Cincinnati Family Homelessness Services Study

November 2014
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Two Mothers’ Stories: Shay & Hailey

At age 21, Shay had limited work experience and was overwhelmed by the stress of being a new mom. Shay and her three-month old daughter had been living with a friend because she was unable to afford her own place. But when Shay’s friend remarried, there was no room left in the home for them. She was told she had to leave, but there was no way that she could afford her own apartment, and she didn’t have any other family or friends to turn to.

Hailey and her two young children lived in a public housing apartment, but after taking in a relative who was going through a hard time, she was evicted because the family member wasn’t on the lease. Without enough income to move into a new apartment, and with no family to turn to, she took her children and their few belongings to an abandoned building nearby.

With nowhere else to turn, Shay & Hailey each called 381-SAFE, the number for the Central Access Point, Cincinnati’s family shelter hotline. As the phone rang, they each wondered where they and their children would sleep that night…

Introduction to the Family Homelessness Services Study

Every day in Cincinnati, parents like Shay and Hailey find themselves and their children homeless with nowhere to turn. Each organization serving homeless families does an excellent job of helping families regain stable housing, as evidenced by the outcomes that appear in this study. However, the system as a whole is overwhelmed and unable to meet the needs of the many homeless and at-risk families in Cincinnati. To address this unmet need, St. Vincent de Paul, the Family Housing Partnership, Strategies to End Homelessness and the Executive Service Corps of Cincinnati, in collaboration with numerous local organizations serving homeless families, partnered to conduct the Family Homeless Services Study. The goals of the study were to better document the need through analysis of local data, identify local & national best practices and gaps in the local system, and draw out common themes as a foundation for a community-wide plan addressing family homelessness.

Research for the Family Homelessness Services Study included:

- A review of data on VESTA, the database used by local family shelters, homelessness prevention providers, and after-shelter providers.
- Interviews with frontline staff & leadership at local family shelters, and several other agencies which provide supportive services to homeless & at-risk families.
- Interviews with staff at national foundations, research and policy organizations involved in family homelessness.

This document provides a summary of the initial research findings of the Family Homeless Services Study. Ultimately, the study is intended to lay the foundation for a community-wide strategic plan to address family homelessness, similar to the Homeless to Homes plan for single individuals, to be developed in 2015. For more information about these study findings or the upcoming family homelessness strategic plan, please contact:

Matt Flege
St. Vincent de Paul
mflege@svdpcincinnati.org
(513) 562-8859

Kevin Finn
Strategies to End Homelessness
kfinn@end-homelessness.org
(513) 263-2788
The Family Homelessness Services System: Causes, Programs & Unmet Needs

The diagram on these two pages illustrates the current family homelessness service system based on 2013 data. It is not exhaustive in representing every agency serving homeless & at-risk families, but highlights the programs and services most families turn to when they are at risk of homelessness or have lost their housing.

**Causes of Family Homelessness**

**Internal Factors:** Lack of Education; Limited Income; Lack of Job Skills; Lack of Life Skills; Mental Illness; Addiction; Disability

**External Factors:** Unemployment & Underemployment; Lack of Safe, Affordable Housing; Limited Family Support; Lack of Health Care Access; Domestic Violence; Lack of Childcare

**Profile of a Homeless Family**

80%- single female head of household
34-50%- head of household has a disabling condition*

Average Family Make-up:
Single mom age 30 with two kids ages 6 & under

**Frontline Homelessness Prevention- Emergency Assistance**

St. Vincent de Paul** and other agencies*** in the United Way’s Emergency Assistance Learning Circle provide financial assistance & stabilization services to families who are behind on their rent/utilities and facing eviction.

**In 2013, 9,908 households sought homelessness prevention assistance from St. Vincent de Paul.**

1,090 Households (11%)
were provided homelessness prevention assistance at St. Vincent de Paul Outreach Centers.

3,270 Households (33%)
were referred to a neighborhood based St. Vincent de Paul volunteer group for help.

Neighborhood volunteer groups also receive requests directly, and serve over 4,000 total households per year.

Average Time in Program: One-time intervention
Average Cost per Family: $200-$600
Outcomes: 89% of assisted families avoid eviction for at least 6 months

11% of assisted families face a court eviction hearing within 6 months

5,548 Households (56%)
were Not Assisted

Of these, half were too far behind for a one-time intervention, while the other half were a good fit for the program, but weren’t served due to lack of funds.

A 2011 study found that 36% of qualified families seeking rental assistance who were turned away due to lack of funds went on to face a court eviction

*Disabling conditions include mental illness, addiction, chronic health condition or other disabilities.

**St. Vincent de Paul is the biggest referral destination for the United Way’s 211 social services hotline and provides nearly $1 million in homelessness prevention in roughly 75% of Hamilton County zip codes each year.

The 9,908 requests for rent/utility assistance only reflect applications received at St. Vincent de Paul’s Outreach Centers and exclude calls directly to the agency’s 58 neighborhood based volunteer groups.

***Other emergency assistance providers include Community Action Agency, Mercy Health, the Freestore Foodbank, Christ Church Cathedral, Gifts of the Magi, the Salvation Army and other neighborhood-based agencies.
Family Homelessness Services System
When families have lost their own housing, are living in doubled-up situations, and are in imminent need of entering a shelter, they can call the Central Access Point, the community-wide family shelter and shelter diversion hotline.

In 2013, 2,185 unduplicated families called the Central Access Point.

190 Families* (9%)
were enrolled in the Shelter Diversion Program at Strategies to End Homelessness**

Program Description: financial assistance & case management designed to keep a family out of shelter

Avg. Time in Program- 3-6 mo.
Avg. Cost per Family- $4,235
Outcomes- 89% of families avoid entering shelter for 2 years.

