STRENGTHENING SYSTEMS FOR ENDING RURAL HOMELESSNESS: PROMISING PRACTICES AND CONSIDERATIONS

UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS
USICH would like to thank the communities in Alabama, Alaska, Colorado, Idaho, Iowa, Minnesota, Mississippi, Missouri, Montana, North Dakota, Ohio, South Carolina, Texas, West Virginia, and Wisconsin that participated in our convening on ending rural homelessness in Boise, Idaho, in September 2017, for sharing their insights and strategies that helped to inform this document, as well as Collaborative Solutions for their assistance with its development.
To ensure that homelessness is rare, brief, and one-time across America, every community must build a coordinated community response that can identify and effectively serve all individuals and families at risk of or experiencing homelessness.

For any community, building such a robust response can be a challenge. For rural communities, those challenges are often exacerbated by the hidden nature of homelessness, large geographic expanses, more dispersed and often fewer resources, a shortage of transportation and quality housing, and fewer economic and employment opportunities.

Fortunately, rural communities also possess many strengths that make them uniquely positioned to take on the challenge of ending homelessness, including: strong social networks; a commitment to taking care of kin and neighbors; and innovation and flexibility in their approaches to resolving housing crises.

USICH and federal partners consulted with representatives from 15 rural regions throughout the country to identify an initial set of considerations for rural areas as they work to develop systems to end homelessness. They include:

- Creatively engaging non-targeted systems and programs, faith-based organizations, and informal partners to address resource gaps
- Designing leadership and governance structures to increase capacity
- Developing outreach and engagement practices that reach people experiencing homelessness in rural communities
- Implementing coordinated entry processes that promote access for people across large geographies
- Thinking outside the box to expand the availability of crisis beds and permanent housing opportunities

While these practices don’t address the full range of challenges that rural communities may face in building a comprehensive response to preventing and ending homelessness, we are committed to continuing to work closely with rural communities to build on what works.

**What We Know About Rural Housing Instability and Homelessness**

Data from Part 1 of the Department of Housing and Urban Development’s (HUD’s) 2017 Annual Homelessness Assessment Report (AHAR) indicates that nearly 75,000 people experiencing homelessness at a point in time were in Balances of State or Statewide Continuums of Care, a rough proxy for estimating the scale of homelessness in rural areas. Of that number—which represents 13.6% of all people estimated as experiencing homelessness across America in the January 2017 Point-in-Time (PIT) count—roughly two-thirds (50,276) were staying in emergency shelter or transitional housing, while one-third (24,386) were sleeping outdoors in places not meant...
for human habitation (for example, streets, vehicles, or parks). In Balances of State and Statewide Continuums of Care, there were 5,145 people in families with children staying in unsheltered locations, accounting for roughly 33% of the national total of unsheltered people in families with children. While these numbers provide a baseline measure, they likely underestimate homelessness in rural America given the challenges related to conducting PIT counts in large rural and remote areas.

Other indicators show that housing instability can be acute in rural America. According to HUD’s *Worst Case Housing Needs: 2017 Report to Congress*, there were approximately 1.3 million renters living in rural suburbs and non-metro areas who were experiencing “worst case housing needs,” representing roughly 15% of all renters with worst case needs. Although rural areas tend to have high homeownership rates, the quality and value of housing is often lower than in other areas of the country, and decent rental housing opportunities are often in short supply. Over the past decade, housing development has predominantly occurred in suburban and exurban areas, leaving rural housing stock to age and deteriorate: Over one-third of rural rental units are at least 55 years old. In addition, the proportion of homes in rural areas that lack complete plumbing (3.6%) is double the national average. Substandard living conditions, such as poor insulation, often lead to financial strain from high utility costs.

