

# Taking Action



Prevention



Capacity Building



Housing



Policy Change

*Solutions for Family Homelessness*

Cincinnati/Hamilton County 2015

# *Solutions for Family Homelessness*

October 2015

## Table of Contents

Introduction .....	4
Recommendations .....	7
Strategies, Tactics and Success Measures:	
Prevention .....	7
Capacity Building .....	10
Housing .....	14
Policy Change .....	17
Our Commitment to Take Action .....	19
Special Thanks .....	20
Appendix: Cincinnati Family Homelessness Services Study .....	A1

# ***Introduction***

Cincinnati/Hamilton County today receives national and international accolades for its livability, healthcare, affordability, arts and culture, sports teams, and as a travel destination. We have witnessed a revitalization across the community and a renaissance in our urban core, but not all of our citizens are benefitting from this transformation. The harsh reality is we do not have the capacity to provide for the needs of the most vulnerable members of our community – families experiencing homelessness.

In 2014, 661 families found themselves living in emergency shelters in Hamilton County; however, there were hundreds more families who did not receive services or found themselves within a system that lacked coordination and supports to more effectively assist each individual family. And for all of the families turning to the homeless system, those who received help as well as those who didn't, earlier interventions could have helped prevent their plight.

Family homelessness is a complex, multi-faceted issue. Contributing factors include a lack of affordable housing, generational poverty, the challenges of raising children alone, changing family demographics, domestic violence and lack of social supports. As the gap between housing costs and income continues to widen, more families are at risk.

When families first realize that their housing is in jeopardy, they encounter and attempt to negotiate a network of services that has many layers, including:

- Emergency Assistance services help families that still have their own housing, but are in danger of losing it because they are behind on their rent, utilities, or other expenses.
- Shelter Diversion services help families that have already lost their own housing, are now relying on others for a place to stay, but are running out of such options.
- Emergency Shelter services provide short-term emergency accommodations for families who would otherwise have to sleep on the streets or somewhere else not meant for human habitation.
- Supportive Housing programs are available to help families return to housing after experiencing an episode of homelessness.

In recent years, the level of coordination *within* each of these service system layers has increased significantly, while the level of coordination *between* them is still lacking, leaving our community unable to answer the very basic question, "What are the most effective ways to assist at-risk and homeless families?"

In 2014, the Society of St. Vincent de Paul, the Family Housing Partnership, and Strategies to End Homelessness came together to examine all of the layers of the system that are encountered by families:

- St. Vincent de Paul is the largest provider of Emergency Assistance services in the region, with a network of more than 900 neighborhood-based volunteers providing rent and utility assistance to approximately 6,000 households throughout Hamilton County each year.
- The Family Housing Partnership (FHP) was created in 2000 to help the systems affecting homeless families in Cincinnati respond more effectively. Led by Bethany House, the FHP provides a coordinated, integrated approach to serving homeless families by bringing together family shelters and a comprehensive network of collaborators. Currently, the four FHP agencies – Bethany House Services, Interfaith Hospitality Network of Greater Cincinnati, The Salvation Army, and the YWCA of Greater Cincinnati – serve over 661 homeless families each year.
- Strategies to End Homelessness is the leader of a coordinated system of care for the homeless in Cincinnati/Hamilton County, and supports a network of 30 organizations that provide a centralized emergency shelter hotline, shelter diversion, street outreach, emergency shelter, and housing services to both families and individuals.

In 2014, this collaborative group released the *Cincinnati Family Homelessness Services Study*. The study, which can be found in the Appendix, outlined the scope and demographics of the at-risk and homeless family population in Hamilton County, identified strengths and gaps in the current service system, and researched local and national best-practices.

Overall, the study findings showed both good and bad news for homeless and at-risk families. The good news is that the programs currently serving families are effective: 9 out of 10 families served in homelessness prevention programs avoided eviction, and 4 out of 5 families served in a shelter did not return to homelessness. The bad news is that the system as a whole is significantly overwhelmed. In 2013, 56% of families seeking Emergency Assistance were turned away, and 69% of families seeking Emergency Shelter or Shelter Diversion were turned away, largely due to a lack of capacity.

Following the release of the study, under the leadership of St. Vincent de Paul, the Family Housing Partnership, and Strategies to End Homelessness, a group of individuals representing more than 60 diverse organizations came together to complete the ***Solutions for Family Homelessness*** plan, which identifies how we, as a community, can proactively address the needs of homeless and at-risk families. The plan frames strategies for Prevention, Capacity Building, Housing, and Policy Change.

As evidenced in the findings of the *Cincinnati Family Homelessness Services Study*, and in the recommendations of this plan, family homelessness is a complex problem

with myriad causes and potential solutions. A “one size fits all” approach that relies on any one intervention or sector, whether private human services organizations or governmental entities, will not meet the needs of these vulnerable members of our community. Instead, we must offer a variety of interventions which draw upon the strengths of our human services organizations, local government, the business and faith communities, and most importantly the at-risk families themselves. ***Solutions for Family Homelessness*** identifies the strategies and tactics that will make homelessness in our community rare, brief and non-recurring.

## **HOW WE WILL KNOW WE ARE SUCCESSFUL**

The goal of the plan is to make family homelessness rare, brief and non-recurring. Measures of overall progress are as follows:

- Reduce number of families who become homeless.
- Reduce number of families that return to homelessness.
- Reduce the length of homeless episodes for parents and children.
- Increase number of homeless families who become permanently housed.

# ***Recommendations***

Solving family homelessness in Cincinnati will require action in partnership with multiple systems, sectors, and providers, more strategic uses of funds, changes in systems and programs, and the use of data to drive community improvements.