489 Families (22%)
were placed in a Family Shelter within the Family Housing Partnership***

Program Description: Short-term shelter, case management & help finding permanent housing

Avg. Time in Program- 43 days
Avg. Cost per Family- $4,356
Outcomes- 81% of families avoid entering shelter for 2 years.

1,506 Families (69%)
were Not Assisted

Family Shelters & the Shelter Diversion Program are constantly at full capacity. It is unknown exactly what happens to the families who are turned away. However, we know anecdotally that many of these families will “double up” with family or friends (often splitting children up in different households) or sleep in a car, abandoned building or other place unfit for habitation.

58 Families were placed in Permanent Supportive Housing

Program Description: Long-term housing & case management for families with a disabling condition

Avg. Time in Program- 15 mo.
Avg. Cost per Family- $19,768
Outcomes- 81% of families avoid entering shelter for 2 years.

210 Families were enrolled in Rapid Re-Housing

Program Description: housing subsidy & case-management for families with few barriers

Avg. Time in Program- 6-9 mo.
Avg. Cost per Family- $10,723
Outcomes- 81% of families avoid entering shelter for 2 years.

221 Families Exited Shelter
and found permanent or temporary housing independently

19% of Families served in Shelter, Rapid Re-housing and Permanent Supportive Housing re-enter shelter within 2 years.

It is unknown how many families lose their housing but are unable to re-enter shelter due to limited capacity.

*An additional 36 families were served in the Supportive Services for Veteran Families program, which is a shelter diversion program specifically for Veterans and their families.

**Shelter Diversion is managed by Strategies to End Homelessness and administered by the following agencies in 2013: Freestore Foodbank, Jewish Family Services, Mercy Health, Salvation Army and St. Vincent de Paul.

***Family Housing Partnership Agencies: Bethany House Services, Interfaith Hospitality Network, Mercy Health, Salvation Army and YWCA. Note: the YWCA’s shelter is for families escaping domestic violence- their numbers are not included in any of the data above.
Family Homelessness Data Analysis
Data from 2011-2013 in VESTA, Cincinnati’s Homelessness Management Information System, was analyzed for key programs in the family homelessness services system. This does not include the YWCA’s battered women’s shelter data due to confidentiality requirements. An expanded data table can be found in Appendix A.

Profile of Homeless Families
- 80% of homeless families are headed by a single mom.
- The average age of a homeless head of household is 30; the average homeless family has two children ages 6 & under.
- 34% of parents in homeless families are reported to have one or more disabling conditions such as mental illness, addiction, disability or a chronic health problem. The consensus among service providers is that this number is under-reported, and is likely closer to 50%.
- The remaining half of homeless family heads of household have no recognized disabling condition.

2011-2013 Outcomes for Homeless Families Receiving Services
Two outcomes that were analyzed in this study are families’ housing destination when they leave a program (permanent housing, temporary housing or an institutional setting) and the recidivism rate. Recidivism is defined as the percentage of families who enter a family shelter within two years of leaving one of the programs listed below:

<table>
<thead>
<tr>
<th>Program</th>
<th># of Families Served 2011-13</th>
<th>% of Families Entering Permanent Housing at Exit from Program</th>
<th>Recidivism- % of Families Entering Shelter Within 2 Years of Exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter Diversion</td>
<td>265*</td>
<td>82%</td>
<td>11%</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>1,310</td>
<td>64%</td>
<td>19%</td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>701</td>
<td>91%</td>
<td>19%</td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td>144</td>
<td>96%</td>
<td>19%</td>
</tr>
</tbody>
</table>

*Shelter Diversion number of families served is 2012 & 2013 only.

It is important to note that the recidivism rate above only captures families who entered a family shelter. It is unknown how many families lose their housing but do not enter a family shelter because the shelters were full or because they have “doubled up” with another family.

In St. Vincent de Paul’s homelessness prevention program, the agency tracks the number of families who face a court eviction hearing within 6 months of receiving homelessness prevention assistance. From 2011-2013, 11% of families faced an eviction hearing within 6 months. Like the family shelter recidivism rate, this measure does not tell the entire story of a family’s situation, but is an indicator that they are again at risk of homelessness.
Summary of Interview Process

Local Interviews
Interviews were held with more than a dozen local experts on family homelessness, including executive directors and shelter managers at local family shelters, as well as leadership at several organizations providing supportive services to homeless families. A group interview was also conducted at a meeting of the family shelter case managers. See Appendix B for a complete list of local interviewees.

During the interviews, respondents were asked to outline the services their organization provides for homeless families. They were also asked for their views on the causes of family homelessness, best practices & strengths in the current system, and the gaps or unmet needs they observe. Finally, each respondent was asked where they would focus additional resources to better meet the needs of homeless families. Interview responses were compiled and reviewed by the Executive Service Corps to identify common themes. Appendix C contains the list of questions that were asked in each interview. Appendices D and E contain a brief summary of the common responses to the interview questions.

National Interviews
Interviews were also conducted with national family homelessness funders, advocates and researchers. The primary goal of the national interviews was to identify specific best-in-class programs in other cities that could be modeled in Cincinnati. The respondents, however, also shared general feedback on best practices to address family homelessness in the areas of homelessness prevention, services for children, case management, long-term housing solutions and strategic use of funding.