In many cases, rural areas fall within Balance of State or Statewide CoCs. These CoCs can encompass hundreds of counties, including a mix of rural and suburban communities. For example, the Balance of State CoC in Texas is working to eliminate homelessness in 215 of Texas’ 254 counties. In Mississippi, the Balance of State CoC represents 71 of the 82 counties in the state. While the overall number of people experiencing homelessness in these areas may be relatively small, coordinating activities and resources across such wide and varied geographies creates additional leadership and governance challenges.

**Strengthening Leadership, Governance Structure, and Capacity**

Balance of State and Statewide CoCs must be innovative in their leadership and governance structures in order to address their challenges around distance and geography. For example, some such CoCs have developed stronger regional approaches, have strengthened partnerships across systems, have implemented thoughtful leadership development strategies, or have enhanced their capacity through outsourcing responsibilities.

**Developing a regional approach.** To make the governance of large rural areas more manageable, some Balance of State CoCs have divided their territory into sub-regions. Each region usually has its own governance structures, including roles for various staff (for example, Coalition Chair and Point-in-Time Count Coordinator), as well as defined roles on the overall CoC governing board or Board of Directors. The regions may be defined by a leadership body or CoC members, and may be based on equitable distribution of coverage areas. For example, the Idaho Balance of State CoC is divided into 6 regions (excluding the Boise City/Ada County CoC – labeled 7 on the map below).
There are several benefits to implementing regional approaches, including:

- Enhancing buy-in among stakeholders as they are invited to work locally to address homelessness
- Creating opportunities to better tailor responses based on geographic and population-specific needs
- Reducing the burden on current staff and more evenly distributing work
- Better ensuring coverage and coordination across the entire geography of the CoC or rural area

Regionalized approaches require on-going efforts to establish, strengthen, and maintain the structures and coordination. HUD-funded CoC planning grants can be used for the planning and implementation of new governance models. In the end, CoCs should weigh the costs and benefits of a regional approach carefully to determine if dividing into regions will improve their ability to end homelessness throughout the territory.

**Engaging a geographically diverse set of partners and systems.** Balance of State CoCs can strengthen their governance structures by recruiting people with influence and who represent a variety of sectors from various locations across the geographic area. Broad representation among a variety of stakeholders who represent differing regional interests and assets can strengthen governance activities, improve coordination across systems and jurisdictions, and increase access to additional resources. Partners to engage include, but are not limited to, Community Action Programs, Family Resource Networks, county leadership, business and civic leaders, local law enforcement partners, USDA property owners and other affordable housing operators, public housing agencies, hospitals, school district officials, and Homeless Education liaisons.

**Developing leadership pipelines.** Successful efforts to end homelessness have representation from strong local leaders across disciplines. In rural communities, however, there may be a smaller pool of professionals to draw from, or leaders may be based long distances away. In order to have a robust pool of leaders, rural communities can intentionally create leadership pipelines through job and training opportunities. The CoC’s nominating committee can be instrumental in helping identify and groom potential leaders. A true leadership pipeline strategy is ongoing, with board members working alongside staff and community partners to seek out new individuals to assume leadership roles.

**Outsourcing to build capacity.** Dividing responsibilities among CoC members, or outsourcing to a third party, such as a technical assistance firm or consultant, is an option for CoCs that have limited staff and capacity. For example, CoCs that lack data- and HMIS-specific expertise and capacity could consider outsourcing Homeless Management Information System (HMIS) lead agency duties, including being responsible for the activities in the CoC Program Interim Rule, staying up-to-date with all relevant data standards, and providing system- and provider-level reporting. Balance of State CoCs, whose data systems tend to cover large areas of geographically dispersed providers, may find outsourcing data expertise especially useful. Federal technical assistance can also help strengthen governance and other CoC-related issues that will build the communities’ capacity to reduce homelessness.
Engaging Mainstream Systems, Faith-Based, and Informal Partners

To end homelessness, it is critical to engage a variety of partners, including non-targeted systems and programs. In rural settings, informal partnerships, like those with faith-based partners, community members, and other allies, may be particularly valuable due to a scarcity of programs and services targeted to homelessness.

