferencing to address complex issues and assure efficient, effective assistance

Strategy 2: Develop access points, shelter options, and services that are tailored for youth as part of the larger homeless crisis response system

Strategy 3: Explore and develop additional permanent housing options appropriate for youth, such as shared housing, rapid re-housing, and permanent supportive housing

Strategy 4: Further develop and support the Youth Action Board and inclusion of youth in system development and oversight

5 – single adults

Achieve and sustain an effective end to homelessness among single adults

Lead on Strategy:	Single Adults & Chronically Homeless Ad Hoc Group
Lead on Implementation:	Adult System Operations Workgroup
Conveners:	Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County Community Shelter Board

Columbus and Franklin County have committed to achieving an effective end to homelessness among single adults consistent with vision described in this framework. The current system does not have sufficient capacity to assure all single adults who are literally homeless have access to appropriate emergency shelter year-round or sufficient re-housing assistance for single adults who don't otherwise self-resolve. There is an estimated need for 3,634 rapid re-housings slots needed annually for single adults, yet the system is only able to assist approximately 2,340 single adults annually, resulting in an estimated gap of 1,294 rapid re-housing slots for single adults each year. The average gap between the number of shelter beds available for single adults and the number of beds needed to serve all single adults who want a shelter bed is 25 for men and 14 for women, based on waitlists during non-overflow months, according to the FY2017 System and Program Indicator Report.

FY2019 Strategies for single adults

Strategy 1: Further develop collaborative outreach approach to better track, target, and ensure comprehensive, efficient, and effective delivery of outreach and permanent housing assistance for unsheltered people across Franklin County.

Strategy 2: Increase rapid re-housing capacity to fully meet need among single adults experiencing homelessness who require this more intensive assistance to quickly and successfully secure safe housing.

Strategy 3: Improve client experience through improved customer service and use of common client satisfaction measures for continuous improvement

Cross-cutting Goals

The following goals pertain to families and individuals who are literally homeless or who are imminently at-risk of literal homelessness and reflect priorities applicable to all population groups. These goals are not intended to address the needs of families and individuals who are housed, even if they are precariously housed and at-risk of moving into or continuing to stay with family or friends (i.e., "doubled up").

There are 8 cross-cutting goals related to:

- Affordable housing

- Equity

- Employment

- Benefits

- Health Care

- Criminal Justice

- Domestic Violence

- Homelessness Prevention

6 – affordable housing

Ensure families and individuals who are homeless or at-risk have access to affordable housing

Lead on Strategy:	Affordable Housing Alliance of Central Ohio Affordable Housing Ad Hoc Group
Conveners:	Affordable Housing Alliance of Central Ohio Community Shelter Board

Sufficient affordable housing is critical to both preventing and ending homelessness. However, our community has a severe shortage of affordable housing. According to a report from the Affordable Housing Alliance of Central Ohio, of the lowest-income households in Columbus, 54,000 allocate more than half their income on housing. They live in housing they really can't afford because their wages are insufficient. In Franklin County in 2013, there were nearly three extremely low-income renter households (at or below 30 percent area median income) for every one rental unit affordable to these households. Fair Market Rents (FMR) for central Ohio, as determined by the Department of Housing and Urban Development, increased 17.66 percent between 2014 and 2018. Franklin County's poverty rate in 2015 was 17.1 percent according to OHFA's 2018 Ohio Housing Needs Assessment, compared to the statewide average of 14.8 percent. As the housing market continues to tighten, poverty remains disproportionately high in Franklin County. C-class properties, also known as naturally occurring affordable housing, are experiencing an even tighter demand than other types of rental housing, making it difficult for homeless system providers to recruit landlords willing to rent at FMR rates and take perceived risks to house families and individuals at-risk of or experiencing literal homelessness. In order to reduce the number of people becoming homeless and ensure people who are homeless can quickly secure housing, it is imperative we use our collective voice to advocate and support efforts to increase the availability of affordable housing.