A summary of the best-practice organizations identified in these interviews can be found in Appendix F. St. Vincent de Paul staff will be visiting a small number of selected organizations in January of 2015 to identify additional services the agency can provide to better assist homeless families, and to further examine best practices that can inform the community-wide strategic plan on family homelessness.
Common Themes from the Interviews

Qualitative analysis of the local and national interview results revealed frequent responses relating to the following five themes:

1. **Increase Homelessness Prevention Resources**: Homelessness Prevention is a cost-effective alternative to shelter for many families, and allows families to avoid the trauma and disruption of homelessness. The Shelter Diversion Program and St. Vincent de Paul’s homelessness prevention program each demonstrate successful outcomes, but lack sufficient resources to meet the needs of the many families on the brink of homelessness.

2. **Focus on the Needs of Children**: Increased school readiness, child enrichment and daycare services are needed to minimize trauma and educational delays experienced by many homeless children. On-site counseling/mental health services are needed to better meet the needs of children experiencing homelessness.

3. **Provide Longer-Term, Family-Centered Case Management & Services**: The level of collaboration & case management in the Family Housing Partnership is viewed as a best-practice. However, most case management services are facility or program-based, meaning that families are transferred between multiple case managers as they move through the system. The instability caused by these multiple transfers was identified as a barrier to families achieving long-term stability.

4. **Focus on Long-Term Housing Options**: When a family is in shelter, especially those with special needs and many barriers to stable housing, limited options for affordable and permanent supportive housing can keep families trapped in shelter or lead to recidivism. The community needs to find ways to make more housing options available, and/or make better use of existing housing options to better meet the needs of homeless families.

5. **Strategic Use of Funding**: The major resources for affordable housing programs come from the federal department of Housing and Urban Development through the Continuum of Care for the Homeless, as well as Public Housing Authorities. St. Vincent de Paul and other local emergency homelessness prevention providers rely primarily on individual donors and local foundations. Existing resources may need to be more specifically targeted toward assisting homeless families, and new funding sources may need to be identified to fill gaps in the system and create new services.

The five common themes above are not an exhaustive list of recommendations to fully meet the needs of homeless families. However, these common themes, together with the data analysis in this study, lay a foundation for the community-wide strategic plan on family homelessness to develop specific recommendations for new and enhanced services to meet the needs of homeless families in Cincinnati.
Two Mothers’ Stories Continued

When Shay called the Central Access Point, she and her daughter were placed at the Interfaith Hospitality Network of Greater Cincinnati. She was hosted overnight by caring volunteers from diverse faith congregations who commiserated about late night infant feedings and provided helpful, first-time parenting tips. During the day, Shay worked intensively with a case manager at the Interfaith Hospitality Network Day Center. Together they created a step-by-step plan for what Shay would do to get out of shelter and into her own place. Shay did the work, but her case manager was there to provide support, information and connections along the way.

Soon, Shay found a modest apartment, obtained a full-time job at a local hotel and had signed up for public benefits including childcare assistance and food stamps which helped to make ends meet. Her case manager helped her develop a household budget to ensure she stayed current on her rent, and continued to provide counseling and support when things got tough. Thanks to these aftercare services, Shay and her growing daughter remain happily in their home today.

Hailey, unfortunately, was not so lucky. When she called the Central Access Point, all the shelters were full, so she and her children again slept in the abandoned building. The next day, she went to St. Vincent de Paul. There she was able to receive a voucher for a few nights at a motel, but that was all the help available. She would continue to call the Central Access Point, but if no space opened up, she and her children would be back on the street.

As Shay & Hailey’s stories and the data in this report demonstrate, family homelessness service providers do a very effective job of helping the families they serve, but are forced to turn many away because the system is overwhelmed. No family should be forced to sleep in an abandoned building or car, or split their children up amongst friends & relatives. Just as the Cincinnati community united to respond to the plight of single homeless individuals with the Homeless to Homes plan, our businesses, local government, service providers and faith community must come together to ensure that when a family is homeless or on the brink and calls for help, they are welcomed with open arms.

Note: Shay and Hailey are real individuals whose families were served by Interfaith Hospitality Network of Greater Cincinnati and St. Vincent de Paul in 2014. Hailey’s name has been changed in this story to ensure confidentiality.
# Appendix A - Family Homelessness Data from VESTA

## Table 1: Demographic characteristics of homeless families seeking shelter in Cincinnati, 2011-2013

<table>
<thead>
<tr>
<th></th>
<th>Emergency Shelter</th>
<th>Diversion Program</th>
<th>Rapid Rehousing</th>
<th>Permanent Supportive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of families</td>
<td>1310 (54%)</td>
<td>265 (11%)</td>
<td>701 (29%)</td>
<td>144 (6%)</td>
</tr>
<tr>
<td>Family size</td>
<td>3.3</td>
<td>3.8</td>
<td>3.4</td>
<td>3.8</td>
</tr>
<tr>
<td>Age of head of household</td>
<td>29.9</td>
<td>31.7</td>
<td>28.0</td>
<td>33.4</td>
</tr>
<tr>
<td>Age of oldest child</td>
<td>6.0</td>
<td>6.8</td>
<td>5.6</td>
<td>8.1</td>
</tr>
<tr>
<td>Special needs among head of households</td>
<td>34%</td>
<td>35%</td>
<td>25%</td>
<td>81%</td>
</tr>
</tbody>
</table>

