ANNUAL REPORT

Progress Report on Ending Homelessness

STATEGIES TO END HOMELESSNESS
prevent. assist. solve.
At Strategies to End Homelessness, we believe that homelessness is a problem that our community can solve by taking a systemic, coordinated, and strategic approach. Our mission is to lead a coordinated, community effort to end homelessness. Therefore, we work to connect and coordinate resources and organizations that impact homelessness toward the common goal of ending homelessness.

Prevent. Assist. Solve.

Strategies to End Homelessness is the leader of a coordinated system of care for the homeless in Cincinnati/Hamilton County. Our goal is to reduce homelessness by 50% by 2017.

We plan to accomplish this goal by preventing as many people from becoming homeless as possible, providing high-quality assistance to people who are homeless, and offering solutions to homelessness through housing.

Through an integrated network of 30 homeless service organizations, we provide a centralized emergency shelter hotline, homelessness prevention, street outreach, emergency shelter and housing services, all working together to eliminate homelessness.

Homelessness is a complex social issue with interconnected causes, such as high unemployment, a lack of affordable housing and education, mental illness and substance abuse. Such a vast and far-reaching societal problem can only be solved through a systemic, inclusive, community-wide approach designed around meeting the individualized needs of at-risk and homeless households.

Strategies to End Homelessness facilitates open, community-based evaluation processes for grant decision-making. We also monitor program outcomes and use data to ensure that resources and funding will continue to be available to frontline homeless services agencies, and that those resources are being used to reduce the number of people who experience homelessness in our community.

1995 US Department of Housing and Urban Development (HUD) requires community homeless service providers to organize into systems known as “continuums of care for the homeless”

1996-2007 The Cincinnati/Hamilton County Continuum of Care was a community process for managing homeless services, which was overseen by Partnership Center Ltd.

2007 Local Continuum of Care process was incorporated into a free-standing, non-profit: the Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc., which contracted with the City and County to lead the local continuum and oversee HUD funding distribution
Dear Friends:

The goal of Strategies to End Homelessness, Inc. is to reduce homelessness by 50% in five years (2012-2017) and eventually to end homelessness in our community. Our strategy for accomplishing this goal has three parts:

- Stop as many households as possible from becoming homeless. Let’s provide targeted and efficient homelessness prevention services to intervene with people who are most at-risk.
- Offer high-quality, comprehensive services focused on assisting people back into housing quickly—our goal is not to make homelessness comfortable or to warehouse people in facilities that do not offer solutions to the problem.
- If homelessness is the problem, housing is the solution, so housing options need to be available which will allow people to return to independence and stability.

To do these things, we partner with and coordinate the efforts of 30 local agencies. While individually these organizations might be providing prevention, street outreach, shelter, or housing, together we are having a collective impact far beyond what we could have accomplished working in isolation or without coordination.

In addition, developing effective strategies and achieving a high level of coordination requires systemic data that is complete and accurate. We have such data available to us through VESTA®, our local Homeless Management Information System (HMIS) which is used by our partner agencies and was developed by the Partnership Center, Ltd. With VESTA data, we can look at homelessness in a way that most communities cannot imagine, see trends, and identify solutions.

While we are focused on ending homelessness in the City of Cincinnati and Hamilton County, we are also having an impact on the national discussion. Our local implementation of best practice solutions and our high-quality data collection system are putting us at the forefront of solving homelessness. However, everything we are doing as a coordinated system depends on the direct services provided by our partner agencies (listed to the right) and their commitment to meeting the basic needs of those we all seek to serve.

Sincerely,

Peg Moertl
Board Chair

Kevin Finn
Executive Director

Partner Agencies

- Bethany House Services
- Caracole, Inc.
- Catholic Worker House
- Center for Independent Living Options
- Center for Respite Care
- Cincinnati Health Network
- Cincinnati Union Bethel
- CincySmiles Foundation
- City Gospel Mission
- Downtown Cincinnati, Inc. – Block by Block
- Drop Inn Center
- Excel Development
- Freestore Foodbank
- Greater Cincinnati Behavioral Health
- Hamilton County Mental Health and Recovery Services Board
- Interfaith Hospitality Network
- Jewish Family Service
- Joseph House
- Lighthouse Youth Services
- Mercy Health
- Northern KY Independent District Health Dept.
- Nothing Into Something Real Estate
- Ohio Valley Goodwill Industries
- Over the Rhine Community Housing
- Prospect House
- St. Vincent de Paul
- Talbert House
- Tender Mercies
- The Salvation Army
- YWCA of Greater Cincinnati