FY2019 Strategies for affordable housing

Strategy 1: Actively support efforts to increase the availability of and greater access to safe and affordable rental housing to meet the needs of individuals and families who are homeless or imminently at-risk of homelessness

Strategy 2: Develop and implement system-wide landlord recruitment and retention initiative, in concert with system providers and partners, including staffing, marketing, and outreach activities

Strategy 3: Preserve existing and increase supply of permanent supportive housing to further close gap for individuals and families needing PSH to successfully resolve their homelessness and stabilize in housing

7 – equity

Ensure families and individuals disproportionately represented among people who experience homelessness have access to responsive, equitable assistance to offset structural barriers and biases.

Lead on Strategy & Implementation:	Equity Ad Hoc Group
Conveners:	Columbus Urban League Equitas Health Community Shelter Board

People of color, people with disabilities, and young people who are lesbian, gay, bisexual, or transgender are disproportionately represented among people who experience homelessness, both nationally and in Franklin County. Work around the intersections of racism and homelessness is led by the Racism and Homelessness Committee and has been informed by analysis completed as part of the multi-city Supporting Partnerships for Anti-Racist Communities (SPARC) initiative. The SPARC study found that African Americans, in particular, are more likely to become literally homeless than people of other racial and ethnic backgrounds. Black/African Americans are disproportionately represented in the homeless population (64.9 percent) compared to their proportion of the general population of Franklin County (22.2 percent) and the poverty population (39.9 percent). People of color also disproportionately face other systemic barriers to housing stability, such as employment discrimination, prior evictions, and "network impoverishment" that severely limit housing options. According to a 2016 report from the True Colors Fund and National LGBTQ Task Force, 20-40 percent of youth experiencing homelessness identifies as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ). Only 7-10 percent of the general youth population identifies as LGBTQ. LGBTQ youth are at a greater risk for victimization, unsafe sexual practices, and mental health issues than non-LGBTQ young people experiencing homelessness and experience longer periods of homelessness than their straight and cisgender counterparts. People who are disabled are similarly overrepresented. In Franklin County, forty-seven percent of all sheltered adults self-declare as disabled at entry into emergency shelter (53 percent of single adults and 27 percent of adults in families). Yet, according to the last census, only 8.6 percent of the Franklin County population under age 65 had a disability.

Structural changes outside the homeless crisis response system are key to ending historic forms of discrimination. The homeless crisis response system can also work to ensure staff at all levels have similar experience and characteristics of those served, assistance is provided in an individualized manner taking into account personal and structural barriers, and strong partnerships are pursued with criminal justice, legal assistance, housing providers, and employers to collectively counter-act structural barriers and biases.

FY2019 Strategies for equity

Strategy 1:   Examine select homeless crisis response system policies, procedures (e.g., USHS workflow) and related data to identify areas to improve equitable access and use of homeless crisis response system assistance and to serve as template for other community systems

Strategy 2:   Institute standardized cultural competency training

Strategy 3:   Promote affirmative hiring and retention practices to further diversify system staff at all levels to better reflect populations served

8 – employment

Ensure adults who are homeless or at-risk have coordinated access to employment opportunities and supports

Lead on Strategy & Implementation:	Employment/Benefits Ad Hoc Group
Conveners:	Franklin County Department of Job & Family Services
	Franklin County Workforce Development Board
	Community Shelter Board

Employment that pays a wage sufficient to cover housing and other essential needs is key to both preventing and ending homelessness. Many people who experience homelessness struggle to find and keep employment and find that housing loss and employment loss are mutually-reinforcing crises. According to the National Low Income Housing Coalition Out of Reach data, in Columbus and Franklin County, the full-time wage needed to afford a 2-bedroom apartment at Fair Market Rent (FMR) is $17 per hour or approximately $3,000 per month. A renter would need 2.1 full time jobs at minimum wage to afford a 2-bedroom apartment at FMR. The average monthly household income for people served in emergency shelters is $451 ($587 for families, $416 for men, and $471 for women). Only 5 percent of households earned $20,000 – $40,000 annually. Increasing household income through employment reduces housing cost burden and increases available income for other critical needs, including costs for securing new housing. It also reduces overall cost, intensity, and duration of emergency shelter and re-housing assistance needed to end a homeless episode. Current efforts to connect people experiencing homelessness to employment supports are uneven across the system. System-wide responses are needed that effectively identify employment-related needs and offer direct or prioritized access to job search, training, and support services that are accessible during and after a housing-loss or homeless crisis.