### Household type
- Single female: 80% 76% 86% 77%
- Two parent: 11% 10% 12% 20%

### Household income

<table>
<thead>
<tr>
<th>Intake</th>
<th>Exit</th>
<th>Intake</th>
<th>Exit</th>
<th>Intake</th>
<th>Exit</th>
<th>Intake</th>
<th>Exit</th>
<th>Intake</th>
<th>Exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>896 (57%)</td>
<td>529 (37%)</td>
<td>161 (46%)</td>
<td>401 (49%)</td>
<td>83 (20)</td>
<td>78 (43%)</td>
<td>19 (33)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1 – 500</td>
<td>322 (21)</td>
<td>402 (28)</td>
<td>74 (21)</td>
<td>219 (27)</td>
<td>111 (27)</td>
<td>51 (28)</td>
<td>15 (26)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$501 – 1000</td>
<td>245 (16)</td>
<td>290 (20)</td>
<td>76 (22)</td>
<td>136 (17)</td>
<td>121 (29)</td>
<td>35 (19)</td>
<td>14 (24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;$1000</td>
<td>118 (8)</td>
<td>207 (14)</td>
<td>39 (11)</td>
<td>60 (7)</td>
<td>96 (23)</td>
<td>16 (9)</td>
<td>10 (17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-total</td>
<td>1524</td>
<td>1428</td>
<td>350</td>
<td>816</td>
<td>411</td>
<td>180</td>
<td>58</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Income source at exit

<table>
<thead>
<tr>
<th>Emergency</th>
<th>Diversion</th>
<th>RRH</th>
<th>PSH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned</td>
<td>284 (25)</td>
<td>135 (47)</td>
<td>174 (40)</td>
</tr>
<tr>
<td>Child support</td>
<td>103 (9)</td>
<td>42 (15)</td>
<td>31 (7)</td>
</tr>
<tr>
<td>TANF</td>
<td>488 (43)</td>
<td>40 (14)</td>
<td>174 (40)</td>
</tr>
<tr>
<td>SSI/SSDI</td>
<td>185 (16)</td>
<td>41 (14)</td>
<td>39 (9)</td>
</tr>
<tr>
<td>Other</td>
<td>67 (6)</td>
<td>27 (9)</td>
<td>19 (4)</td>
</tr>
<tr>
<td>Sub-total</td>
<td>1115</td>
<td>285</td>
<td>437</td>
</tr>
</tbody>
</table>

### Prior living situations

<table>
<thead>
<tr>
<th>Emergency</th>
<th>Diversion</th>
<th>RRH and PSH Data Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying or living with family</td>
<td>841 (53)</td>
<td>246 (70)</td>
</tr>
<tr>
<td>Staying of living with friends</td>
<td>332 (21)</td>
<td>73 (21)</td>
</tr>
<tr>
<td>Rental by client</td>
<td>115 (7)</td>
<td>27 (8)</td>
</tr>
<tr>
<td>Emergency shelter, transitional housing, or place not fit for human habitation</td>
<td>171 (11)</td>
<td>0</td>
</tr>
<tr>
<td>Hotel or motel paid by client</td>
<td>83 (5)</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>42 (3)</td>
<td>4 (1)</td>
</tr>
<tr>
<td>Sub-total</td>
<td>1584</td>
<td>350</td>
</tr>
</tbody>
</table>

**Emergency Shelters:** Bethany House Services, Interfaith Hospitality, Mercy Health St. John and Salvation Army.

**Shelter Diversion Program:** Managed by Strategies to End Homelessness, administered by Freestore Foodbank, Jewish Family Services, Mercy Health St. John, Salvation Army, and St. Vincent de Paul (SVDP program closed in 2013).

**Rapid Re-Housing Programs:** Bethany House Services- Family Transitions and Rapid Rehousing; Salvation Army; Continuum of Care Rapid Re-housing.

**Permanent Supportive Housing Programs:** Interfaith Hospitality Network, Salvation Army.
Table 2: Trajectory of families who sought shelter in Cincinnati, 2011-2013

<table>
<thead>
<tr>
<th>Average length of stay in days</th>
<th>Emergency Shelter</th>
<th>Diversion Program¹</th>
<th>Rapid Rehousing</th>
<th>Permanent Supportive</th>
</tr>
</thead>
<tbody>
<tr>
<td>(range)</td>
<td>42 (na)</td>
<td>127 (7 – 281)</td>
<td>258 (13-958)</td>
<td>439 (58-730)</td>
</tr>
<tr>
<td>Destination upon exit</td>
<td>≤ 90 days³</td>
<td>&gt;90 days</td>
<td>≤ 90 days</td>
<td>&gt;90 days</td>
</tr>
<tr>
<td>Permanent (housing rental, with or without subsidy; permanently living with family or friends)</td>
<td>2200 (63%)</td>
<td>338 (74%)</td>
<td>546 (82%)</td>
<td>78 (57%)</td>
</tr>
<tr>
<td>Temporary (emergency shelter, transitional housing, staying with family or friends temporarily, safe haven, hotel or motel)</td>
<td>1206 (34%)</td>
<td>121 (26%)</td>
<td>120 (18%)</td>
<td>39 (29%)</td>
</tr>
<tr>
<td>Institutional/Other (foster care, psychiatric facility, hospital, jail, substance abuse center, deceased)</td>
<td>99 (3%)</td>
<td>0 (0%)</td>
<td>19 (14%)</td>
<td>17 (2%)</td>
</tr>
<tr>
<td>Sub-total</td>
<td>3505</td>
<td>459</td>
<td>666</td>
<td>136</td>
</tr>
<tr>
<td>Recidivism⁴</td>
<td>All⁵</td>
<td>HH⁶</td>
<td>All</td>
<td>HH</td>
</tr>
<tr>
<td>Length of stay in days</td>
<td>673 (17%)</td>
<td>228 (19%)</td>
<td>78 (11%)</td>
<td>22 (11%)</td>
</tr>
</tbody>
</table>

¹ Length of stay in days
² Percent exiting who returned to homelessness within 2 years, 2011-2013 (unique counts)
³ All household members
⁴ Households
⁵ All
⁶ HH
Appendix B- List of Local Interview Respondents

