

**City of Cincinnati**  
**2010-2014 Consolidated Plan**  
**Homeless and Non-Homeless Special Needs Populations**  
*Prepared by the Continuum of Care*

*Revised September 21, 2009*

## **General Information**

### **Geographic Areas of the Jurisdiction**

The Homeless Section of the 2010 Consolidated Plan has been developed for both the City of Cincinnati and Hamilton County, Ohio as part of the Continuum of Care for the Homeless (CoC) program of the combined jurisdictions. The CoC process is managed jointly with the City of Cincinnati and Hamilton County.

The Cincinnati EMSA includes 15 counties: five in Ohio, seven in Kentucky, and three in Indiana.

### **Basis for Investment Allocation and Priority Assignment**

The Continuum of Care (CoC) process is a single, coordinated and inclusive process for priority setting and decision making. Annually, funding is applied for from HUD and received directly by the applicant organizations. All organizations who provide housing and/or services for the homeless within the jurisdiction participate in the CoC process (40 plus agencies, 200 different programs) In addition, representatives of local government, state government, community foundations, the Cincinnati Police Department, local business leaders, and other non-profit and neighborhood groups are also full participants in the process and in the assignment of relative priority for the purpose of the annual CoC application to HUD.

The Emergency Shelter Grant fund allocation process is an inclusive process of the ESG provider network. Providers gather annually to review the needs within the community and to allocate funds. Applications for ESG funds are reviewed and community decisions on allocations are made. Allocation recommendations are forwarded to the City of Cincinnati's Office of Budget and Evaluation for inclusion in the annual budget presented to City Council for final approval. In 2010, there will be changes to the Emergency Shelter Grant allocation process in response to recently passed federal legislation which will significantly change the nature of the funding. The Emergency Shelter Grant becomes the Emergency Solutions Grant and emphasizes the use of funding for homelessness prevention and rapid rehousing, in addition to current ESG activities.

The HOPWA fund allocation process is an inclusive process of the HIV/AIDS community. To allocate funds in the Greater Cincinnati EMSA, an annual HOPWA Advisory Committee is convened which includes state HOPWA officials, Ryan White representatives, provider applicants, consumers, and advocacy organizations.

The Cincinnati EMSA includes 15 counties: five in Ohio, seven in Kentucky, and three in Indiana. The estimate of each county's need is determined by assessing the number of

HIV/AIDS cases as a percentage of the total. This estimation of need is then applied as a guide for allocating funds. Since there is no Indiana sponsor agency, the Indiana portion is typically allocated to the Kentucky or Ohio agency that has committed to serving Indiana clients. Applications for HOPWA funds are reviewed and community decisions on allocations are made. Allocation recommendations are forwarded to the City of Cincinnati's Office of Budget and Evaluation for inclusion in the annual budget presented to City Council for final approval.

### **Obstacles to Meeting Underserved Needs**

The lack of enough permanent supportive housing and the lack of funding to provide adequate services to move persons out of homelessness remain obstacles to meeting the needs of the underserved.

## **Managing the Process**

### **Lead Agency**

The lead entity for overseeing the development of the homeless section of the Consolidated Plan is the Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc. (CoC, Inc.). The CoC, Inc. is responsible for facilitation of the year-round planning, coordination and program implementation processes for homeless housing and services within the jurisdiction and facilitation of the annual grant application process to HUD and other collaborative grant initiatives. The City of Cincinnati assumes primary responsibility for funding/contracting with the CoC, Inc. to provide planning, implementation and oversight.

### **Planning Process and Public Participation**

For the first time in our region, a plan for ending homelessness used actual data of homeless persons in the community. In 2008, a Steering Committee and five subcommittees consisting of local experts in the homeless services field, local funders, community stakeholders including representatives of service providers, government agencies, NGO's, businesses, and faith-based organizations, convened to undertake a comprehensive planning approach for homeless individuals. The recommendations of the Steering Committee, or the Homeless to Homes plan, are incorporated into the Homeless sections of the 2010 – 2014 Consolidated Plan that pertain to homeless individuals.