FY2019 Strategy for employment

Strategy 1:   Develop standardized screening tool and related protocol for identifying employment-related needs and connecting to right community-based services

9 – benefits

Ensure adults who are homeless or at-risk have coordinated access to benefits for which they are eligible

Lead on Strategy & Implementation:	Employment/Benefits Ad Hoc Group
Conveners:	Franklin County Department of Job & Family Services
	Franklin County Workforce Development Board
	Community Shelter Board

Access to cash and non-cash benefits, including health insurance, is another key to both preventing and ending homelessness. People who are at-risk of or who experience homelessness are typically eligible for a wide range of public benefits, including the Supplemental Nutrition Assistance Program (SNAP), cash benefits, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), publicly funded child care, among others. In the single adult shelter system, 35 percent of adults received a non-cash benefit like SNAP or WIC at exit from shelter. Sixty nine percent of adults had a health insurance benefit. While 53 percent of single adults report being disabled, only 30 percent received SSI or SSDI as of shelter exit. In the family shelter system, 62 percent of adults received a non-cash benefit like SNAP or WIC at exit from shelter and 43 percent of adults had a health insurance benefit. Twenty seven percent of adults in families report being disabled, yet at exit from shelter only 13 percent of adults in families received SSI or SSDI. Rapidly assessing and linking families and individuals to benefits they may be eligible for directly supports efforts to maintain or obtain housing quickly and meet other essential needs, thus reducing reliance on assistance from the homeless crisis response system. Current efforts to connect people experiencing homelessness to cash benefits – particularly SSI and SSDI – could be more efficient and effective.

FY2019 Strategies for benefits

Strategy 1:   Ensure system staff are trained and capable of providing assistance accessing benefits through SOAR and expedited social security application training

Strategy 2:   Educate system staff on new Department of Job & Family Services online benefits application process

10 – health care

Ensure people who are homeless or at-risk have coordinated access to integrated cross-system behavioral and physical health care.

Lead on Strategy & Implementation:	Health Care Ad Hoc Group
Conveners:	Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County Mount Carmel Health Community Shelter Board

People who experience homelessness often struggle with one or more disabling condition that directly impacts their ability to maintain or obtain housing and meet other basic needs. Among adults served in emergency shelters, 47 percent report that they have a disability (53 percent of single adults and 27 percent of adults in families).

	Sheltered				Housed	
Self-Reported Disability Type (All Adults*)	Single Men	Single Women	Adults in Families	All Sheltered Adults	Adults in PSH	Adults in RRH
Alcohol abuse	14%	9%	0%	7%	22%	0%
Developmental	8%	9%	19%	7%	8%	8%
Drug abuse	9%	11%	1%	5%	20%	1%
Both alcohol & drug abuse	13%	13%	1%	7%	12%	0%
Chronic health condition	27%	37%	18%	24%	28%	6%
HIV/AIDS	3%	4%	0%	1%	5%	0%
Mental illness	36%	51%	32%	33%	76%	17%
Physical/medical	33%	34%	11%	25%	26%	8%

*Adults may report one or more disabling conditions and, therefore, may be included in one or more disability types.

Additional stress from living in precarious housing and experiencing homelessness can exacerbate a disability and contribute to unhealthy behaviors. The opioid crisis in particular is affecting a growing number of people, including those who experience homelessness, and requires increased coordination among crisis response providers. Acute and chronic mental health issues experienced by people who are homeless also require a degree of expertise and level of support that is largely outside the capacity of shelter and re-housing providers. Further improvements are needed to assure people with a wide variety of health needs can be safely sheltered while being re-housed. Cross-system collaborative strategies can assure people have immediate access to the type, level, and intensity of health care and behavioral health care support needed while they resolve their homelessness and stabilize in housing as quickly as possible.