***Solutions for Family Homelessness*** is organized in four sections - Prevention, Capacity Building, Housing, and Policy Change. Each section includes strategies, tactics, and measures of success.

## **A. PREVENTION STRATEGIES**

1. Focus more resources on Emergency Assistance and Shelter Diversion services.
2. Educate community providers about risks of family homelessness; develop and implement a process for providers to connect families to homelessness prevention resources.
3. Implement a "lightest touch" homelessness prevention model system-wide.

### **PREVENTION STRATEGY 1: Focus more resources on Emergency Assistance and Shelter Diversion services.**

THE ISSUE: Emergency Assistance and Shelter Diversion programs are proven to be successful and cost-effective ways of preventing homelessness, but too many families that would otherwise be able to receive this assistance are being turned away due to a lack of resources.

THE GOAL: Increase funding for both one-time rent/utility Emergency Assistance and Shelter Diversion services.

Tactic A: Identify additional funding sources.

Tactic B: Improve coordination among agencies to promote quick access.

Tactic C: Incorporate data systems, to enable the comprehensive and effective analysis of data collected by Shelter Diversion, Emergency Assistance and comparable services.

### **PREVENTION STRATEGY 2: Educate community providers about family homelessness; develop and implement a process for providers to make referrals to homelessness prevention resources.**

THE ISSUE: Families that are relying on others for a place to stay ('doubled up') may be unaware of community resources or uncomfortable asking for help. As children are naturally engaged with multiple community systems due to routine needs for

healthcare and education, these systems could become ‘first responders’ for prevention of homelessness. Children reveal information about their circumstances to childcare providers, teachers, and pediatricians that, if appropriately recognized, could more quickly connect families to prevention resources. These providers need additional education and/or access to available resources to ensure optimal effectiveness.

THE GOAL: Provide the resources needed to enable child-serving community providers to become effective at both identifying and responding to instances or risk of becoming homeless.

Tactic A: Provide education/training to child-serving community providers on the indicators of homelessness and/or risk of homelessness.

Tactic B: Develop, provide, and train on a common assessment tool.

Tactic C: Establish a process through which community providers can access homelessness prevention services.

Tactic D: Work with Hamilton County Job and Family Services (HCJFS) Children’s Services Division to ensure optimal and appropriate involvement of HCJFS resources to support each family’s stabilization process.

**PREVENTION STRATEGY 3: Implement a “lightest touch” homelessness prevention model system-wide.**

THE ISSUE: Current Emergency Assistance and Shelter Diversion services engage with families at certain crisis points (e.g. just before eviction, before entrance into shelter), and at those times provide interventions that are tied directly to financial assistance. However, there are other types of assistance that, if available, might meet a family’s need while preventing them from experiencing another crisis.

THE GOAL: Identify, develop, and implement other interventions that can be customized and individually targeted to provide the lowest level of assistance necessary to effectively assist families and stop their progression toward homelessness.

Tactic A: Expand and improve access to early problem-solving interventions that decrease the need for future financial assistance, such as rapid access to mainstream benefits, tenant/landlord education, and financial literacy services.

Tactic B: Broaden volunteer assistance programs that can assist families in negotiating community resources while increasing the number of households that can be served.

Tactic C: Connect families with Landlord/Tenant Mediation services.

Tactic D: Implement a Family/Caregiver support program.

### **PREVENTION SUCCESS MEASURES**

- Increase percentage of eligible families seeking Emergency Assistance and Shelter Diversion who ultimately receive assistance.
- Increase percentage of families who maintain housing after receiving Emergency Assistance.
- Increase percentage of families who avoid homelessness after receiving Shelter Diversion assistance.
- Implement common screening tool for early identification of homelessness risk used by community providers.
- Increase number of families receiving prevention services other than financial assistance.

## B. CAPACITY BUILDING STRATEGIES

1. Improve existing services for families experiencing homelessness through increased coordination and efficiency among providers.
2. Enhance services by employing best practice standards and adding service components that are missing from existing services.
3. Improve quality of emergency shelter facilities to ensure all families have access to the care needed, at the level required to ensure success.
4. Develop specialized early childhood services for families to access childcare and supportive services while in shelter.

### **CAPACITY BUILDING STRATEGY 1: Improve existing services for families experiencing homelessness through increased coordination and efficiency among providers.**

THE ISSUE: There are differing definitions and expectations for case managers across agencies, programs, and funding streams. The lack of standardization and coordination creates unnecessary barriers to achieving stability. Furthermore, other services that address issues related to employment, parenting, physical and mental health, and childcare lack the coordination needed to respond quickly to families' needs.

THE GOAL: Implement a shared vision of case management services among agencies in the homeless sector that leads to the best possible training, supervision, support, and evaluation for case managers. As a result, families will experience a seamless connection to other existing services and achieve the best possible outcomes.

Tactic A: Offer cross-system professional case management that is flexible enough to follow a family, if necessary, from emergency assistance, to shelter diversion, to shelter, and then into housing.

Tactic B: Improve quality of case management by standardizing qualifications, training, and licensure requirements. Additionally, support case managers through quality supervision, appropriate caseloads, and increased compensation/benefits.

Tactic C: Increase and improve continuing education for case managers and supervisors, including annual education to promote standards and achievement in the profession, as well as specialized training such as mental health and trauma-informed care.

Tactic D: Explore a single-point-of-contact model for major systems with which families must interact. One example is the Family Housing Partnership/Hamilton County Job and Family Services model whereby a

specific worker is assigned as the single point of contact for all families residing in shelter. This expedites families receiving benefits and leaving shelter.