Leverage non-targeted systems and programs. Federally funded homelessness assistance programs are vital, but not sufficient, to achieve the goal of ending homelessness for everyone. This is particularly true in rural areas, where targeted homelessness assistance funding may be limited. Rural areas can enlist the support of programs that serve low-income people, such as TANF, SSI/SSDI, Medicaid, Public Housing Agencies and other affordable housing organizations, behavioral health care providers, and the workforce system, in local efforts. Leaders of these non-targeted programs can be invited to serve on your CoC board to help look across systems for gaps in funding and services and to determine if there are opportunities to pool existing resources to achieve shared outcomes. School leaders, for example, can play a critical role in identifying and connecting families and youth who are living doubled up or in substandard housing to coordinated entry processes.

Partner with the behavioral health system to address the needs of people misusing opioids and/or other substances. Behavioral health systems have a critical role to play in ensuring that people experiencing homelessness who are misusing opioids and/or other substances have access to necessary treatment and housing supports. However, many rural areas report that not enough behavioral health and treatment opportunities exist to serve the rising needs of these individuals and families.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a number of grants available to states to fill these gaps in behavioral health care capacity—both mental health care and substance abuse treatment. SAMHSA’s Medication-Assisted Treatment Prescription Drug and Opioid Addiction grants are designed to help states expand or enhance their treatment service systems to improve access to evidence-based medication-assisted treatment as well as recovery services that are accessible, effective, comprehensive, coordinated, and evidence-based. Similarly, SAMHSA’s State Targeted Response to the Opioid Crisis grant program helps states expand prevention, treatment, and recovery support services for individuals with opioid use disorders. SAMHSA’s Behavioral Health Treatment Services Locator should be used to find the nearest existing providers.

How Wisconsin Structured Its Balance of State Continuum of Care

The Balance of State Continuum of Care in Wisconsin is made up of 21 local homeless coalitions in 4 regions that span 69 counties. It costs $250 a year to be a CoC member.

The CoC board has 2 elected representatives from each region—local coalitions vote for their board member representatives. The HMIS Lead Agency holds a seat, and there are up to 5 additional seats that can be filled by one of the following special population agency types: Veterans, Youth, Domestic Violence, People Experiencing Chronic Homelessness, Mental Health, and Alcohol and Other Drug Addiction. Each board member is required to chair a committee.

The CoC holds quarterly meetings and they move across the state. Meetings are 2 days: the first day is a training where CEUs are offered and the second day is a business meeting. These quarterly meetings bring in a small amount of revenue that helps pay for the trainings.
Community-wide overdose prevention and response strategies are especially critical in rural areas where distances to emergency health care can be great. Housing providers and individuals experiencing homelessness themselves can be trained and provided with medications that counter opioid overdoses, such as naloxone. HRSA’s Office of Rural Health Policy manages the Rural Opioid Overdose Reversal Grant Program, which funds the purchase and placement of emergency devices used to rapidly reverse the effects of opioid overdoses and the training of licensed health care professionals and emergency responders on the use of opioid devices.

Additionally, these Strategies to Address the Intersection of the Opioid Crisis and Homelessness offer tactics that communities, providers, and policymakers can use to address the intersection of homelessness and the opioid crisis and highlight resources developed by federal and national partners to support such efforts.