Local Interviews- Family Housing Partnership

Susan Schiller, Executive Director, Bethany House Services
Darlene Guess, Program Director, Bethany House Services
Georgine Getty, Executive Director, Interfaith Hospitality Network of Greater Cincinnati
Stacey Hall, Director of Shelter and Housing, Interfaith Hospitality Network of Greater Cincinnati
Janice Clay, Team Leader, Temporary Housing Program, Mercy Health St. John
JoAnn McIntosh, Shelter Director, Salvation Army
Debbie Brooks, Executive Vice President, YWCA
Jennifer Sitler, Shelter Director, YWCA Battered Women's Shelter
A focus group was also conducted with all of the Family Housing Partnership Shelter Case Managers

Local Interviews- Supporting Organizations

Geoffrey Hollenbach, Director Runaway & Homeless Youth Division, Lighthouse Youth Services-
Margo Spence, President/CEO, First Step Home
Jacqueline Thomas, Director, Project Connect
Jim Ashmore, Hamilton County Job and Family Services
Appendix C- Local Interview Questionnaire

Family Homelessness Services Study
Local Interview Questionnaire

Organizational Information
1. Name of organization
2. Your name, title and role
3. What are the services associated with family homelessness provided by your organization?
4. In which of the following, does your organization’s services apply:
   a. Family Homeless Prevention?
   b. Housing (shelter, transitional, affordable, permanent)?
   c. Case management?
   d. Support to maintain housing?
   e. Support to prevent homelessness recidivism?
   f. Other?
5. What are your organization’s funding sources?
6. Who do you partner with in providing your services?
7. How do families connect with your organization?
8. Do you have a follow-up process with families assisted? What does it include?

Information on the local Family Homelessness Situation
1. What do you see as the top three causes of homelessness among families?
2. What services do you think are needed in order to help move families into stable housing?
3. What other services would help ensure that families do not return to homelessness?
4. What do you see as the three biggest gaps or barriers in the case management or support services designed for homeless families? How could the community better address them?
5. What do you see as the three biggest gaps or barriers in services provided specifically for children in homeless families? How could the community better address them?
6. What is your assessment of the current Family Shelter situation in Greater Cincinnati? Specifically, which organizations (besides this one) are doing a good job?
7. Is there sufficient coordination across Greater Cincinnati organizations currently providing family homeless shelters? How could coordination be improved?
8. If you had $10,000,000 to use to address family homelessness in Greater Cincinnati, describe how you would recommend using it.
9. Are you familiar with other programs or services dedicated to family homelessness in other cities that are not being offered in Greater Cincinnati?
10. What do you think are “Best practices” in dealing with the family homelessness issues?
11. Have you been involved in any training for best practices?
12. Is there anyone else that you’d recommend that we talk with, outside your organization?
13. Are there any other comments or information you would like to share regarding how the issue of family homelessness in Greater Cincinnati can be best addressed?
### Appendix D - Summary of Local Interview Responses

The table below represents a summary of common responses collected in the local interviews.

<table>
<thead>
<tr>
<th>Question</th>
<th>Summary of Common Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family homeless services provided?</td>
<td>Housing, programs, financial assistance, education, case management, children's programs, daycare</td>
</tr>
<tr>
<td>Which services apply: Family homelessness prevention, Housing, Case management, Support to maintain housing, Support to prevent recidivism.</td>
<td>Family homelessness prevention Housing Case management Support to maintain housing Support to prevent recidivism</td>
</tr>
<tr>
<td>What are your funding sources?</td>
<td>Grants, (primarily through HUD sources), donations</td>
</tr>
<tr>
<td>Who are your service partners?</td>
<td>Many partners were identified</td>
</tr>
<tr>
<td>How do families connect with your organization?</td>
<td>Central Access Point and YWCA's domestic violence hotline</td>
</tr>
<tr>
<td>Do you follow-up with families assisted? How?</td>
<td>Mostly through case management, some aftercare with financial aid for rent and utilities</td>
</tr>
<tr>
<td>What do you see as the top three causes of homelessness among families?</td>
<td><strong>Primary cause of family homelessness:</strong> Lack of money (income).  <strong>Reasons:</strong> Parents cannot find or hold sustainable jobs; lack education/skills; have mental health/substance abuse issues; domestic problems. In some cases there is lack of motivation to work, or a sense of entitlement, reflecting a cycle of dependency and expectation of transience (intergenerational poverty).</td>
</tr>
<tr>
<td>What services are needed to move families into stable housing?</td>
<td>Treat each family as a separate case. Some have special needs: mental health, substance abuse, domestic issues. Generally; provide increased levels of case management at each step of their progress (intake, coming out of sheltering, placement into affordable housing, training, job placement, and beyond). Parents need financial help with rent, utilities, healthcare, childcare and transportation after placement into affordable housing. Give families time to become self-sufficient.</td>
</tr>
<tr>
<td>What other services would ensure families do not return to homelessness?</td>
<td>Provide better mental health access, educational opportunities, case follow-up, more affordable housing.</td>
</tr>
<tr>
<td>What are the 3 biggest gaps in support services for homeless families?</td>
<td>Better coordination among service providers for smoother transition in services (suggest cross-training staff). More case managers at all levels of assistance, particularly in mental health. Consistent access to a primary care physician particularly for new mothers. Remove guidelines that cannot be met by homeless from some programs (such as curfews).</td>
</tr>
<tr>
<td>What is your assessment of the current Family Shelter situation in Cincinnati?</td>
<td>Shelters work well together; need for more shelters; family shelter space is limited, especially for larger families. Case loads are increasing.</td>
</tr>
<tr>
<td>Which organizations are doing a good job?</td>
<td>FHP, shelters, Project Connect, Faces without Places and CAP all well regarded</td>
</tr>
<tr>
<td>Question</td>
<td>Summary of Common Responses</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Is there sufficient coordination across Cincinnati organizations providing family homeless shelters? Suggest improvements.</td>
<td>Coordination seen as strength overall. Working Group viewed as a good first step to get leadership to the table &amp; to coordinate more long term planning. Need for more coordination among agencies from a client perspective identified -- simplifying navigation between agencies and services.</td>
</tr>
</tbody>
</table>
| If you had $10 million to address family homelessness in Cincinnati, how would you use it? | Top themes
Education - including education for parenting, life skills
Employment
Affordable housing
Longer term housing assistance, with supportive services
Case management
overall theme, issues interrelated: need education to get good employment to afford housing; longer term, supportive and case management are all needed services |
| Are you familiar with family homelessness programs in other cities that Cincinnati should consider? | Dayton; Las Vegas and Grand Rapids IHN (noted, surprisingly little information in this area)                                                                                                                                 |
| What are "best practices" in dealing with family homelessness issues? | Intra- and inter-agency collaboration of well-trained staff; quick stabilization of families; rapid re-housing                                                                                                                                 |
| Have you been involved in any training for best practices? | In-service training for social workers that yields CEUs                                                                                                                                                                       |
| Is there anyone else we should talk with outside your organization? | Strong recommendation to talk with "front-line" workers. Such an effort might help us understand the causes of homelessness and recidivism.                                                                                                                                 |
| Other comments regarding family homelessness: | Answers to this global questions were predictably diverse:
1. Need for furniture (seems to match the SVDP resources in their stores)
2. Need to provide nuanced and lengthy care. |
Appendix E - Family Shelter Case Manager Focus Group Notes