The process included two "homeless think tanks", focus groups designed exclusively to empower the homeless to provide input on what works/what needs to change in the community. One homeless think tank is conducted annually as a part of the general CoC process, but two additional think tanks were convened especially for homeless individuals for the purposes of the Homeless to Homes plan.

Separately, the Family Shelter Partnership Program (FSPP) undertook its own planning process, the results of which have likewise been incorporated into the Homeless Section of the 2010 – 2014 Consolidated Plan.

### **Consultations**

The Cincinnati/Hamilton County CoC uses an inclusive, community process to set local priorities and allocate HUD funding for new and renewal programming. This process has

been inclusive of social service agencies serving the homeless or addressing related issues (e.g. poverty), Hamilton County Job and Family Services (Adult Protective Services, Child Protective Services, etc.), all local Family Shelters which serve homeless households with children, agencies which provide Permanent Supportive Housing (to those who are homeless and disabled), and local HIV services organizations (Stop AIDS, Caracole, etc.)

## **Institutional Structure**

### **Institutional Structure to Carry Out Consolidated Plan**

The CoC planning process is a coordinated, collaborative effort by the City of Cincinnati, Hamilton County, the Greater Cincinnati Coalition for the Homeless, and the CoC Working Groups under the umbrella of the 501(c)3 –Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc. (CoC, Inc.). The CoC, Inc. is the lead agency registered with HUD for the CoC annual grant application process and is the entity responsible for the submission of Exhibit 1. Over the course of the Consolidated Plan period this entity will also assume the responsibility for financial management of the grants pursuant to changes regulated by HUD.

### **Strengths and Gaps in Delivery System**

A clear strength of the system is its inclusive nature. The **Continuum of Care (CoC)** process is a *single, coordinated and inclusive process* for priority setting and decision making. All organizations who provide housing and/or services for the homeless within the jurisdiction participate in the CoC process (40 plus agencies, 200 different programs) In addition, representatives of local government, state government, community foundations, the Cincinnati Police Department, local business leaders, and other non-profit and neighborhood groups are also full participants in the process and in the assignment of relative priority for the purpose of the annual CoC application to HUD.

Between October 2008 and March 2009, the CoC developed a new comprehensive plan for how to better serve homeless individuals in Cincinnati/Hamilton County. The Homeless to Homes Plan summarizes recommendations made by local and national experts in the homeless services field, local funders, and community stakeholders including representatives of service providers, government agencies, NGOs, businesses, and faith-based organizations. The process for developing the plan constituted the first time in our region that a plan for ending homelessness used actual data of homeless persons in the community; real numbers, real ages, and real special needs became a foundation for the work. Because this plan was created using a “blank slate” problem solving method, it reflects what the steering committee and working subcommittees believe are the best of what could and should happen for homeless single individuals in the community.

The plan represents a significant shift in the ways our community responds to those who are homeless. The Homeless to Homes report responds to the need for a new, comprehensive plan that changes how our community provides homeless housing and services, how homeless individuals are expected to respond, and how public and private funding systems can work cooperatively and with a clear emphasis to support the initiatives of this plan.

The prioritization of the Homeless to Homes recommendation is not yet complete, but the following recommendations are likely to be the first implementation steps, as they directly address gaps in the current system:

- Increase the number of Transitional Housing beds.
- Increase the number of Permanent Supportive Housing units.
- Development of a Central Access System to be used by homeless households to access emergency shelter, housing, and services.
- Decreasing the ratio of case managers to clients so as to provide a higher level of services.
- Restructure the current number of emergency shelter beds so as to better meet the needs of emergency shelter residents.
- Improve access to services through increased collaboration and coordination between CoC homeless services and the Mental Health and Recovery Services Board.
- Divert homeless people away from incarceration and toward transitional housing.

## Monitoring

### Monitoring Standard and Procedures

ESG, HOPWA, and Shelter Plus Care (SPC) grants are monitored by The CoC, Inc.

- Monthly ESG and HOPWA invoicing includes a review of dollars expended by provider agencies, matching spending to the approved budget allocations and to HUD allowable expenditures.
- ESG providers give to the City, via HMIS reports, a City demographic report that details persons served to IDIS data standards and provide proof of contracted service delivery.
- HOPWA providers provide an annual report to the City, with specific excerpts from the HOPWA APR reported according to activity funded.
- Annual on-site monitoring visits are conducted of each ESG, HOPWA, and SPC program by CoC staff. Monitoring tools used are calibrated annually with the HUD field office monitoring tools to ensure consistency with HUD requirements.