Foster and strengthen relationships with faith-based partners. In many rural areas, faith communities, churches, ministerial associations, and faith-based organizations are primary service providers and philanthropists, making them key stakeholders in efforts to end homelessness. Faith communities may be motivated by a sense of duty, a calling or conviction, and/or a deep compassion that moves them to action. Understanding what motivates faith-based partners is paramount as communities seek to partner with faith-based organizations who do not receive federal, state, or public funding, but have expertise, resources, passion, and staff to bring to the table. There are multiple ways to partner with faith-based partners:

- **Referral Resource**: Faith-based partners can help identify people experiencing or at risk of homelessness and refer them to points of access for coordinated entry processes.
- **Event Sponsorship**: Faith groups can sponsor VA Stand Downs that create connections to housing and services for people experiencing homelessness.
- **Fundraising**: While faith groups may not be interested in or able to make grants or cash donations to the CoC, they may be willing to sponsor a furniture drive or other collection to benefit the CoC’s activities.
- **Flexible Funds and Micro Grants**: Churches are often refuges for those who have nowhere else to turn, and are asked for financial assistance and other needs routinely. A set of local churches could work together to create a flexible fund to address the needs collectively identified with the CoC, such as rental and utility assistance, security deposits, and damage or repairs. Additionally, micro grants can be given to households at risk of homelessness to resolve an immediate crisis. Grants do not have to be paid back, are easy and quick to access, and come with few strings.
- **CoC Board and Committee Participation**: Faith-based providers bring valuable expertise and perspective and should be invited to participate on the CoC Board and/or various CoC committees.
- **Supporting People Who Have Exited Homelessness**: Faith-based communities can partner with housing organizations to provide support the stabilization, success, and community involvement of people who have exited homelessness into housing programs.
Developing Outreach and Engagement Practices that Reach People Experiencing Homelessness in Rural Areas

Homelessness can be harder to spot in rural areas. People living doubled-up or in substandard housing are not easily recognized and people living in unsheltered locations may also be in places that are less visible, such as in woods, campgrounds, in abandoned remote structures, or along river banks. Effective outreach in such environments requires getting creative.

Build trust with nontraditional community partners. To establish comprehensive geographic coverage, rural areas must often rely on a wide array of programs, services, or staff likely to encounter persons who are experiencing a housing crisis. These can include law enforcement, local medical providers, hospital discharge planning staff, postal workers, housing providers, the faith community, employment agencies, the National Park Service and rangers, and local businesses, such as thrift and convenience stores. Because they are embedded in the community, these stakeholders tend to know where to start looking for encampments, abandoned buildings, and other places where people experiencing homelessness might be living. However, these relationships often take persistence and time to develop.

For example, there are fewer options for gas and groceries in rural communities, so convenience store owners and clerks tend to know a great deal about what is happening in the community and can be valuable resources. One housing-focused outreach worker in rural Alabama made a point of getting gas or a snack at a specific gas station every week, which led to a casual relationship.

West Virginia’s Active Approach to Outreach

The West Virginia Balance of State CoC covers 44 mostly rural counties. In 2013, using Projects for Assistance in Transition from Homelessness (PATH) funds, WVCEH hired one full-time employee to provide outreach in 15 counties. A total of three positions were eventually funded to provide housing-focused outreach in 44 counties through PATH and the Emergency Solutions Rapid Re-Housing and Cooperative Agreements to Benefit Homeless Individuals programs, with another individual tasked to Southern West Virginia to provide outreach and navigation funded by the Emergency Solutions Grant program. Identifying resources and documenting needs in each of the counties was the first priority. Outreach workers engaged Family Resource Centers and other nonprofits, businesses, and faith-based entities, and built on existing relationships to maximize the time they spent in these communities.

Outreach workers also taught providers how to administer the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), to gather data about people experiencing homelessness more efficiently, provide a more accurate estimate of the number of people experiencing homelessness, and facilitate the coordinated entry process.

Since maintaining a presence in communities is critical to developing relationships with service providers and potential clients, outreach workers are expected to be self-motivated and independent. Because burnout and turnover can be common, WVCEH places an emphasis on employee satisfaction and offers a generous compensation and benefits package, ongoing training, and flexible hours.

All outreach staff have a program-funded cellphone and laptop. They use technology to map the location of encampments and other places where people experiencing homelessness gather so that they can best utilize resources and offer services. Outreach staff are trained in motivational interviewing techniques, personal safety protocols, and the use of NARCAN in the event of a life-threatening opioid overdose.
conversation about where people experiencing homelessness in the area might go. This resulted in three Veterans and a single mother with two children getting connected to housing. The clerk shared that outcome with other community members, which helped build a trusting partnership between the outreach worker and the community.