2008 The City of Cincinnati passed the Homeless to Homes ordinance, tasking the Continuum of Care, Inc. with developing a comprehensive community plan for improving services for homeless individuals. The Continuum of Care, Inc. began operating the Central Access Point (CAP), a centralized shelter intake and referral hotline.

2009 With input from the community, the Homeless to Homes Plan is completed and adopted by Cincinnati City Council and the Hamilton County Commission; the Continuum of Care, Inc. oversees federal Homelessness Prevention Rapid Rehousing (HPRP) funds in collaboration with the United Way of Greater Cincinnati and local emergency assistance agencies.

2012 Took the new name “Strategies To End Homelessness” to reflect the organization’s expanding role in the community with increased responsibility for funding and strategic oversight.
Strategies to End Homelessness has earned a broad oversight role within the homeless services community, impacting each part of the system that serves at-risk and homeless people. Our responsibilities include:

- **Homelessness Prevention**— Prevention and shelter diversion services are intended to stop as many people as possible from becoming literally homeless, meaning having to reside in a place not meant for human habitation (e.g. on the streets) or in an emergency shelter. Homeless prevention targets and assists households before they need to enter a shelter or live on the streets. Working in collaboration with United Way of Greater Cincinnati, St. Vincent de Paul, the Freestore Foodbank, Mercy Health - St. John and Jewish Family Service, the program provides direct financial assistance and intensive case management services.

- **The Homeless to Homes Plan and Initiative**— With input from a wide coalition of community leaders, service providers, funders and faith-based organizations, we helped create and implement an ambitious and comprehensive plan to improve the local emergency shelter system, increase transitional and permanent housing options.

- **The Central Access Point (CAP)**— Operated by Strategies to End Homelessness as a centralized emergency shelter hotline, ensures that households and individuals reaching out for shelter are first considered for prevention services. CAP then connects those who require shelter or housing with the most appropriate services that increase their chances of success, compared to offering whatever service is most readily available.

- **The Continuum of Care for the Homeless**— Using Department of Housing and Urban Development funding, we coordinate the annual application for funding for Rapid Rehousing, Transitional and Permanent Supportive Housing, as well as a wide variety of homeless services. Strategies to End Homelessness oversees the evaluation of funding requests and distributing these funds across the network of service providers. Since 2008, we have secured and allocated over $60 million to serve homeless people throughout Hamilton County.

56% of the people assisted by homelessness prevention services were children, and 19% were under age 5

Who is considered homeless?

Any discussion of the number of people experiencing homelessness must begin with a clarification of who is being counted as homeless. For purposes of this report, a person is considered homeless if he or she is: 1) sleeping in a place not meant for human habitation (such as on the streets, under a bridge, etc.), or 2) a current resident of an emergency shelter, or 3) in transitional housing. Specifically, the data in this report referring to people who are homeless does not include people who are living in doubled-up situations, relying on the good will of others for a place to stay, nor does it include people preparing to exit institutions (e.g. hospital, jail) without an identified place to go upon exit.

- **30%** are children under the age of 18
- **21%** are age 12 or under
- **9%** are children not accompanied by an adult

HMIS data indications for 2012
The Big Picture

According to VESTA®, our local Homeless Management Information System (HMIS) which is operated by the Partnership Center, Ltd., the total unduplicated number of people on the street and in shelters in Hamilton County during 2012 was 7,013. The total number of people served in shelters was 6,618 (94%), while the total number in places not meant for human habitation was 1,108 (16%). Some people were served in both situations during the year.

