The Impact of Improved Health Services for the Homeless

Homeless to Homes Plan – Adopted by the County Commission and Cincinnati City Council in 2009

Improved Shelter Services

Levy dollars support improved shelter services and operations, specifically the provision of medical, health, mental health, substance abuse treatment and case management services within five facilities: Lighthouse Sheakley Center for Youth, Talbert House Parkway Center, City Gospel Mission, and Shelterhouse’s Esther Marie Hatton Center for Women and Barron Center for Men. These services more efficiently and effectively assist homeless people into housing and reduce recidivism.

From January 2015 through April 2017, 90% of clients also received daytime healthcare services and programming. For example, health care services at Shelterhouse are now available to homeless residents 5 days a week. Prior to receiving levy funding, care was only available 1 day a week.

Significant Portion of Funding

The total cost of operating the five improved facilities is $5.8 million per year. Within this $5.8 million, $2.7 million goes toward providing the improved health services that were called for in the Homeless to Homes plan.

The $2 million provided by levy funding is 34% of the total cost of operating the improved facilities.

The other 66% of shelter budget expenses consists of basic requirements of operating a shelter - 24/7 staffing, utility bills, food service, etc. Therefore, any reduction in funding would require a cut to precisely the improved health services that have so drastically improved outcomes for homeless people.

In total, the shelter operators, Strategies to End Homelessness and development partner 3CDC raised $42 million in capital funds to build the new facilities, which are able to provide health-related services to homeless people, as well as other systemic improvements such as low-barrier safe shelter beds and additional Winter Shelter capacity.

Homeless to Homes Shelter Collaborative Partners
Improved Outcomes

While the number of people entering shelter has increased by over 4% since 2015:

- Percentage of people exiting successfully to housing from these facilities has increased from 53% to 75%
- Rates of returns to homelessness (recidivism) have dropped from 31% to 25%

Outcomes-Based Funding Model

Shelter operators and funders worked with Strategies to End Homelessness to define measures of success and define the process through which shelters that are improving performance on two identified outcome measures (see above) receive bonus funding. If not improving, the facility does not receive bonus funds.

Hamilton County’s homeless services system has been recognized by HUD as one of 5 high-performing systems out of 430 such systems in the country, with Strategies to End Homelessness being designated as a Unified Funding Agency (UFA).

Strategies to End Homelessness has presented this shelter funding model at the National Alliance to End Homelessness conference in Washington, D.C. in 2016 and 2017.

People Served and Length of Stay

The number of people served in shelters has increased by over 4% yet the length of stay in the new facilities decreased by 8%. Strategies to End Homelessness attributes this success to:

- No longer turning residents back to the streets during the day but rather providing daytime services on-site in shelter facilities. Including drug and alcohol treatment, mental and medical health services, and job search and placement.
- Higher quality and increased case management services as well as a step-up model which incentivizes residents to engage in services that will assist them out of homelessness

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