FY2019 Strategies for health care

Strategy 1:   Improve data sharing across providers and systems to facilitate continuity
of care and integrated service delivery

Strategy 2:   Develop and implement new medical respite program for people
experiencing homelessness who have acute health care needs

Strategy 3:   Explore opportunities for local hospital systems' investment in supportive
housing, including development of a case statement and examples

11 – criminal justice

Ensure people who are homeless or at-risk have coordinated assistance to address criminal justice related issues

Lead on Strategy & Implementation:	Criminal Justice Ad Hoc Group
Conveners:	Franklin County Office of Justice Policy and Programs (OJPP)
	Community Shelter Board

Some people who experience homelessness have past misdemeanor or felony criminal offenses that serve as a barrier to housing, employment, and other opportunities, even when their sentence has been served. Lack of stable housing, in turn, creates greater risk of recidivism to criminal behavior. Approximately 25 percent of single adults served in the homeless system have a criminal justice background. According to Columbus Urban League, an estimated 35,000 people a year return to Franklin County from incarceration. People with a past felony conviction often have few employment or housing options and can be discriminated against outright, creating yet another penalty for a past crime. These challenges disproportionately affect people of color. Cross-system collaborative strategies can assure people engaged in the criminal justice and homeless crisis response systems are assisted to resolve their issues quickly and successfully, thus reducing community and personal costs. Greater cross-system data sharing and collaborative assistance strategies are needed to ensure people at-risk of literal homelessness upon exit from jail or prison have assistance to avoid exit to literal homelessness. Additional strategies should ensure people engaged in homeless services continue to meet their sentencing obligations and can quickly secure appropriate housing.

FY2019 Strategies for criminal justice

Strategy 1:   Support county-led development and implementation of a common release of information and information exchange protocol across systems to support coordinated interventions for justice-involved individuals

Strategy 2:   Develop and implement tenant education and "certificate of qualifications for housing" program for justice-involved prospective tenants to address tenant screening and housing retention barriers

Strategy 3:   Improve standardized system screening tools to identify justice-involved individuals who are at-risk of or are literally homeless and triage them to an appropriate housing intervention

12 – domestic violence

Ensure people who are homeless or at-risk have coordinated access to integrated cross-system domestic violence survivor assistance.

Lead on Strategy & Implementation:	Domestic Violence Ad Hoc Group
Conveners:	Lutheran Social Services/CHOICES
	Community Shelter Board

Many adults (predominantly women) who experience homelessness in Franklin County are survivors of domestic violence, including intimate partner and other family violence. In the family emergency shelter system in 2017, 411 adults (24 percent) reported a history of domestic violence, 70 of whom reported they were currently fleeing a domestic violence situation. In the single adult emergency shelter system in 2017, 1,115 adults (21 percent) reported a history of domestic violence and 277 reported fleeing a domestic violence situation. To safely and quickly assist someone who is homeless to break free from a violent relationship, the exploitation and abuse of human trafficking, or other abusive relationships requires close coordination with survivor resources and partners. This includes survivors who need the level of support and safety offered by CHOICES, as well as many others who don't require that level of support but find themselves homeless and seeking a safer future free from violence and abuse. CHOICES will expand their shelter capacity in FY2019 from 51 to 120 beds to better meet the need for safe shelter and create new transitional housing capacity (14 units) for specific populations. Other improvements are needed to more closely coordinate, integrate and assure access to victim services, trauma-informed care, and re-housing services for survivors. Cross-system collaborative strategies can assure survivors have immediate access to the type, level, and intensity of support needed while they resolve their homelessness and stabilize in housing as quickly as possible.

FY2019 Strategies for domestic violence

Strategy 1:   Further integrate existing and expanding/new domestic violence services, shelter, and housing options into the homeless crisis response system

Strategy 2:   Provide updated training for homeless crisis response system staff that is readily available for new staff training or refresher training for existing staff

13 – homelessness prevention

Ensure people who are imminently at-risk of literal homelessness have coordinated access to targeted homelessness prevention assistance

Lead on Strategy & Implementation:	Targeted Prevention Ad Hoc Group
Conveners:	Prevent Family Homelessness Collaborative Community Shelter Board

People who are poor and have other barriers often experience housing instability and are at-risk for eviction or housing loss, whether due to falling behind on rent, lease violations, family conflict, or other issues. However, relatively few people who face eviction or other housing loss ultimately turn to emergency shelter, as alternative housing options and resources are first exhausted. Targeted homelessness prevention – that is, assistance designed to assist people who are imminently losing their housing and have no other viable housing alternative or resource – can be effective at helping people avoid literal homelessness. In FY2017, targeted homelessness prevention for families served 300 families at risk of becoming homeless. Eighty five percent of these families stabilized in existing housing or moved to other stable housing options, preventing them from becoming homeless.