People Served on the Streets & in Shelters

<table>
<thead>
<tr>
<th>Year</th>
<th>Street &amp; Shelter Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>6,900</td>
</tr>
<tr>
<td>2008</td>
<td>6,780</td>
</tr>
<tr>
<td>2009</td>
<td>6,938</td>
</tr>
<tr>
<td>2010</td>
<td>6,565</td>
</tr>
<tr>
<td>2011</td>
<td>7,135</td>
</tr>
<tr>
<td>2012</td>
<td>7,013</td>
</tr>
</tbody>
</table>

The unduplicated total of 7,013 was a 2% decrease from 2011, but a 1.5% increase over 5 years since 2007, less than might have been expected during a timeframe that encompassed the “Great Recession.” National data on homelessness from 2012 has yet to be released.

Understand homelessness is:

- A short term crisis: On any given night, approximately 750 people are on the street or in shelter in Hamilton County. Therefore, with more than 7,000 unduplicated people on the street and in shelters per year, the homeless population turns over almost 10 times per year.
- A problem which affects families and children: 56% of the people assisted by homelessness prevention services in 2012 were children, and 19% were under age 5.
- A problem which can be solved: In 2012, 78% of shelter residents exited to housing.

61% are male and 39% are female

66% are African American and 34% are White and 3% are mixed race

13% of adults are veterans

34% of adults suffer from mental illness

62% of adults have a disabling condition and 36% of those have more than one condition
What Progress Looks Like

Prevention First

Prevention is an effective strategy for reducing homelessness. According to local estimates, it is far less expensive to prevent a person from becoming homeless than to help them after they are homeless. In 2012, the estimated average cost per person served in homelessness prevention was $787, which is 60% less than the estimated cost of $1,322 per person served in an emergency shelter.

The single largest source of funding for programs related to homelessness is the U.S. Department of Housing and Urban Development (HUD). Historically very limited HUD funding has been available for homelessness prevention, while only funding programs for people who are already homeless. However, the American Recovery and Reinvestment Act (ARRA—better known as the federal stimulus package) for the first time made significant funding available for homelessness prevention. Locally, we began using these funds to serve households at risk in July 2009.

While the number of people finding themselves on the streets and in shelters has seen only a slight increase since 2007, the number of households served in homelessness prevention, households, which may have very well become homeless without this resource, has grown dramatically. This new resource has served to keep homeless numbers relatively stable.

Congress did not renew stimulus funding for prevention, so the funding ended in July 2012. Later in 2012, Emergency Solutions Grant (ESG) funding became available for prevention, but at a much more modest funding level. As a result, funds available for prevention are projected to be significantly lower into the future.

In short, if homelessness prevention services had not been available in recent years, our community likely would have seen a significant increase in homelessness rather than a modest decrease from 2011-2012.

### Homelessness Prevention

**Prevention Funding & People Served**

<table>
<thead>
<tr>
<th>Year</th>
<th>Funding</th>
<th>People Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>$.35 million</td>
<td>1,041</td>
</tr>
<tr>
<td>2010</td>
<td>$1.6 million</td>
<td>2,630</td>
</tr>
<tr>
<td>2011</td>
<td>$2.1 million</td>
<td>2,820</td>
</tr>
<tr>
<td>2012</td>
<td>$1.2 million</td>
<td>1,870</td>
</tr>
<tr>
<td>2013</td>
<td>$.99 million</td>
<td>1,870</td>
</tr>
<tr>
<td>2014</td>
<td>$.5 million</td>
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</tr>
</tbody>
</table>

Only 5.1% of all persons provided with homeless prevention services have become homeless.
Increase in Supportive Housing

Among several HUD-funded programs targeting the homeless, the largest is the “Continuum of Care for the Homeless” program, which has brought more than $60 million into Hamilton County since 2008. For years, homeless services agencies have come together annually to apply for these competitively awarded HUD funds, which provide three types of supportive housing to people who have been experiencing homelessness: transitional housing, rapid rehousing, and permanent supportive housing.

Unlike Section 8, which provides low-income households with a housing subsidy but not ongoing services, supportive housing programs provide homeless households with both a housing subsidy and case management services, for varying lengths of time based on program type. The goal is to ensure that those provided with housing are working on a plan to become self-sufficient (e.g. employed, connected to behavioral health services) so that they do not return to homelessness in the future.

Locally, Strategies to End Homelessness and its partner agencies have worked very hard to achieve a 38% increase in the number of people served in supportive housing, housing that ensures that rather than becoming mired in homelessness, people have access to a solution.