HUD Supportive Housing Program (SHP) grants are monitored by HUD field office staff. Locally, at least annually each SHP funded agency's Annual Progress Report is reviewed and monitored by the CoC, Inc. prior to submission to HUD.

## Homeless Needs

The Homeless Section of the Consolidated Plan has been developed for both the City of Cincinnati and Hamilton County, Ohio as part of the Continuum of Care for the Homeless (CoC) program of the combined jurisdictions. Pursuant to HUD's guidance and the communities method of conducting planning and facilitating processes for homeless, the jurisdictions have standardized elements contained in the Consolidated Plan and the

Continuum of Care Plan housing and services, linking the two documents and plans, and thereby reducing duplication of effort and mainstreaming resources.

The CoC maintains the Homeless Management Information System (HMIS), utilizing VESTA® software as the data base for all homeless housing and service delivery information within the jurisdiction. The Cincinnati/Hamilton County HMIS program has 100% community participation – meaning data on all persons within all street outreach programs, all emergency shelter beds, all transitional housing beds, all permanent supportive housing beds and many specialized services (funded by HUD and privately funded) are included in HMIS/VESTA. Thus statistical information reported on homelessness within the jurisdiction generated from HMIS/VESTA has a high degree of accuracy.

Needs data was generated from HMIS/VESTA for the calendar year 2008. During that year 8,372 persons became homeless in Cincinnati and were serviced within a CoC program. Regardless of how many times a person was served by a program or how many programs that person entered they were only counted as one individual- generating an unduplicated participation count.

- All recorded persons in street outreach– 1,162
- All recorded persons who utilized an emergency shelter bed – 6,055
- All recorded persons who utilized a transitional housing bed – 1,117
- All recorded persons who utilized a permanent supportive housing bed - 1,653
- Unduplicated count of persons who utilized any one or more of the following: street outreach, emergency shelter and/or transitional housing - 7,221
- Unduplicated count of persons who utilized any one or more of the following: street outreach emergency shelter, transitional housing and permanent supportive housing - 8,372

Of the 7,221 persons served in outreach, shelter or transitional housing (those who are counted in the annual homeless count for HUD) their **household types** break out as follows:

Individual adult male	3,312	45.9%
Individual adult female	1,113	15.4%
Unaccompanied youth	693	9.6%
Adults in families with child(ren)	737	10.2%
Children in families with adults	1,366	18.9%

## Racial demographics

Federal standards emphasize self-reporting or self-identification as the preferred method of collecting data on race and ethnicity. Clients may select as many races as are applicable. Of the 7,221 homeless persons race was identified as follows:

Black/African American	4,997
White	1,944
White, Black/African American	113
Black/African American, American Indian/Alaskan Native	43
American Indian/Alaskan Native	34
Asian	15
Native Hawaiian/Pacific Islander	14
White, American Indian/Alaskan Native	14
Other multiracial	15
Unknown/client refused	32

Additionally 101 of the person's identified above identified a Hispanic/Latino ethnicity. Of those, only 21 persons were identified as non-English speaking.

**Families with Children** (2,103 homeless children and adults in families):

- The number of families was 690;
- Single female heads of household: 86%;
- Single male heads of household: 4%;
- Families with more than one adult: 10%;
- Of the adults in homeless families – 33% were victims of domestic violence.

**Chronically Homeless:**

By federal definition a chronically homeless person is an unaccompanied individual with a disabling condition who has either been continuously homeless for more than one year or who has had at least four episodes of homelessness in the past three years.

- Of those persons served in street outreach and/or emergency shelter programs, 1,685 met the chronic homeless definition.
- These chronically homeless persons (who make up 34% of all sheltered adults) accounted for almost one half of the bed-nights utilized in emergency shelters in 2008
- The special needs/disabling conditions of those chronically homeless individuals were:

Alcohol abuse	1,145	68%
Drug abuse	1,133	67%
Mental illness	961	57%
HIV	60	3%
Physical/sensory disability	534	31%
Developmental/cognitive disability	191	11%

- Many chronically homeless persons have more than one special need/disabling condition. A full 45% are dually diagnosed with both substance abuse (drug and/or alcohol) and mental illness.