Meeting with Family Shelter Partnership Case Managers
January 27th, 2014

Shelters Represented: Bethany House Services, Interfaith Hospitality Network, Mercy Health, YWCA

Barriers faced by families in reestablishing housing:
- Child Care
- Education
- End of TANF/OWF eligibility per welfare reform for a significant % of families
- Behavior/mental health issues of children causing parents to miss work and lose jobs

Contributing factors to repeat instances of homelessness:
- No viable skill sets
- No work history
- Pervading sense of entitlement that challenges survival skills/instincts
- Relatively short shelter stays in relation to time needed to address deficits

What helps/would help:
- Having integrative mental health care including on site assessment and services in the shelter environment for both adults and children was given high priority
- Better education (this was a longer term suggestion)
- Offering/requiring support/life skills group attendance in the shelter
- Offering post-shelter services
- Shelters should be flexible in determining the form these services take. Services that require some level of participation such as periodic check ins, attendance at life skills classes, etc. are not seen as being effective. The most effective are those that:
  - Welcome contact from former shelter residents under any circumstances without judgment or criticism
  - Are prepared to help former residents address life problems that threaten their new found stability (eg: helping pay rent needed due to a lay off)

What is not recommended:
- Mentoring programs – Relationship structure seen as too indefinite

Special needs of children:
- Children have a tremendous need to experience a sense of safety/reassurance in the face of their parents’ behavioral problems rooted in mental illness and/or addiction. THIS IS A MENTAL HEALTH PROBLEM.
- Children need a shelter to provide an environment where they can be kids.
Appendix F- National Interview Summary

Interviews were conducted with the following funders, researchers and advocates on family homelessness:

1. Sharon McDonald- National Alliance to End Homelessness
2. Carmela J. DeCandia, Psy.D.- The National Center on Family Homelessness
3. Douglas Argue- The Coalition on Homelessness and Housing in Ohio (COHHIO)
4. Chris Bochenek- The Carol Anne and Ralph V. Haile Jr./U.S. Bank Foundation
5. Josh Leopold- Urban Institute
6. Anthony Forte- US Department of Housing and Urban Development, Ohio

A summary of the best-practices and model organizations identified in the interviews can be found below. The organizations and practices have been grouped by their correspondence with the five common themes identified earlier in the study. The number in parenthesis next to the practice indicates which of the respondents above made the recommendation.

Homelessness Prevention

Practice: Diversion Strategies (4)
Agency or Community Practicing: Building Changes in Seattle, Washington
Description: Model to address family homelessness and employment using a client-centered team approach with a "navigator". DOL Workforce Innovations Funds are used to expand, replicate and test out this model. It is based on rapid re-housing (or the housing first concept), with assistance before and after and connections to other services needed. Early engagement quickly moves families from the street to housing, avoids costly interventions, and frees our limited shelter resources for those who have no other option. Early Engagement to include: Housing Search, Financial Assistance (Move-in, Utility, Transportation), Landlord Support, Legal Services, Mediation, Connection to Mainstream Services (child care, employment).

Practice: Home Start (5)
Agency or Community Practicing: Home Start- Boston
Description: prevention, rapid re-housing and stabilization. HomeStart is an example of a nonprofit organization formed for the purpose of preventing housing loss and moving individuals and families who are experiencing or at-risk of homelessness into affordable permanent housing and providing the housing stabilization supports necessary to help them keep their housing.