Implementing Cost-effective, Outcome-driven Strategies

While all types of supportive housing are a critical part of our larger homeless services system, maintaining and expanding Homeless Prevention capacity and services in the future will need to be a part of our overall strategy to end homelessness.

Of the three types of supportive housing, estimates indicate that Rapid Rehousing is the most cost effective, with an average annual estimated cost per person that is 20% less than Transitional Housing, and 53% less than Permanent Supportive Housing.

What do homeless services cost per person? (2012)

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost per Person (2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>$787</td>
</tr>
<tr>
<td>Shelter</td>
<td>$1,322</td>
</tr>
<tr>
<td>Rapid Rehousing</td>
<td>$2,866</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>$3,572</td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td>$6,049</td>
</tr>
</tbody>
</table>

Permanent Supportive Housing
provides long-term housing assistance to people who are not only homeless (frequently chronically homeless), but are also disabled.

Transitional Housing
provides medium term (up to 24 months) assistance to people who are unable to go directly to independent housing for a variety of reasons, including needing support in maintaining their sobriety.

Rapid Rehousing
provides short- to medium-term assistance (6-12 months), intended to move homeless individuals or families toward permanent housing and stability as quickly as possible.
Prevent, Assist, Solve = RESULTS

Not only are Homelessness Prevention and Rapid Rehousing more cost-effective, data indicates that they also produce strong outcomes. Of the various types of programs within our homeless services system, households served in prevention were least likely to become homeless within the next 24 months. Among supportive housing programs, Rapid Rehousing programs cost less, serve households for significantly shorter periods of time, and have increased long-term success compared to other supportive housing program types.

Due in part to these facts, Strategies to End Homelessness collaborated with partner agencies in 2012 to move $3.1 million/year into new Rapid Rehousing capacity. This change will allow our local system to further improve outcomes while increasing the number of households that can be served in the future.

Central Access Point (CAP)
Handles Intake, Connections to Services

Prevention

Before any household is offered space in an emergency shelter, they are first considered for homelessness prevention services so that as few households as necessary enter shelter. Homelessness Prevention services are provided by the Freestore Foodbank, Mercy St. Johns, St. Vincent de Paul, and Jewish Family Services.

Emergency Shelter

• Four family shelters (Bethany House Shelter, Interfaith Hospitality Network of Greater Cincinnati, the Salvation Army, and Mercy St. Johns)

• Three shelters for single individuals (Lighthouse Sheakley Center for Youth, St. Francis/St. Joseph Catholic Worker House, Drop Inn Center Women’s Shelter)

• Two transitional housing programs (Talbert House Parkway Center, Prospect House)

Over the next two years, three more shelters will become part of CAP.

Rapid Rehousing Outcomes

• On average, households that entered a Rapid Rehousing program had resided in shelter for 27 days

• 95% remained in permanent housing at the end of the program

• 54% of adults increased their income while in the program
Centralized Intake As a Best Practice

Taking into account the cost per person served in various programs, it becomes absolutely essential that homeless and at-risk households are quickly and efficiently connected to the type of programming that can effectively address their needs. Clear distinctions exist between who should be provided which option, from at-risk but never previously homeless households receiving prevention services on one extreme, to chronically homeless disabled people being offered Permanent Supportive Housing on the other.

Centralized intake is a nationally recognized best practice, endorsed by HUD as the best way to offer each household the solution that is best for them and the system as a whole. Known as the Central Access Point (CAP), our local centralized intake system was started in 2008 as a systemic improvement built upon collaboration among local shelters for homeless families.

Prior to centralized intake, a homeless family had to call each shelter separately seeking space for the night, repeat the same information to each, and possibly begin the process all over again the next day. This antiquated system overwhelmed homeless families and shelter staff alike. Once CAP opened, families only had to make one phone call, to find out about available space in any of the family shelters, and if they were unsuccessful in gaining admission one day, all of their pertinent household information was saved in our HMIS system for use in the future, if necessary.

The Homeless to Homes Shelter Collaborative

Strategies to End Homelessness led a community planning process to improve the local system for serving specifically homeless individuals, which involved more than 90 people from non-profit, government, philanthropic, faith-based and corporate entities. Cincinnati City Council and the Hamilton County Commission adopted the resulting Homeless to Homes Plan in 2009.