Tactic E: Develop and implement a coordinated system of referrals to existing community home visitation providers [e.g. Every Child Succeeds, Home Instruction for Parents of Preschool Youngsters (HIPPY), SPARK] for families wherever such services interface with the homeless services system.

Tactic F: Coordinate and expand parenting and children's educational supports for families. Support parents, either through case management meetings, group sessions, or referrals to community resources to help stabilize the family. Ensure children remain connected to their school of origin and maintain typical before and after school routines in order to reduce the potential for additional trauma.

**CAPACITY BUILDING STRATEGY 2: Enhance services for families experiencing homelessness by employing best practice standards and adding service components that are missing from existing services.**

THE ISSUE: Shelters do not have sufficient resources, services, and staff to meet the needs of either the parents or the children. Homeless service providers may unknowingly re-traumatize families due to a lack of understanding of the impact of trauma. This lack of understanding may cause harm and certainly reduces the success of services. Furthermore, while there are standard quantitative success measures – housing retention, increased income, and access to mainstream benefits – families have a myriad of other personal needs which affect their ability to find long-term stability. These personal needs are more qualitative in nature and not consistently measured by case managers and systems. Examples include accessing mental health care, completing a certification program to boost employment opportunities, or finding assessment services for a child struggling in school.

THE GOAL: Enhance services for families experiencing homelessness by utilizing best practice standards and measure success on qualitative measures in addition to quantitative measures.

Tactic A: Provide formalized training to all homeless service providers on the impact of trauma, recognizing symptoms and associated behaviors, and trauma-responsive services.

Tactic B: Ensure trauma-informed care is practiced at all levels of organizations and by providers serving and/or connected to homeless families.

Tactic C: Broaden availability and quality of aftercare services for families leaving shelter. This includes adoption of best practice standards for aftercare delivery such as Critical Time Intervention (CTI).

Tactic D: Support and sustain full-time Child Service Coordinator(s) in every family shelter.

Tactic E: Identify and incorporate qualitative measures that demonstrate achievement (e.g. improvement of mental health symptoms, educational attainment) that would be a valuable tool for families to chart their own success, and for the provider system to further evaluate the effectiveness of case management.

**CAPACITY BUILDING STRATEGY 3: Improve quality of emergency shelter facilities to provide all families access to the care needed, at the level required to ensure success.**

THE ISSUE: Providing access to quality shelter services is compromised by the fact that Cincinnati/Hamilton County provides emergency shelter to families within 7 separate buildings, which dilutes the resources available, reduces the effectiveness of services, increases lengths of stay in shelter, and negatively affects outcomes.

THE GOAL: Meet the needs of families that find themselves out of options and with no place to turn through the provision of quality emergency shelter.

Tactic A: Ensure shelters meet the basic needs of families by operating shelter facilities that contain sufficient shelter beds, provide trained staff and volunteers, and are sufficiently resourced to provide supports to homeless families 24/7.

Tactic B: Reduce lengths of stay in emergency shelters where possible, while also addressing the individual needs of each family served.

Tactic C: Conduct regular reviews of shelter capacity versus need, including evaluation of the impact of prevention and diversion to ensure enough emergency shelter capacity is available, as well as consideration of seasonally-based need.

**CAPACITY BUILDING STRATEGY 4: Develop specialized early childhood services for families to access childcare and supportive services while in shelter.**

THE ISSUE: The Family Homelessness Services Study conducted in 2014 described the average homeless family in Cincinnati as a single 30-year old mother with two children under the age of 6. Homeless shelter residents have difficulty seeking jobs, finding housing, and accessing other resources outside of the shelter without having somewhere to leave their children. While there are some systems in place to secure childcare in existing child-serving centers, these centers are not accessible for the brief, emergency nature of a shelter stay, and often cannot be accessed quickly. Also, existing centers are not equipped to handle the special needs of children traumatized by homelessness, which can be difficult to manage and respond to effectively.

THE GOAL: Create an early childhood center, or find reasonable accommodations in the community, that can provide a trauma informed environment where homeless children are able to participate in quality care and education that promotes growth in all areas of development; receive assessment, screening, and referral for physical, social, emotional, cognitive and developmental needs; and transition to other quality care centers when the family moves out of shelter into permanent housing.

Tactic A: Convene a committee of early childhood experts and homeless providers to design specialized early childhood services, and possibly a new child-serving center, that could be accessed by all family shelter residents.

### **CAPACITY BUILDING SUCCESS MEASURES**

- Increase number of homelessness service providers trained in Trauma Informed Care.
- Increase percentage of families that receive aftercare services.
- Align client/case manager ratio with recognized standards to meet family needs.
- Increase number of shelters with Child Service Coordinators.
- Ensure access to safe, appropriate shelter facilities for all homeless families.
- Develop qualitative family stability measures.

## C. HOUSING STRATEGIES

1. Implement Coordinated Entry System.
2. Increase and strategically target subsidies toward homeless and at-risk families.
3. Increase collaboration with private landlords.
4. Coordinate or share waiting lists for subsidized housing.
5. Engage and collaborate with faith-based Emergency Assistance programs, shelters, and Transitional Housing providers.

### HOUSING STRATEGY 1: Implement Coordinated Entry System.

THE ISSUE: Families access housing services in an uncoordinated, first-come, first-served manner without regard to length of time homeless, vulnerability, or service needs.

THE GOAL: Coordinated entry will ensure families are served by the right intervention more quickly and reduce the likelihood of future instability. Coordinated entry will provide information about service needs and identify gaps in the system.