**Regionalize your coverage.** Breaking down large areas into a more manageable size can help ensure better geographic coverage. For CoCs that have regionalized structures, for example, each region may be responsible for conducting its own outreach and compiling and managing its own active or by-name list of people experiencing homelessness. Through Wisconsin’s regional coalition structure, there are 21 coalitions and 20 local coordinated entry systems with individual by-name lists (2 of the coalitions merged to manage their systems together), and clients can add their names to different lists depending on where they would like to live. Minnesota adopted a similar client-centered process for making referrals between the respective CoCs; individuals may select and be placed on up to 3 CoC regional lists. The West Central Minnesota and North Dakota CoCs, which share a border and program participants, have a collaborative coordinated entry system, with a Memoranda of Agreement between the CoCs and other stakeholders that covers data sharing, use of common forms, and a joint policy and governing board. They also share a prioritization process and have a shared priority list manager and case consultation meeting.

**Implementing Coordinated Entry Processes that Promote Access for People Across Large Geographies**

An effective coordinated entry system is critical to ending homelessness and to ensuring that communities can connect people experiencing homelessness to housing and services when needed, prioritize people who are most in need of assistance, maximize existing resources, and identify the need for additional resources.

While HUD does not prescribe a single model for coordinated entry, a CoC must incorporate these four key components:

1. **Access:** The coordinated entry process must cover the CoC’s entire geographic area, with access points that are accessible and well-advertised to the people living there.
2. **Assessment:** Each CoC must incorporate a standardized assessment practice across its coordinated entry process.
3. **Prioritization:** CoCs must use the coordinated entry process to prioritize people experiencing homelessness for referral to housing and services. Policies and procedures must describe the factors and assessment information used to make prioritization decisions.
4. **Referral:** Persons experiencing homelessness are referred to housing and supportive services based upon information gathered during assessment and prioritization.

Implementing coordinated entry processes can be challenging for rural areas because of the need to ensure quality control and standardization across a large geographic area, limited paid staff, and fewer providers to serve as access points.

**Involve key stakeholders across the entire CoC in coordinated entry planning and design.** Coordinated entry requires intentional planning and design to be successful. This often requires bringing multiple stakeholders (service providers, mainstream partners, consumers, and people with lived experience) from numerous communities to the table to discuss how coordinated entry will work within their service areas. For example, Montana, which has one statewide CoC, offered coordinated entry design workshops in seven communities that
had volunteered to serve as pilot sites for implementation. Each design workshop was open to any stakeholder that might interact with the crisis response system. While this required a significant investment of time, it was key to securing buy-in from the stakeholders and allowed the group to identify leads in each community, which ensured that implementation would move forward after the conclusion of the workshop.

**Consider structuring processes that best suit the needs of the community, region, or area.** There are multiple ways to structure coordinated entry, and HUD does not dictate a single process or model. The following methods can be used alone or in combination with each other to ensure adequate coverage and access, particularly in large geographic areas:

- **Multisite Centralized Access**
  - Features multiple physical access points, located at population centers or high-volume providers, and possibly separated by subpopulation
  - Primarily offers access and assessment; may include the services of a co-located provider; may be targeted to one of several subpopulations
  - In rural CoCs that have adopted a regional approach, regional sites can serve as access points

- **No Wrong Door**
  - All existing provider locations serve as access points
  - Providers offer access, at least limited assessment, referrals, and the standard services of each provider

- **Assessment Hotline**
  - Telephone- or Internet-based
  - Primarily offers access to the homelessness system; often includes access to other non-targeted services; limited assessment capability
  - Usually operated by 2-1-1 or other designated hotline agency
  - Typically operates 24 hours a day, 7 days a week
  - Some communities use the assessment hotline for initial triage and referrals and then other access approaches are used in later stages of the coordinated entry process

**A Coordinated Entry Pilot in Missouri**

The Missouri Balance of State CoC began its coordinated entry as a pilot project in two regions to explore successes and challenges in a concentrated area. Recognizing that adequate funding would be critical to the success of their coordinated entry efforts, the state also brought together several funders to support staff time and convenings, which are frequent during the planning and implementation phases.