From the vantage point of the homeless crisis response system, targeted interventions have the greatest impact relative to preventing entry to emergency shelter or a night on the street. Housing crises are costly both for individuals and families and the broader community. Resources to prevent homelessness should focus on people at greatest risk of needing emergency shelter the soonest, including those who have greatest risk of being harmed by the experience of homelessness and/or who will be less able to exit homelessness without significant assistance. Improvements to coordinating access to targeted assistance community-wide are needed, along with further alignment of current community-based emergency assistance resources for maximum impact on reducing literal homelessness.

FY2019 Strategies for homelessness prevention

Strategy 1:   Develop and implement targeted homelessness prevention initiatives for specific sub-populations at greatest risk of literal homelessness.

Strategy 2:   Evaluate local targeted homelessness prevention model and explore other prevention best practices employed in other communities.

Strategy 3:   Increase awareness and responsiveness among other public institutions (ex. jail, prison, hospitals, in-patient behavioral health treatment) of the need for early identification of housing needs and housing-focused discharge planning that increases exits to stable housing and supports other positive outcomes.

Strategy 4:   Support further development, piloting and implementation of community-based homelessness prevention system

Looking Ahead

The vision and related goals in this framework serve as a fixed point on the horizon – a common direction for our efforts to continually improve and optimize our response to homelessness in Columbus and Franklin County. While we expect the vision and goals to remain relatively constant over time, most strategies will likely change over time as they are achieved or when there is need to modify them based on lessons learned, changing conditions, or capacity to act. The Continuum of Care and Community Shelter Board will work with partners annually to update the strategies in the framework and periodically revisit our goals as we learn and develop more effective and systemic solutions to housing crises and homelessness.

As we look ahead, we are hopeful that with the right resources and community support we can achieve the goal of preventing homelessness whenever possible, or otherwise ensuring it is rare, brief, and non-recurring. Our local experience and the experience of other communities demonstrate that a comprehensive, effective and efficient response to homelessness is possible when we act collectively to accomplish a shared vision. This framework articulates our vision and establishes a clear direction and call to action.

Onward!

Appendix: Participants

Community Shelter Board is grateful to these passionate stakeholders from across the community who participated in developing this framework for action. They include members of the Columbus and Franklin County Continuum of Care; people who have experienced homelessness; representatives from CSB's network of homeless assistance providers; partners from healthcare, criminal justice, public assistance, job training, and other social services; and representatives from the faith-based community, local governments, private investors, and many other key stakeholders.

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Cheryl Carter	Mike Hochran	Sonja Nelson	Philip Thomas
Nancy Case	Melissa Humbert-	Michelle Norris	Byron Tocheri
Ryan Cassell	Washington	Heather Notter	Dawn Tyler Lee
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Joy Chivers	Marta Jester	Kysten Palmore	Councilmember
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Brandon Curry	Erika Clark Jones	Mark Paxson	Vic Ward
Jeff Cutlip	Sam Jones	Brittany Perdue	Mary Wehrle
Michael Daniels	Caitlin Kapper	Kevin Phillips	Noel Welsh
Sue Darby	Holly Kastan	Brian Pierson	Jonathan Welty
Jim Davis	Sgt. Richard Ketcham	Terri Power	Becky Westerfelt
Karen Days	Kim Kidd	Mike Preston	Faith Williams
Lisa Defendiefer	Courtney Kimrough-	Sheila Prillerman	Wendy Williams
Millie Dolce	Ramirez	Callie Query	Carrie Wirick
Sarah Douglas	Katie Kitchin	Andrea Ropp	Tom Zani
Shayne Downton	Bela Koe-Krompecher	K. Ross	
Rev. John Edgar	Matt Kosanovich	David Royer	