Tactic A: Utilize a common assessment tool to determine need for and prioritize access to emergency shelter and/or prevention and Shelter Diversion resources.

Tactic B: Implement a common assessment tool to be used at all emergency shelters and in the street outreach programs to prioritize families for placement into appropriate housing programs.

Tactic C: Increase access points to obtain services. For instance, position shelter diversion services at the front door of emergency shelters, and at more emergency assistance programs.

### HOUSING STRATEGY 2: Increase and strategically target subsidies toward homeless and at-risk families.

THE ISSUE: There is a lack of affordable housing and existing subsidy programs do not consistently prioritize families experiencing the most significant housing crises.

THE GOAL: Expand affordable housing opportunities and strategically target existing resources.

Tactic A: Increase Continuum of Care (CoC) and Emergency Solutions Grant (ESG) subsidies to support Rapid Re-Housing and Permanent Supportive Housing for families experiencing homelessness.

Tactic B: Expand homeless preference for scattered site Housing Choice Voucher (HCV) program and site-based Asset Management program in partnership with the Cincinnati Metropolitan Housing Authority (CMHA).

Tactic C: Implement program with CMHA to set aside Housing Choice Vouchers and/or housing units for families exiting emergency shelters.

### **HOUSING STRATEGY 3: Increase collaboration with private landlords.**

THE ISSUE: The three most common concerns of landlords in leasing to people experiencing homelessness are non-payment of rent, property damage, and the financial burden associated with eviction and apartment turnover. Common concerns for families and homeless service providers are the lack of quality landlords who maintain safety, security, and cleanliness.

THE GOAL: Build and improve relationships with landlords to prevent family homelessness and maintain housing stability.

Tactic A: Establish a social services/landlord advisory group. This advisory group would offer a platform to clarify expectations and develop mutually beneficial solutions that expand housing opportunities.

Tactic B: Work with neighborhood associations and other groups to promote understanding of the benefits of supporting formerly homeless families in their communities.

### **HOUSING STRATEGY 4: Coordinate or share waiting lists for subsidized housing.**

THE ISSUE: Various subsidized housing programs maintain waiting lists of people seeking to enter programs and people often sign up on multiple lists to obtain housing. This duplication delays access for families needing immediate placement.

THE GOAL: Develop and implement a model utilizing a universal waiting list with a centralized intake and common eligibility requirements that would effectively address the current problems of multiple lists and levels of need.

Tactic A: Engage subsidized housing providers to develop a new waiting list system.

### **HOUSING STRATEGY 5: Engage and collaborate with faith-based Emergency Assistance programs, shelters, and Transitional Housing providers.**

THE ISSUE: A wide variety of organizations serve at-risk families. In certain contexts, agencies collaborate and coordinate such services (e.g. agencies that share HUD CoC funding, organizations that receive United Way funding). However, there are some faith-based organizations that provide emergency assistance and housing services to

families in a variety of situations that are not coordinated with larger publicly funded systems.

THE GOAL: Utilize the faith community's capacity to its fullest potential.

Tactic A: Engage a coalition of faith-based service providers and publicly funded organizations to coordinate services and share best-practices.

### **HOUSING SUCCESS MEASURES**

- Increase number of placements into each housing type: Permanent Supportive Housing, Rapid Re-housing, and CMHA housing.
- Increase number of housing units prioritized to serve homeless families.
- Reduce number/percent of families returning to homelessness.
- Decrease average length of stay in emergency shelters.

## D. POLICY CHANGE STRATEGIES

1. Expand local government support for the development of affordable, family-sized housing units.
2. Explore policy changes needed to secure sufficient and flexible funding that will allow for implementation of recommendations.
3. Expand Ohio Housing Finance Agency (OHFA) Low Income Housing Tax Credit (LIHTC) program to allow for the funding of more than one LIHTC Permanent Supportive Housing project per community.
4. Expand services currently offered only to homeless families to include at-risk families.

### **POLICY CHANGE STRATEGY 1: Expand local government support for the development of affordable, family-sized housing units**

THE ISSUE: There is a lack of affordable housing in Hamilton County and funding that could be used to develop additional affordable housing is not being used to do so.

THE GOAL: Increase City and County allocations of Community Development Block Grant (CDBG) and Housing Opportunities Made Equal (HOME) funds toward the development of affordable housing. Funds should be targeted toward the development of new units in areas of opportunity, and toward rehabilitating or developing new units in a way that promotes opportunity in current areas of concentrated poverty.

Tactic A: Advocate for the City of Cincinnati and Hamilton County to significantly increase allocations in CDBG and HOME funding to develop affordable family-sized housing units.

### **POLICY CHANGE STRATEGY 2: Explore policy changes needed to secure sufficient and flexible funding that will allow for implementation of recommendations.**

THE ISSUE: Funding streams typically dictate compartmentalized approaches to services. This limits the ability of programs to follow families across transitions and to consider needs beyond housing.

THE GOAL: Support policy changes that will allow more flexible and responsive funding.

Tactic A: Engage a broad spectrum of funders in plan implementation.

### **POLICY CHANGE STRATEGY 3: Expand Ohio Housing Finance Agency (OHFA) Low Income Housing Tax Credit (LIHTC) program to allow for the funding of more than one Permanent Supportive Housing project per community.**

THE ISSUE: One of the conditions of the Housing Tax Credit (HTC) program is that communities must designate one PSH project as the community's highest priority each year. HTC is a tax incentive program designed to increase the supply of quality, affordable rental housing, including Permanent Supportive Housing programs for the homeless, by helping developers offset the costs of rental housing developments for individuals with low to moderate income.