Practice: Homebase (5)
Agency or Community Practicing: New York City – Homebase – NYC Department of Homeless Services
Description: Homebase is a network of eight community-based agencies in 13 offices across NYC. It provides three services: Prevention for families and individuals in a housing crisis; Diversion for those who have applied for shelter; Aftercare for those coming out of shelter. Homebase developed profiles of families most likely to become homeless and then applied those models throughout the city to prioritize its offers of assistance. Candidate families were then offered a range of services. The program provides intensive, extensive services. Now includes families who were at lower risk for homelessness. They were offered greatly reduced services, but this was also successful. Collaborating with mainstream resources for the most effective provision of services; community, at the courts, in the job centers, and at the shelter door, TANF are used in combination with Homebase to pay rent arrears, assist with deposits and moving expenses, remediate benefit issues, and encourage the use of work supports for at-risk households transitioning to long term stability.
**Services for Children**

**Practice:** Early Education Home Visiting (1)  
**Agency or Community Practicing:** Philadelphia (Health Federation); New York City (Parent-Child Home Program); San Francisco (AfterCare Project)  
**Description:** Early Education home visiting programs provide parent education, child development and support services to low-income, at-risk young children and their families. Home visits may incorporate modeling behavior and suggestions on how the existing environment can be used to stimulate development.

**Practice:** Trauma-Informed Care (improved delivery of services) (2,3)  
**Agency or Community Practicing:** None cited  
**Description:** Strategic plans for homeless service providers; trauma-informed care organizations, programs, and services are based on the understanding vulnerabilities of trauma survivors (children and adults) that traditional service delivery approaches may exacerbate, so that these services can be more supportive and avoid re-traumatization.

**Practice:** Homeless Prenatal Program (2)  
**Agency or Community Practicing:** Homeless Prenatal Program, San Francisco, CA  
**Description:** "Homeless Prenatal Program", San Francisco, CA. is a 25 year old nonprofit community based agency. HPP provides a variety of services for homeless young families with expectant mothers. They provide case managers, financial assistance and training to help families find and keep stable housing. Also, they provide childcare and emergency needs as well as mental health and domestic violence services.

**Agency or Community Practicing:** Horizons for Homeless Children, Dorchester, MA  
**Practice 1:** Child Early Assessment (2)  
**Description:** When entering a shelter, all children of a homeless family under age 6 are assessed (example, using the proven and commercially available "Ages & Stages" assessment tool).

**Practice 2:** Children’s Playspace (2)  
**Description:** Provide child friendly play stations called "Playspace" in all family shelters. This program is based on the evidence that appropriate play is essential for child development.

**Practice:** Homeless Education Liaison (3)  
**Agency or Community Practicing:** None cited  
**Description:** Education is a key issue in homeless children’s services, specifically keeping the children in their regular schools whenever possible. If they can't stay in their regular schools, they should "...have full and equal opportunity to succeed in schools of that local educational agency." "District Liaison" provides professional development for school staff to build awareness of the educational needs of homeless students, provide training for parents, distribute materials, tutoring supplies and clothing to schools, and conduct needs assessments.

**Practice:** Family Crisis Prevention Center (6)  
**Agency or Community Practicing:** Franklin County Family Crisis Prevention Center, Nationwide Children's Hospital  
**Description:** Family Crisis Prevention Center that is connected with Nationwide Children’s Hospital. It is a child advocacy program and facility. It has everything from children’s services to court services with the children’s or family court in Franklin County. They have a wide array of people: detectives, family court representative, homelessness providers, medical providers all in one location.
Family Centered Case Management & Services

Practice: Denver Road Home (4)
Agency or Community Practicing: Road Home, Denver, CO
Description: Collaboration between the city and county of Denver, Mile High United way, homeless service providers, foundations, businesses, faith-based organizations and the greater community, works by connecting homeless men, women, children and families to affordable housing with wrap-around support services, which enable them to live a life of self-sufficiency. Several programs (two examples):

Fresh start: The collaboration uses six beds from the existing Motel Voucher Program in a new way, allowing more flexibility, a longer stay and intensive case management for those clients who have not been successful in traditional shelter programs. Rather than these clients using their time at the motel to seek other shelter, the goal of Fresh Start clients is to obtain permanent housing with the appropriate level of supportive services. In addition to the Women’s Fresh Start Program, the collaborative is also piloting a Couple’s Fresh Start Program aimed at filling the gap in shelter and services for couples without children.

Project Homeless connect. Events in partnership with the Mile High United Way, brings service providers and community volunteers together in one location to connect individuals and families experiencing homelessness with much-needed resources. Guests are able to walk away with tangible services that would be difficult and burdensome to obtain otherwise, while also making valuable connections with service providers. Services provided include acquisition of IDs and birth certificates, medical screenings, benefit assistance, homeless court, haircuts, hygiene kits and numerous other community resources.

Agency or Community Practicing: St. Mary's Women's and Children's Center, Dorchester, MA
Practice 1: Stabilization Workers (1)
Description: Coordinated tracking of homeless families as they progress toward housing stability. While each shelter has assigned case workers, there are "stabilization workers" that follow families as they transition from emergency shelters to stable housing.

Practice 2: Women@Work Plus (2)
Description: 22 week job readiness program that addresses the vocational needs of women who face multiple barriers to employment. Participants are connected to day care, housing assistance, mental health and educational/vocational resources. This program has two unique features: 1) Rather than job skill training and then a job, participants get a job first and are provided with strong support, particularly in soft skills such as getting to work on time. 2) After about eight weeks into the program, participants begin to lose commitment because family support begins to weaken. This condition is overcome by including family members in the process with the addition of "Family Night" where family members feel they are helping. It is important that the job opportunities offered to the participants provide a career track for growth. Key to success of this program is involvement of the business community in areas such as; health care, real estate, and higher education. In collaboration with Bunker Hill Community College, trainees can begin learning for their higher education.