Within Hamilton County, according to 2008 US Census Bureau figures, 13% of the county lives in poverty and within the City of Cincinnati itself that number rises to 21.9% of the population.

Further poverty statistics indicate:

Children below poverty level:

Cincinnati, Ohio:  36.0%

State:  18.1%

Poverty rate among high school graduates not in families:

Cincinnati:  20.8%

Ohio:  17.1%

Poverty rate among people who did not graduate high school not in families:

Cincinnati:  46.4%

Ohio:  37.0%

Poverty rate among disabled males:

Cincinnati:  24.5%

Ohio:  13.8%

Disability rate in this city among poor males (it is 20.0% among residents who are not classified as poor):

Cincinnati:  28.7%

Ohio:  13.8%

Poverty rate among disabled females:

Cincinnati:  31.0%


Ohio:  18.7%

Disability rate in this city among poor females (it is 20.5% among residents who are not classified as poor):

Cincinnati:  31.1%

Ohio:  18.7%

Renting rate in this city among poor and not poor residents:

Residents below poverty level:  88.4%

Residents above poverty level:  54.0%

Each of these demographics, without regard to the current economic conditions, are indicators of households "at-risk of homelessness".

The 2009 Point-in-Time Count, conducted on January 29, 2009 identifies the following persons as homeless on that night:

POINT-IN-TIME January 29, 2009	Sheltered		Unsheltered	Total
	Shelter	Transitional Housing		
<b>Part 1: Homeless Population</b>				
1. Number of Families with Children	55	59	0	114
1a. Total Number of Persons in Families with Children	169	190	0	359
2. Number of Households without Children	517	221	35	769
2a. Number of Persons in Households without Children	517	221	35	769
<b>Total Persons (1a + 2a)</b>	686	411	35	1,132
<b>Part 2: Homeless Subpopulations</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
a. Chronically Homeless	262		6	268
b. Severely Mentally Ill	234			
c. Chronic Substance Abuse	410			
d. Veterans	139			
e. Persons with HIV/AIDS	19			
f. Victims of Domestic Viol.	201			
g. Unaccompanied Youth (under age 18)	6			
<p>Note: In the 48 hours prior to the street count, Cincinnati received 8 inches of snow and the low temperature was 19 degrees. For the first time, since the CoC began point-in-time counts in the late 1990's, weather conditions led the City of Cincinnati to open a Cold Shelter on the night of the count, possibly impacting the unsheltered number.</p>				

**Facilities and Services for Homeless Families with Children:**

Facilities and services for homeless families begin in the emergency shelter system of the CoC. Since 1999 the family shelters have been part of a partnership program that has enabled them to:

- Share data and case planning across agencies
- Increase case management capability and competencies
- Forge a partnership with Hamilton County Job and Family Services to increase access and timely processing of all mainstream benefits/resources for families.
- Jointly develop the Central Access Point as the way for families to enter the system.
- Reduced recidivism rates
- Collaborate on a family homeless prevention program (one of 5 funded demonstrations in the state)
- Collaborate on a new Rapid Re-housing for Families (one of 23 funded demonstrations in 2008 CoC competition the country)

As is the norm across the county, family homelessness increases in the summer months and tends to decrease over the winter months, therefore, the Point in Time numbers taken in January show the lowest level of family shelter usage. At that low level 201 of the family beds available in the community, 84% were occupied. However, if that Point in Time would have been taken in July the family shelters would be 100% occupied, often with families waiting to gain admission to shelter. Data from the Central Access Point indicates the increasing number of families seeking emergency shelter is due to economic conditions and apartment foreclosures.