THE GOAL: Support projects being considered on their individual merits on a state-wide basis, rather than being limited to only one PSH project in their geographic area.

Tactic A: Engage OHFA and other stakeholders in policy change efforts.

**POLICY CHANGE STRATEGY 4: Expand services currently offered only to homeless families to at-risk families.**

THE ISSUE: Families at risk of homelessness cannot access particular resources that might prevent housing instability; instead they must wait until they are literally homeless.

THE GOAL: Promote and support community and agency policies that allow for early access to services.

Tactic A: Identify metrics for evaluating risk and expanding eligibility to allow at-risk families to secure more proactive assistance.

Tactic B: Convene providers to develop avenues for expansion of eligibility.

**POLICY CHANGE SUCCESS MEASURES**

- Increase government funding for affordable housing development.
- Secure funding for case management services that can be applied across the system.
- Decrease average length of time families entering shelter wait for such placement.

## ***Our Commitment to Take Action***

After years of research and planning, our commitment to take action is unwavering. Many organizations that contributed to the development of this plan have pledged their continued support. Strategies to End Homelessness, the Family Housing Partnership – Bethany House Services, Interfaith Hospitality Network of Greater Cincinnati, The Salvation Army, YWCA of Greater Cincinnati – and St. Vincent de Paul will lead the process and engage other partners to ensure progress and monitor results.

The leadership team’s first objective will be to prioritize activities. The chart below outlines the first steps toward full implementation:

<b>Action</b>	<b>Timing</b>
Prioritize recommendations and identify lead agencies for strategies	December 2015
Finalize Phase One Budget	December 2015
Finalize baselines and targets for success measures	January 2016
Identify funding sources and mechanisms for enhancing flexibility in funding	January 2016

# Special Thanks

Heartfelt thanks to all the individuals and organizations that participated in the development of **Solutions for Family Homelessness**. Our apologies to anyone we may have inadvertently omitted from the list.

## Steering Committee

Meradith Alspaugh, Strategies to End Homelessness  
Debbie Brooks, YWCA of Greater Cincinnati / Family Housing Partnership  
Kevin Finn, Strategies to End Homelessness  
Matt Flege, St. Vincent de Paul  
Stacey Hall Burge, Interfaith Hospitality Network of Greater Cincinnati / Family Housing Partnership  
Kevin Lab, St. Vincent de Paul  
Susan Schiller, Bethany House Services / Family Housing Partnership  
Mike Dunn, St. Vincent de Paul  
Sarah Wagner, The Salvation Army / Family Housing Partnership

## Community Advisory Committee

Jim Ashmore, Hamilton County Job and Family Service  
Dr. Karen Bankston, University of Cincinnati / St. Vincent de Paul  
Chris Bochenek, The Carol Ann and Ralph V. Haile, Jr./U.S. Bank Foundation\*  
Liz Carter, Scripps Howard Foundation  
Becky Catino, 625 Investments / St. Vincent de Paul  
Lucy Crane, United Way of Greater Cincinnati\*  
Heidi Jark, The Foundation Office at Fifth Third Bank  
Greg Johnson, Cincinnati Metropolitan Housing Authority\*  
David Mann, Cincinnati City Council  
Pete Metz, Office of David Mann, Cincinnati City Council  
Helen Mattheis, The Greater Cincinnati Foundation\*  
Bob Mecum, Lighthouse Youth Services  
Bridget Patton, Office of Mayor John Cranley  
Elissa Pogue, Interact for Health  
Tamie Sullivan, Sullivan Communications, Inc.  
Christian Sigman, Hamilton County  
Steve Smith, Model Group\*  
Neisha Wiley, Cincinnati State\*  
Chris Williams, Operational Results Inc. / St. Vincent de Paul\*  
\*also participated in a workgroup

## Work Group Members

Nick DiNardo, Legal Aid Society of Greater Cincinnati  
Gwen Green, Bethany House Services / Family Housing Partnership  
Darlene Guess, Bethany House Services / Family Housing Partnership  
Andy Hutzler, Over the Rhine Community Housing  
Dr. Rebecca Lee, University of Cincinnati  
Jacqueline Thomas, Cincinnati Public Schools / Project Connect  
Dr. Barbara Boat, Childhood Trust  
Debbie DeMarcus, Greater Cincinnati Behavioral Health Services  
Marjorie Fox, Christ Church Cathedral / Plumb Line Ministry

Dr. Tanya Froehlich, Cincinnati Children's Hospital Medical Center  
Talia Frye, Brighton Center  
Taryn Frymire, Bethany House Services / Family Housing Partnership  
Amy Harpenau, Shelterhouse  
Jane Herms, Family Nurturing Center  
Geoff Hollenbach, Lighthouse Youth Services  
Jamie Hummer, Mercy St. John  
Lisa St. John, Cincinnati Metropolitan Housing Authority  
Christie Jackson, Strategies to End Homelessness  
Jane Keller, Cincinnati Youth Collaborative  
Kathy King, ProKids  
Jennifer McEvilly, Excel Development  
JoAnn McIntosh, Shelterhouse  
MerryBeth McKee, Interfaith Hospitality Network of Greater Cincinnati / Family Housing Partnership  
Mary Carol Melton, Cincinnati Union Bethel  
Gregg Pieples, Greater Cincinnati Behavioral Health Services  
Tiffany Rains, Interfaith Hospitality Network of Greater Cincinnati / Family Housing Partnership  
Molly Robertshaw, The Greater Cincinnati Foundation  
Kathy Schwab, Local Initiatives Support Corporation  
Donna Shockley, First Step Home  
Amy Silver, Over the Rhine Community Housing  
Barbara Terry, The Children's Home of Cincinnati  
Amanda Toole, Legal Aid Society of Greater Cincinnati  
Margie Weaver, Hamilton County Job and Family Services  
Bethany Weber, Greater Cincinnati Behavioral Health Services