Through the pilot, the CoC learned the importance of creating system-wide standards and documentation that are widely available, the need for multiple champions of coordinated entry to help spread the work that comes with overhauling a homelessness response system, and the importance of peer learning, guidance, and advice.

For Balance of State CoCs that have regionalized approaches, the CoC may establish system-wide standards, but require each region to identify local access points and maintain its own coordinated entry processes and by-name list. For those that have not regionalized, the CoC may identify multiple coordinated entry access points, and then expand its geographical reach to encompass the entire coverage area. The largest and most geographically disparate CoCs may find it useful to combine an assessment hotline with any of the other models.
Building a robust network of referral sources and other partners. No matter the size of the community, the success of coordinated entry depends on the support of diverse stakeholders. Communities should seek out a variety of public, private, and nonprofit partners that can supplement the CoC’s existing resources.

- **Referral Sources:** Police, firefighters, emergency medical technicians, park rangers, game wardens, and the American Geological Survey, among many others, can help identify people living outside or other households experiencing homelessness in rural areas and refer them to coordinated entry. Communities can also work with benefit and entitlement programs, such as the Temporary Assistance for Needy Families (TANF) program, to include question(s) about housing status on their intake applications. Local public school homeless education liaisons, who are responsible for ensuring identification, school enrollment, attendance, and opportunities for academic success of students experiencing homelessness, are also important partners and referral sources.

- **Other Sources of Support:** The United Way has been a prominent partner in many communities, particularly as it relates to coordinated entry. Depending on the size of the local United Way, it may be able to offer staff support or help fundraise to support implementation. United Way often operates hotlines such as 2-1-1, and may be able to serve as the virtual access point to coordinated entry. Community Action Agencies, which have a presence in 99% of counties across America, can also sometimes fill service gaps that other providers cannot meet.

To raise additional funds to support coordinated entry, some communities have approached their local business communities. Chambers of Commerce are a first step in connecting to the business community, as are Rotary or Kiwanis clubs. If none exist in the community, reaching out directly to businesses is the next step. There are national chain stores in many communities, as well as local businesses that can help.

Thinking Outside the Box to Expand Availability of Crisis Beds and Permanent Housing Opportunities

With limited federal and local housing resources, rural areas need to be particularly creative about how to connect households experiencing homelessness to temporary emergency housing and permanent housing.

Provide crisis housing opportunities outside of typical emergency shelter facilities. Given population density, there are typically fewer emergency shelters in rural areas. Additionally, emergency shelter is too often offered with entry barriers such as sobriety and mandatory service or treatment participation. Many rural areas have found success in providing motel vouchers to people seeking shelter or crisis services. Churches and faith-based partners also often play an important role in providing safe shelter to people experiencing housing crises.

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**A Shelter Example in Iowa**