Considering the data and the efforts currently underway within the family system the following goals have been established:

1. MAINTAIN THE CURRENT LEVEL OF 201 PERMANENT SHELTER BEDS. With the exception of the domestic violence facilities (currently under renovation to increase its capacity by 9 beds), it is the continued belief of all persons involved in planning for family homelessness that permanent emergency shelter beds should not be added to the system.
2. INCREASE TEMPORARY EMERGENCY SHELTER BEDS FOR SEASONAL OVERFLOW AND BECAUSE OF POOR ECONOMIC CONDITIONS. A non-permanent emergency shelter system such as a hotel program may need to be established if the trend for the increasing need for emergency shelter beds for families continues, and the Hamilton County Department of Job and Family services cannot sustain the emergency hotel program previously operated by the department.
3. DECREASE THE LENGTH OF STAY WITHIN THE EMERGENCY SHELTER SYSTEM. The family shelters have refocused their energies to rapidly move families from the emergency shelter system into housing, thereby decreasing the amount of bed nights utilized in shelter.

- a. The Rapid Re-housing for Families programs should be carefully monitored for success rates both in decreasing the length of stay within the shelter system and ensuring that recidivism rates do not rise as a result.
4. CREATE NEW SCATTERED-SITE TRANSITIONAL HOUSING BEDS FOR FAMILIES. A new rapid re-housing or scattered-site transitional housing program for families must be established to increase the ability of the shelter to move families from shelter to transitional housing (especially in light of decreasing opportunities for employment based on current conditions).
- a. Implement the new Rapid Re-housing for Families program granted in 2008 by the CoC effectively providing an additional 60 units (180 bed) of transitional housing
  - b. Increase the number of "short-term" transitional units (6 to 9 month average) by 50 units (150 beds) over a five year period.
  - c. Increase the number of "longer-term" transitional housing (9 months to 2 years) for moderate to difficult family placement by 30 units (90 beds) over the five years.
5. CREATE NEW PERMANENT SUPPORTIVE HOUSING OPTIONS FOR FAMILIES. With the federal definitional change of chronic homelessness to include families, it will be possible within the next five years to create new PSH opportunities for families where the primary head-of-household is disabled and the family has experienced multiple episodes of homelessness.
- a. Create 20 new PSH units (60 beds) for chronically homeless families.
  - b. Increase coordination with public housing and other federal programs to increase the supply of housing subsidies available for homeless families.

**Facilities and Services for Single Homeless Individuals:**

In late 2008 the City of Cincinnati issued Ordinance 0347-2008 authorizing the CoC to develop a comprehensive strategic plan to ensure single homeless individuals have access to appropriate shelter facilities and comprehensive services which facilitate their movement from shelter to permanent housing. Over a six month period over 90 individuals participated in an intensive planning process. The completed plan, called the Homeless to Homes Plan, was accepted by both the City of Cincinnati and Hamilton County and provides the details for specific goal elements listed here that are relevant to the Consolidated Plan:

MAINTAIN THE CURRENT LEVEL OF EMERGENCY SHELTER BEDS, DECREASE THE CONCENTRATION OF SHELTER BEDS SO AS TO BETTER SERVE HOMELESS INDIVIDUALS, AND DECREASE THE LENGTH OF STAY IN SHELTER. Intensive work was done utilizing Homeless Management Information System data to determine the extent of the need and types of persons sheltered by age, sex, and disabilities. The results of that work documented that the current number of emergency shelter beds should be maintained, but that persons within the shelter system need to be provided with a higher level of service in order to facilitate movement from homelessness to permanent housing.

- a. Separate homeless single women's shelter beds from single men's beds.

- b. Decrease the concentration of emergency shelter beds.
  - c. Decrease the ratio of case managers to clients to 1:10.
2. INCREASE THE NUMBER OF TRANSITIONAL HOUSING BEDS. Increasing the number transitional housing beds for single individuals will support the flow of persons out of emergency shelter and decrease the length of stay in shelter.
    - a. Increase the number of transitional housing beds for single individuals by 191 new beds over the five year period.
    - b. Utilize the bed type mix as identified in the Homeless to Homes Plan as the recommended level of units for each subpopulation.
  3. INCREASE THE NUMBER OF PERMANENT SUPPORTIVE HOUSING UNITS AVAILABLE Increasing the number of permanent supportive housing units will decrease the number of chronically homeless persons in the community. An increase of 1,020 units over the next 5 years is recommended as the overall target.
    - a. Develop 125 site-based PSH units
    - b. Develop an additional 79 scattered-site PSH units
    - c. Create one PSH group home for the extremely long-term homeless women in the system.
  4. MAINTAIN THE CURRENT LEVEL OF COORDINATION AND SERVICES FOR OUTREACH TO STREET HOMELESS PERSONS AND INCREASE THE LEVEL FOR YOUNG ADULTS AND PERSONS WITH SUBSTANCE ABUSE ISSUES
    - a. Expand the facility and services within Anthony House, an outreach and engagement center for young adults.
    - b. Increase the street outreach services for persons with substance abuse.