## Families in Shelter

Bethany House Services  
Interfaith Hospitality Network of Greater Cincinnati

## Facilitators

Kathy DeLaura, Partners in Change, LLC  
Patricia Nagelkirk, Nagelkirk Strategy Group

## Meeting Coordinator

Tia Alexander, Strategies to End Homelessness

## Graphic Designer

Boyang Zhang, Strategies to End Homelessness

## Underwriters

The Greater Cincinnati Foundation  
Philip and Sheila Cohen Fund of The Greater Cincinnati Foundation

*Special thanks to Sarah Mansell Photography for providing portraits of families taken at Interfaith Hospitality Network of Greater Cincinnati*



*Appendix*

# Cincinnati Family Homelessness Services Study

November 2014



## **Table of Contents**

Two Mothers' Stories-	pg. 2
Introduction-	pg. 2
Family Homelessness Services System-	pg. 3
Family Homelessness Data Analysis-	pg. 5
Summary of Interview Process-	pg. 6
Common Themes from the Interviews-	pg. 7
Two Mothers' Stories Continued-	pg. 8

## **Appendices**

Appendix A- Family Homelessness Data from VESTA	pg. 9
Appendix B- List of Local Interview Respondents	pg. 11
Appendix C- Local Interview Questionnaire	pg. 12
Appendix D- Summary of Local Interview Responses	pg. 13
Appendix E- Family Shelter Case Manager Focus Group	pg. 15
Appendix F- National Interview Summary	pg. 16

## **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.

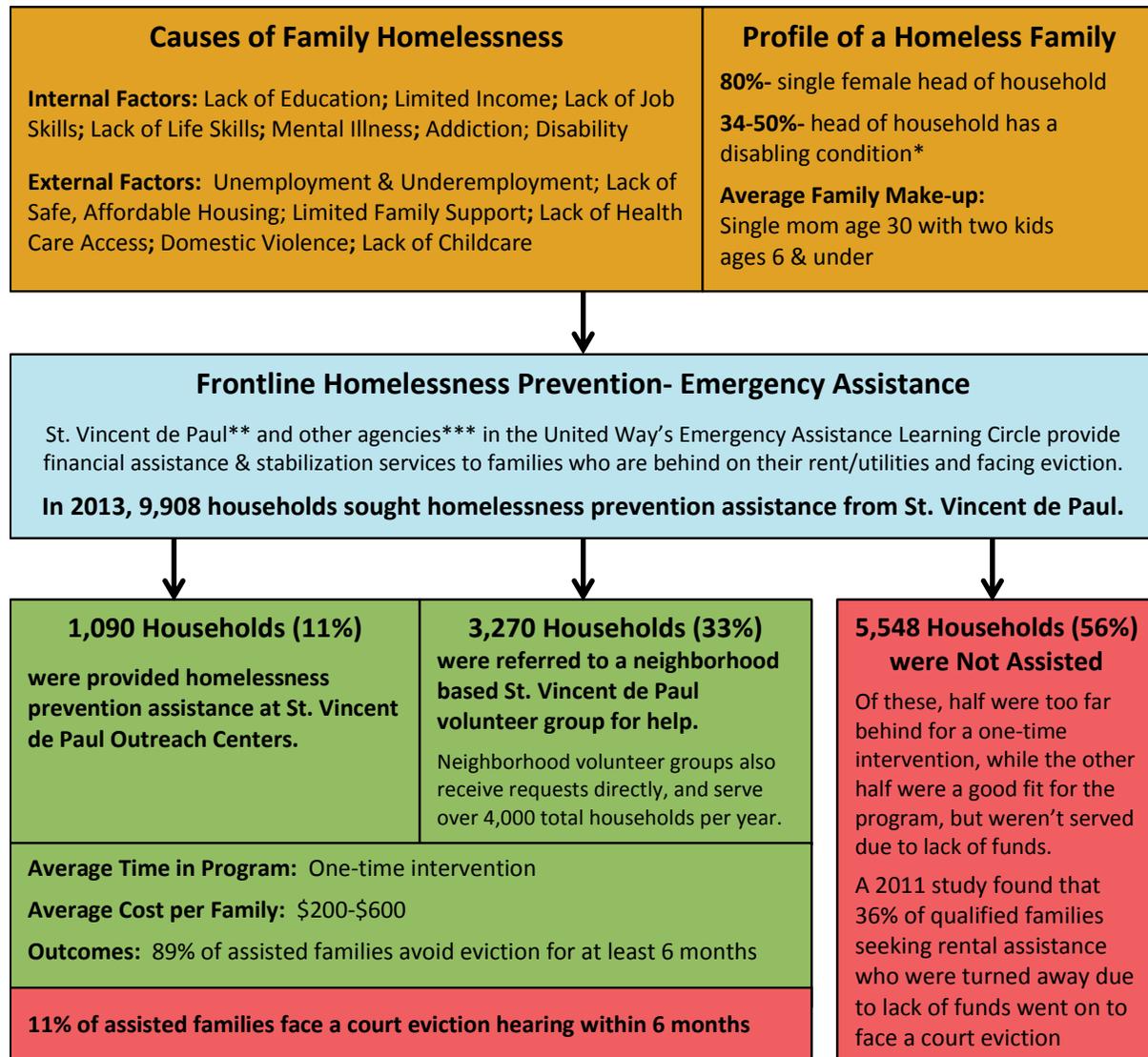
This document provides a summary of the initial research findings of the Family Homelessness Services Study. Ultimately, the study is intended to lay the foundation for a community-wide strategic plan to address family homelessness, similar to the Homeless to Homes plan for single individuals, to be 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](mailto:mflege@svdpcincinnati.org)  
(513) 562-8859

Kevin Finn  
Strategies to End Homelessness  
[kfinn@end-homelessness.org](mailto: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.