Several of the recommendations in the plan speak to providing a higher level of assistance by improving the local emergency shelter system, a task taken on by the newly-formed Homeless to Homes Shelter Collaborative. The collaborative is made up of five homeless services providers (City Gospel Mission, Drop Inn Center, Lighthouse Youth Services, Talbert House, and YWCA of Greater Cincinnati), joined by Strategies to End Homelessness and Cincinnati Center City Development Corporation (3CDC) as the development partner. Together, these seven partners want to ensure that homeless people receive high-quality emergency shelter with comprehensive services to assist them out of homelessness.

Becoming a National Model

While we are focused on ending homelessness in the City of Cincinnati and Hamilton County, Strategies to End Homelessness is also having an impact on the national discussion of solving homelessness:

- VESTA, which is operated by the Partnership Center, Ltd., was the first Homeless Management Information System in the nation to achieve 100% participation by all of the community’s homeless services organizations, and such comprehensive data is a powerful tool.
- The Central Access Point (CAP), our community’s centralized access system for emergency shelter, was one of the first implemented in the nation.
- In the last year alone, nine programs (totaling $3.1 million) have transitioned to the Rapid Rehousing model, a nationally recognized best practice for quickly returning people to housing, at a lower cost per household, while achieving better outcomes.
- Strategies to End Homelessness staff members are frequently asked to present best practices at the national level, in collaboration with the National Alliance to End Homelessness.

Created in 2012, the Collaborative is working to achieve measurable results:
- Decrease the number of people sleeping on the streets, under bridges, etc.
- Decrease the length of time that people are homeless
- Increase the number of individuals who successfully move from shelter to housing
- Increase the number of individuals who obtain additional income while in shelter
- Increase connections to medical, substance abuse and mental health services.
Bringing Homelessness to an End

Since our founding, Strategies to End Homelessness has worked to bring together all parts of our community to address the issue of homelessness: non-profit organizations, faith-based groups, all levels of government, the business community, funders and philanthropists. We believe that since homelessness is a complicated social issue, no one segment of the community will be able to solve the problem acting in isolation.

Get Involved

With a stated goal of reducing local homelessness by 50% over 5 years (2012 – 2017), Strategies to End Homelessness’ promise is to end homelessness in our community.

How you can help

Donate
Call our Development Department at 513.263.2798 or donate online.

Volunteer
Call 513.263.2780 or visit www.strategiestoendhomelessness.org for a complete directory of our partner agencies.
Financial Highlights*
Year Ended December 31, 2012

Activities Highlights

Revenues & Support

<table>
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<th>Source</th>
<th>Amount</th>
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<tbody>
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<td>Foundation Grants</td>
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<td>Contributions</td>
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<td>Other</td>
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Expenses

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<td>Administrative</td>
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<tr>
<td>Development</td>
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<td><strong>Total Expenses</strong></td>
<td><strong>$5,797,634</strong></td>
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Condensed Balanced Sheet

Assets

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Cash &amp; Case Equivalents</td>
<td>$1,056,556</td>
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<tr>
<td>Grant and Contributions Receivable</td>
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<td>Other Assets</td>
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<td><strong>Total Assets</strong></td>
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Liabilities

<table>
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<tr>
<th>Liability Type</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Accounts Payable &amp; Accrued Expenses</td>
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<tr>
<td>Grants Payable</td>
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<tr>
<td>Deferred Revenue</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$1,504,981</strong></td>
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</tbody>
</table>

Net Assets

<table>
<thead>
<tr>
<th>Net Asset Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
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<tr>
<td>Temporarily Restricted</td>
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<td><strong>Total Net Assets</strong></td>
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<tr>
<td><strong>Total Liabilities &amp; Net Assets</strong></td>
<td><strong>$1,982,508</strong></td>
</tr>
</tbody>
</table>

*From Financial Statements Audited by Barnes, Dennig & Co., Ltd.
Special Thanks to the Following Funders for Essential Support Provided in 2012:

Strategies to End Homelessness is funded in part by the City of Cincinnati and Hamilton County, is a United Way Agency Partner and a Better Business Bureau Accredited Charity.

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