**Improve access into service/facilities:**

1. MAINTAIN AND EXPAND THE CENTRAL ACCESS POINT (CAP) The CAP program is currently designed to enable homeless families to gain access to emergency shelter or family homelessness prevention services. It is recommended that the CAP program be expanded to include the coordination and flow of single homeless individuals as well.
2. CREATE A PROGRAM/SYSTEM FOR HOMELESS INDIVIDUALS TO ACCESS INFORMATION AND REFERRAL SERVICES APPROPRIATE TO THEIR NEEDS Long identified as a need by Cincinnati's homeless population as a "homeless concierge" service – a place homeless persons could go to get connected with information and referral services. This recommendation was incorporated into the Homeless to Homes plan. The Information/Referral service should be connected with either an individual shelter or the Central Access Point.

## Priority Homeless Needs

### Homeless Prevention Strategies

As mentioned above, the Homeless to Homes Plan summarizes recommendations made by local and national experts in the homeless services field, local funders, and community stakeholders including representatives of service providers, government agencies, NGOs, businesses, and faith-based organizations. The process for developing the plan constituted the first time in our region that a plan for ending homelessness used actual data of homeless persons in the community; real numbers, real ages, and real special needs became a foundation for the work. Because this plan was created using a “blank slate” problem solving method, it reflects what the steering committee and working subcommittees believe are the best of what could and should happen for homeless single individuals in the community.

The plan represents a significant shift in the ways our community responds to those who are homeless. The Homeless to Homes report responds to the need for a new, comprehensive plan that changes how our community provides homeless housing and services, how homeless individuals are expected to respond, and how public and private funding systems can work cooperatively and with a clear emphasis to support the initiatives of this plan.

As mandated by Cincinnati City Council on May 21, 2009, the Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc. has seated the Homeless to Homes Transition Team, which has the task of prioritizing for implementation the over 50 recommendations within the Homeless to Homes Plan. This prioritization is ongoing, but should be completed and reported to the City, County, and community in September 2009 and will classify recommendations as follows:

- High Priority Recommendations- implementation to be begun in Year 1
- Years 2-3 Recommendations
- Years 4-5 Recommendations

Though the prioritization is not complete, the following items appear to be likely High Priority recommendations:

- Increase the number of Transitional Housing beds.
- Increase the number of Permanent Supportive Housing units.
- Development of a Central Access System to be used by homeless households to access emergency shelter, housing, and services.
- Decreasing the ratio of case managers to clients so as to provide a higher level of services.
- Restructure the current number of emergency shelter beds so as to better meet the needs of emergency shelter residents.

- Improve access to services through increased collaboration and coordination between CoC homeless services and the Mental Health and Recovery Services Board.
- Divert homeless people away from incarceration and toward transitional housing.

This prioritization is ongoing, but should be completed and reported to the City, County, and community in September 2009.

## **Homeless Inventory**

See *2009 Housing Inventory Chart* (attached)

## **Homeless Strategic Plan**

### **Homelessness**

Cincinnati is a leader in services for the homeless in many ways, nevertheless there are still opportunities to better serve homeless single men and women. Shelters currently provide a place to stay and facilities that meet basic needs. However, the shelters struggle with the number of homeless people entering the system on a daily basis. The shelters face many challenges to providing best practice services that support an exit from homelessness. Beyond the shelter system, three other items were identified as contributing factors to homelessness: 1) the availability of appropriate housing (especially for special needs subpopulations) to facilitate their exit from the streets or shelters; 2) the accessibility of mental health and substance abuse services for all those in need to address the special issues that precipitate or perpetuate their homelessness; and 3) the funding to sustain efforts to make significant and lasting improvements to the system. Additionally, agencies serving the homeless are challenged to increase communication and resolve conflicts with their host neighborhoods in more proactive and productive ways.