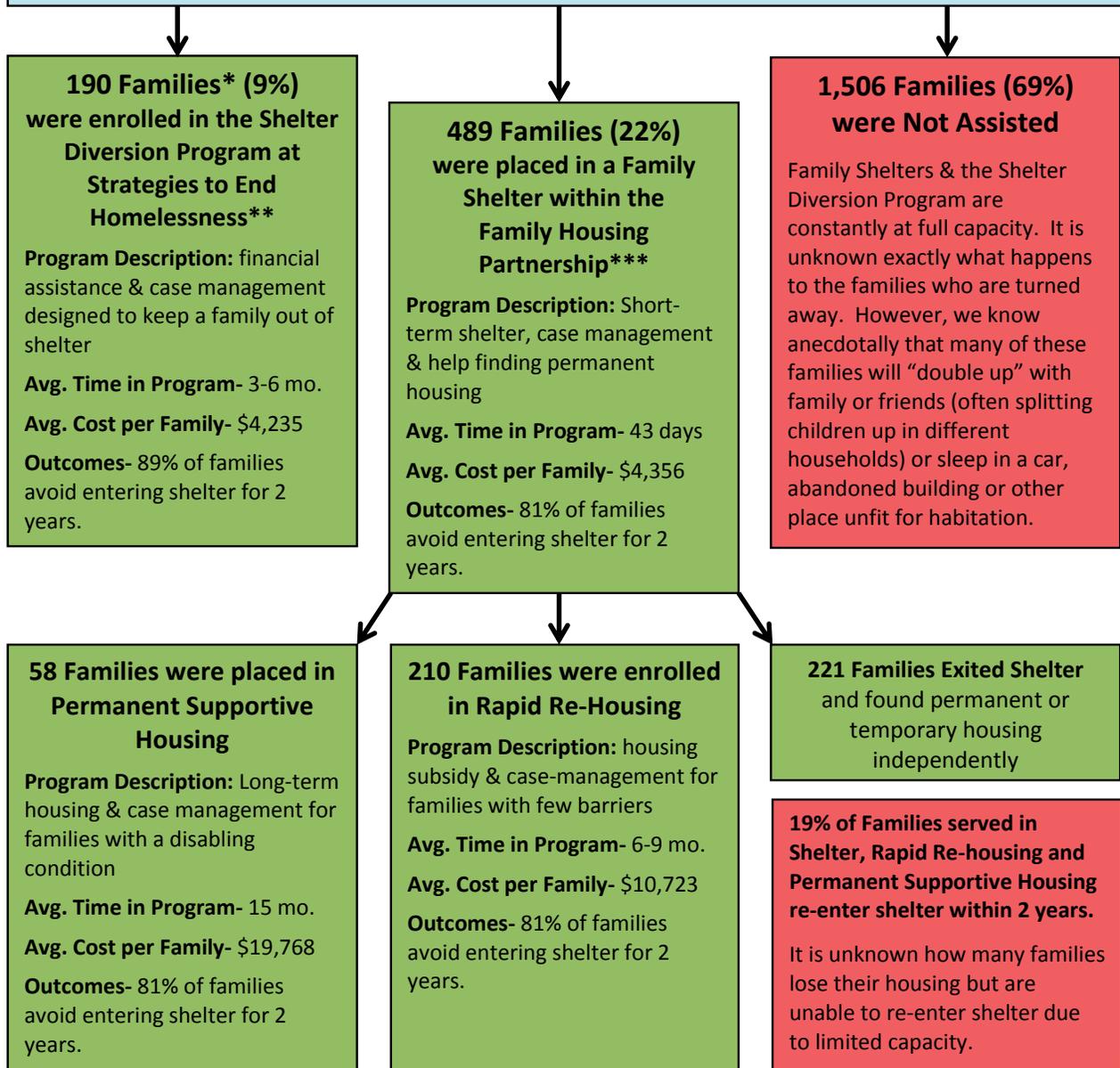


\*Disabling conditions include mental illness, addiction, chronic health condition or other disabilities.  
 \*\*St. Vincent de Paul is the biggest referral destination for the United Way's 211 social services hotline and provides nearly \$1 million in homelessness prevention in roughly 75% of Hamilton 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.**



\*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:

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

*\*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

	Emergency Shelter	Diversion Program <sup>1</sup>	Rapid Rehousing	Permanent Supportive			
Number of families (2011-2013)	1310 (54%)	265 (11%)	701 (29%)	144 (6%)			
Family size <sup>2</sup> (Range: 2-11)	3.3	3.8	3.4	3.8			
Age of head of household <sup>2</sup> (Range: 18-65)	29.9	31.7	28.0	33.4			
Age of oldest child <sup>2</sup> (Range: 0-17)	6.0	6.8	5.6	8.1			
Special needs among head of households	34%	35%	25%	81%			
<b>Household type<sup>3</sup></b>							
Single female	80%	76%	86%	77%			
Two parent	11%	10%	12%	20%			
Household income	Emergency Shelter		Diversion	RRH		PSH	
	Intake	Exit	Exit <sup>5</sup>	Intake	Exit	Intake	Exit
None	896 (57%)	529 (37%)	161 (46%)	401 (49%)	83 (20)	78 (43%)	19 (33)
\$1 – 500	322 (21)	402 (28)	74 (21)	219 (27)	111 (27)	51 (28)	15 (26)
\$501 – 1000	245 (16)	290 (20)	76 (22)	136 (17)	121 (29)	35 (19)	14 (24)
>\$1000	118 (8)	207 (14)	39 (11)	60 (7)	96 (23)	16 (9)	10 (17)
Sub-total <sup>4</sup>	1524	1428	350	816	411	180	58
Income source at exit		Emergency	Diversion	RRH	PSH		
Earned		284 (25)	135 (47)	174 (40)	10 (17)		
Child support		103 (9)	42 (15)	31 (7)	9 (15)		
TANF		488 (43)	40 (14)	174 (40)	15 (26)		
SSI/SSDI		185 (16)	41 (14)	39 (9)	10 (17)		
Other		67 (6)	27 (9)	19 (4)	14 (24)		
Sub-total		1115	285	437	58		
Prior living situations			Emergency	Diversion	RRH and PSH Data Not Available		
Staying or living with family			841 (53)	246 (70)			
Staying or living with friends			332 (21)	73 (21)			
Rental by client			115 (7)	27 (8)			
Emergency shelter, transitional housing, or place not fit for human habitation			171 (11)	0			
Hotel or motel paid by client			83 (5)	0			
Other			42 (3)	4 (1)			
Sub-total			1584	350			

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

	Emergency Shelter		Diversion Program <sup>1</sup>		Rapid Rehousing		Permanent Supportive	
Average length of stay in days <sup>2</sup> (range)	42 (na)		127 (7 – 281)		258 (13-958)		439 (58-730)	
Destination upon exit	≤ 90 days <sup>3</sup>	>90 days			≤ 90 days	>90 days	≤ 90 days	>90 days
Permanent (housing rental, with or without subsidy; permanently living with family or friends)	2200 (63%)	338 (74%)	546 (82%)		78 (57%)	952 (95%)	13 (100%)	147 (96%)
Temporary (emergency shelter, transitional housing, staying with family or friends temporarily, safe haven, hotel or motel)	1206 (34)	121 (26)	120 (18)		39 (29)	31 (3)	0	2 (1)
Institutional/Other (foster care, psychiatric facility, hospital, jail, substance abuse center, deceased)	99 (3)	0	0		19 (14)	17 (2)	0	4 (2)
Sub-total	3505	459	666		136	1000	13	153
Recidivism <sup>4</sup>	All <sup>5</sup>	HH <sup>6</sup>	All	HH	All	HH	All	HH
	673 (17%)	228 (19%)	78 (11%)	22 (11%)	217 (18%)	71 (19%)	32 (19%)	9 (19%)

<sup>1</sup> Length of stay in days

<sup>2</sup> Percent exiting who returned to homelessness within 2 years, 2011-2013 (unique counts)

<sup>3</sup> All household members

<sup>4</sup> Households

## **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 are 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.

Question	Summary of Common Responses
Family homeless services provided?	Housing, programs, financial assistance, education, case management, children's programs, daycare
Which services apply: Family homeless prevention, Housing, Case management, Support to maintain housing, Support to prevent recidivism.	Family homelessness prevention Housing Case management Support to maintain housing Support to prevent recidivism
What are your funding sources?	Grants, (primarily through HUD sources), donations
Who are your service partners?	Many partners were identified
How do families connect with your organization?	Central Access Point and YWCA's domestic violence hotline
Do you follow-up with families assisted? How?	Mostly through case management, some aftercare with financial aid for rent and utilities
What do you see as the top three causes of homelessness among families?	<b>Primary cause of family homelessness:</b> Lack of money (income). <b>Reasons:</b> 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).
What services are needed to move families into stable housing?	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.
What other services would ensure families do not return to homelessness?	Provide better mental health access, educational opportunities, case follow-up, more affordable housing.
What are the 3 biggest gaps in support services for homeless families?	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).
What is your assessment of the current Family Shelter situation in Cincinnati?	Shelters work well together; need for more shelters; family shelter space is limited, especially for larger families. Case loads are increasing.
Which organizations are doing a good job?	FHP, shelters, Project Connect, Faces without Places and CAP all well regarded

Question	Summary of Common Responses
Is there sufficient coordination across Cincinnati organizations providing family homeless shelters? Suggest improvements.	Coordination seen as strength overall. Working Group viewed as a good first step to get leadership to the table & to coordinate more long term planning. Need for more coordination among agencies from a client perspective identified -- simplifying navigation between agencies and services.
If you had \$10 million to address family homelessness in Cincinnati, how would you use it?	<p>Top themes</p> <p>Education - including education for parenting, life skills</p> <p>Employment</p> <p>Affordable housing</p> <p>Longer term housing assistance, with supportive services</p> <p>Case management</p> <p>overall theme, issues interrelated: need education to get good employment to afford housing; longer term, supportive and case management are all needed services</p>
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:	<p>Answers to this global questions were predictably diverse:</p> <ol style="list-style-type: none"> <li>1. Need for furniture (seems to match the SVDP resources in their stores)</li> <li>2. Need to provide nuanced and lengthy care.</li> </ol>

## **Appendix E- Family Shelter Case Manager Focus Group Notes**

### **Meeting with Family Shelter Partnership Case Managers**

**January 27<sup>th</sup>, 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 shortcomings, 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.