Practice: Critical Time Intervention (1)
Agency or Community Practicing: Second Chances Program, Westchester, NY
Description: While not evidence based for families, a practice called "Critical Time Intervention" (CTI) is being adapted to young homeless families and is designed to provide continuous assistance as families transition from shelters to stable housing. CTI is a time-limited, structured case-work model that utilizes "Housing First" as a model. Designed for young, single mothers, CTI builds on their strengths and instincts while increasing access to tangible supports such as housing, income and health care, and helping strengthen...
emotional supports by connecting to their community, family and friends. It is a nine month program divided into three phases during which a dedicated case worker maintains contact with the family during their transition.

**Practice:** Motivational Interviewing Skills (1)

**Agency or Community Practicing:** None cited

**Description:** "Motivational Interviewing Skills" developed and used by providers of homeless services. Defined as "a collaborative conversation style for strengthening a client's own commitment and motivation to change". The idea is not to confront the person being interviewed with their short comings, but rather bring out their own ideas which will motivate them to change. Practitioners are typically trained during intensive two-day on-site training sessions with regular follow-up learning to reinforce skills. Also, the Center for Social Innovation has developed an on-line "Interviewing Simulator" and an e-book, both available without charge. The simulator allows users to practice MI skills by working with a partner and playing roles of a clinician and a client in a clinical setting. The book supports retention of skills to improve the quality of care provided.

**Practice:** Tracking Progress of Homeless Families (3)

**Agency or Community Practicing:** Community Shelter Board, Columbus, OH

**Description:** An emerging best practice is to assign a case manager to follow a homeless family from beginning to end, no matter what housing they are provided. The Columbus & Franklin County Continuum of Care has adopted this model and their lead agency, The Community Shelter Board, has recently contracted with specific agencies in the City to provide the case management services including this provision. This is an evidence based model but Columbus has just started using it and probably has few results yet.

**Long-term Housing Solutions**

**Practice:** Heading Home (5)

**Agency or Community Practicing:** Minneapolis, Heading Home Hennepin – Hennepin County Office to End Homelessness

**Description:** *Hennepin Housing First Partnership* is a collaboration between the county, the state, housing service providers, landlords, and the business and faith communities. It provides for immediate placement into mainstream rental housing, provides intermediaries between residents and landlords, and follows residents through interruptions in housing. *Homeless Prevention* provides short-term financial and/or legal assistance to help keep families in existing housing. The targets for this program are people who can ordinarily afford housing except for an unforeseen financial crisis. *Rapid Exit* focuses on getting the correct assistance to families that are in emergency shelters to get them into housing. It is provided by non-profits using county, state, and federal funds. Evaluation showed that both *Homeless Prevention* and *Rapid Exit* cost 20-30% of the cost of emergency shelter episodes. *Evaluation of Prevention Services* – In 2010, the County conducted a comparison of the characteristics of families receiving prevention services and those who entered emergency shelters between 2008 and 2009. They saw many similar characteristics but were surprised to find important differences across the two groups. In general, compared to those who received prevention services, those in shelter:

- Had a much lower average income
- Had paid a much larger percentage of their income for housing
- Had more experience with homelessness
- Were younger
**Practice:**  Road Home (1, 5)  
**Agency or Community Practicing:**  Salt Lake City – The Road Home  
**Description:**  Public/Private Partnership: the Utah Department of Workforce Services collaborates with The Road Home, a non-profit, to provide rapid re-housing through employment and related case management. Workforce Services co-locates staff at The Road Home so that families get connected to benefits and receive the intensive employment services needed to quickly find jobs. Workforce Services provides TANF funds to cover the first four months of families’ rent while rapidly re-housed parents search for employment. The Road Home offers housing search assistance and help negotiating with landlords, follow up case management services, and any additional rental support required for families to achieve housing stability. Using a progressive engagement approach to delivering both rental assistance and case management services, The Road Home delivers the minimum level of assistance needed for family stability unless ongoing assessment indicates additional help is needed.

**Practice:**  Management Company for affordable housing (6)  
**Agency or Community Practicing:**  Community Properties of Ohio (CPO), Columbus, OH  
**Description:**  Case management inclusive of affordable housing; CPO is an organization created as a management company for subsidized affordable housing. It was created for targeting individuals below the 50% median income level. They are small multi-family properties with a portfolio of about 1,500 units. In restructuring, CPO had to create an array of social and support services for the households they serve with interrelated family case management processes to determine needs and use of external partners to provide for the needs of the families they serve.

**Strategic Use of Funding**

**Practice:**  Innovative Use of TANF to address homelessness (1)  
**Agency or Community Practicing:**  Idaho, Utah, New Jersey  
**Description:**  Innovative communities are making use of TANF-funded short-term rent assistance to help families avoid or quickly escape homelessness; via rapid re-housing and aftercare, including help connecting parents to employment. The Idaho Department of Health and Welfare: TANF funds are used to provide four months of rental assistance and intensive case management services. The Utah Department of Workforce Services uses TANF funds, administered by a homeless service provider, to provide four months of rent assistance to help Salt Lake City homeless families reconnect quickly to housing. Workforce Services also assigns a staff to the homeless service agency to help rapidly re-housed families connect quickly to employment. The Mercer County Board of Social Services rapidly re-house and then use its own caseworkers to provide housing search assistance, landlord negotiation, employment services, and case management to homeless families.

**Practice:**  The Workforce Investment Act (2)  
**Agency or Community Practicing:**  No reference  
**Description:**  The National Transitional Jobs Network and their publication "The Workforce Investment Act (WIA): Homeless System Innovation & Recommendations". This Federal law passed in 1998 provides access to employment and training services for all job seekers, including individuals experiencing homelessness, however it appears to be underutilized by the homeless.