### **Chronic Homelessness**

The City of Cincinnati, Hamilton County and the CoC have consistently utilized the Consolidated Plan as the process and document for strategies and planning to address homelessness, including chronic homelessness. On October 8, 2008 City Council approved Ordinance 0347-2008, which directed the CoC to "immediately address the inadequacy of the current provision of services for single homeless individuals in the City of Cincinnati, and to put in place a comprehensive plan to implement such services." Further, the ordinance states "the plan must ensure that as a critical segment of the homeless community, single homeless men and women, will have access to safe, appropriate shelter facilities and that such facilities will provide comprehensive services necessary for homeless individuals to obtain and maintain housing." The plan was completed in March of 2009 and adopted by both Cincinnati City Council and Hamilton County Board of County Commissioners. Pursuant to the plan's recommendations, the city and county administration will incorporate the Homeless to Homes plan as the basis for the Homeless/Special Needs section on homeless individuals within the 2010-2014 Consolidated Plan.

The recommendations and strategies from Homeless to Homes that are now being incorporated into the Consolidated Plan relating to ending chronic homelessness are as follows:

1. Reconfigure the emergency shelter beds for single individuals into smaller bed configurations that provide a higher level of services to residents; provide more intensive case management services that support individual development; develop and follow through with case plans that move them quickly from homelessness into housing.
2. Create a “safe walk-in shelter” with a limited number of beds to provide emergency refuge for single men or women would cannot or will not engage with workers to develop a case plan.

### **Homeless Prevention**

The jurisdiction was selected in 2007 to undergo an evaluated state prevention program for homeless families. With that program as well as the Homeless Prevention and Rapid Re-housing Program (HPRP) stimulus funds, and normal community emergency assistance activities, the CoC has created the foundation for homeless prevention activities.

HPRP, the CoC and the United Way of Greater Cincinnati (UW) collaborated and they are using the UW funded Emergency Assistance centers plus one faith-based Emergency Assistance center as the Prevention Providers. The UW current funding within the agencies will be used for staffing while HPRP funds will provide direct financial assistance. Using a transformative prevention model, clients are provided both case management and prevention funds in sufficient quantities to make a sustainable difference in the households ability to sustain housing. The CoC has incorporated the HMIS (VESTA system) to acquire all data and pay all bills, in a consolidated administrative effort and as an outcome based measurement system. A sub- grant arrangement with the Legal Aid Society of Greater Cincinnati is being used to provide legal assistance as needed to prevent homelessness.

The City HPRP funds will provide: 74% of the direct financial assistance for Prevention, the salary of the back end financial management person to pay all bills and account for all funds and will provide all of their funds towards the RRH program. The County will provide: the balance of the direct financial assistance for Prevention; support Legal Services efforts to prevent homelessness; and support the Central Access Point “hotline” as a designated access call line for prevention and RRH for families.

### **Institutional Structure**

The CoC planning process is a coordinated, collaborative effort by the City of Cincinnati, Hamilton County, the Greater Cincinnati Coalition for the Homeless, and the CoC Working Groups under the umbrella of the 501(c)3 –Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc. (CoC, Inc.). The CoC, Inc. is the lead agency registered with HUD for the CoC annual grant application process and is the entity responsible for the submission of Exhibit 1. Over the course of the Consolidated Plan period this entity will also assume the responsibility for financial management of the grants pursuant to changes regulated by HUD.

The community leadership team, now known as the Homeless Clearinghouse, includes staff and members of: the City of Cincinnati Department of Community Development, Hamilton County Community Development Department, the Greater Cincinnati Coalition for the

Homeless (GCCH), an elected representative liaison from each of the CoC Working Groups, as well as Executive Directors of four CoC-funded agencies. The Homeless Clearinghouse is staffed by the CoC, Inc. The Homeless Clearinghouse provides process oversight for the CoC, Inc. Board of Directors.