Mapleton, Iowa, has a population of roughly 1,500 people and for years had no emergency shelter options. To address the need, four local churches decided to partner on managing the use of a two-bedroom house, which was at one time a parsonage. Through an arrangement with the local utility companies, utilities are charged only when the house is occupied, reducing annual operating costs. The churches manage concessions at the local baseball fields during the summer. This revenue provides all the funds needed for ongoing maintenance of the building. This informal relationship grew into a sustainable formal partnership and filled a gap in the community’s homelessness response system.
Increase access to affordable housing through development and rehabilitation. The USDA’s Rural Housing Service offers a variety of programs to build or improve housing and essential community facilities in rural areas. The Single-Family Housing Programs provide direct loans or loan guarantees to help low- and moderate-income rural Americans buy safe, affordable housing in rural areas. USDA also offers loans and grants to help rural residents make health and safety repairs to homes. USDA’s Multi-Family Housing Programs offer loans to provide affordable rental housing for very low-, low-, and moderate-income residents, the elderly, and persons with disabilities. Funds may also be used to buy and improve land and to provide necessary facilities, such as water and waste disposal systems. In addition, USDA offers rental assistance to help eligible rural residents with their monthly rental costs. Rural areas should also explore the Low-Income Housing Tax Credit (LIHTC) program, which provides tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income households, and HOME funding, which can be used for tenant-based rental assistance (TBRA).

Develop relationships with landlords. An integral component of a successful strategy for ending homelessness is building and maintaining relationships with private market landlords. In rural areas, where there are often low vacancy rates, maintaining relationships with trusted landlords who have access to available, affordable units is critical. Some CoCs have someone on staff whose primary job function is to build relationships with landlords. This person, who may be called a housing locator or navigator, engages in tasks such as negotiating lease agreements, participating in unit inspections, mitigating landlord-tenant disputes, and attending landlord and realtor association meetings. They might also join local Facebook groups, establish relationships with community partners, and keep up with community boards.

Educate the community on landlord/tenant issues. Communities should consider offering classes or one-on-one coaching for both landlords and tenants on issues such as rights and responsibilities, fair housing, and financial management. Offering a completion certificate can be a tool for the tenant when he or she applies for rental units. This training can often be provided by a HUD-approved housing counseling agency. If no housing counseling agency exists in the rural community, banks are a natural partner to fund classes.

Conduct housing-focused outreach. Having a comprehensive understanding of the housing available in a community not only helps outreach workers make timely referrals for people experiencing homelessness, but also leads to better system integration and collaboration among providers. In rural areas, where single-family dwellings and mobile homes are more common than multi-family properties, housing navigators or outreach workers may need to rely much more upon word-of-mouth to learn about available units. For example, looking
for “For Rent” signs may be more effective than searching Zillow or Craigslist. Outreach workers might also learn of available units by connecting with local churches, shelters, community centers, business owners, and schools.

**Consider expanding shared housing opportunities.** Shared housing is another option for increasing access to permanent housing in rural areas. Shared housing involves placing two or more program participants in an apartment, condo, or single-family dwelling. Having a roommate can reduce isolation, make expenses and household chores more manageable, and maximize living space. Communities have found that shared housing works if each party has a lease, there is an effective approach to compatibility assessment and matching participants, expectations are clear, and there is open and honest communication between all parties. Case management can support this housing option by helping participants develop their communication and conflict resolution skills, assisting each individual to seek out community resources and activities, and ensuring that each individual is supported.

**Additional Resources**

USICH is committed to continuing to expand our efforts to help rural communities mobilize their unique strengths and address their unique challenges for ending homelessness. If you would like to be connected to other rural communities or discuss your needs and challenges, contact your [USICH Regional Coordinator](#). The following resources may also be useful:

- [Housing Assistance Council](#) routinely publishes guidance, toolkits, and other resources that can help rural communities build capacity and expertise.
- [HUD’s Coordinated Entry Policy Brief](#) is designed to help CoCs: understand the core components of coordinated entry by outlining what HUD requires; plan and implement a coordinated entry process appropriate to their needs, resources, and the vision of the CoC’s membership; and consider implementing additional elements beyond basic requirements.
- [USICH’s Strategies for Partnering with Faith-Based Organizations](#) offers tips for creating effective partnerships between homelessness service and faith-based groups.
- [The Community Action Partnership](#) is a national hub that links the nation’s 1,000+ Community Action Agencies to each another.
- [USICH’s Landlord Engagement Strategies](#) outline core components of a single, centralized landlord engagement program.