The purpose of the Homeless Clearinghouse is to:

1. Plan and coordinate community influence on systemic decisions affecting the homeless.
2. Uphold the elements of the Consolidated Plans that affect homelessness.
3. Identify and support the utilization of all sources of funds and other resources used to improve the quality of life for homeless persons and/or to end homelessness.

Planning itself occurs through the inclusive CoC process. The Working Groups of the CoC are groups focused on specific populations of homeless persons and/or specific types of providers. CoC Working Groups meet on a regular basis to address service-related issues. The Working Groups include not only the appropriate service/housing providers but also homeless persons, including those from the subpopulations identified in the committee's action plan, and system organizations that have an effect/influence over the target issue (e.g. welfare department, substance abuse board, social security, etc.) The groups report quarterly to the Homeless Clearinghouse. This system has provided the community with an improved level of coordination, community involvement and the ability to assure efforts in the community are not duplicated.

<b>Working Group</b>	<b>Focus Area</b>	<b>Prime Activities</b>
Family Shelter Partnership Program (FSPP)	Families in shelter	Coordinating quality case management  Coordinating mainstream resources (TANF, FS, CHIP, Medicaid, Child Care, Children's Protective)
Homeless Individuals Task Force (HIT Force)	Homeless single individuals & chronically homeless	In process of being changed to correspond with Homeless to Homes planning and implementation efforts.
Homeless Outreach Group (HOG)	Street Homeless & chronically homeless	Coordinating outreach efforts  Increasing access to housing/services directly from the streets
HMIS Advisory Committee	HMIS Quality and Integrity	Oversight of HMIS policies, procedures, system usage. Coordinates activities with the HMIS Lead Agency – The Partnership Center, Ltd.
Transitional Housing Group	SHP Transitional Housing	Promoting best TH practice efforts.
Permanent Housing Group	SHP Permanent Housing for the Disabled	Promoting best PSH service practice efforts.
PSH Development	Providing comprehensive planning and support to site based PSH	Coordination of site, development, funding among developers to implement PSH housing recommended in Homeless to Homes.

Shelter Plus Care	SPC excellence	Promoting best practices among SPC providers.
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To ensure there are not duplicate efforts in coordination and planning, the City of Cincinnati contracts, on a year-round basis for the CoC, Inc. to manage both the Continuum and all other funding and administrative support for homeless services (including SPC, ESG and HOPWA), and the homeless section of the Consolidated Plan.

#### Planning/Coordination

- Maintain an “inclusive planning process”
- Facilitate Consolidated Planning and monitoring process (homeless section) for the City/County
- Facilitate Homeless to Homes Implementation
- Facilitate processes to include the voice of homeless persons in planning
- Maintain and staff the community planning/coordination body: *Homeless Clearinghouse*.
- Manage relationship with the Ohio Interagency Council on Homelessness and Housing.

#### Data Gathering/Sharing

- Manage contract with HMIS Lead Agency to ensure:
  - All homeless counts - as required by HUD or other community initiatives are completed with HMIS data
  - Provide data to local/state/federal governments and community providers to use
  - Provide the linkage for HMIS data government reporting
- Maintain and staff the *HMIS Advisory Committee*

#### Funding Coordination and Development

- Facilitate annual CoC process and grant submission to HUD
- Facilitate annual City-ESG process and coordinate grant requirements with the City
- Monitor funding, as required by funding source(s)
- Coordinate activities to support/develop community funding initiatives with HUD and other federal, state, local resources

#### Service Delivery System Intervention

- Monitor program outcomes and performance measures established by HUD and community processes.
- Facilitate/support initiatives that improve access to mainstream resources/services for the homeless

- Provide support for the creation of partnership initiatives/programs
- Provide support/coordination for CoC Working groups including whose focus is:
  - Provision of direct service for a specific population of homeless persons
  - Network information
  - Information sharing among providers
  - Gaps identification (directed to CoC planning and/or GCCH advocacy)

### **Discharge Coordination Policy**

Discharge Planning activities are coordinated with the appropriate State level departments through the Interagency Council on Homelessness and Housing. The following documents the protocol established for each required discharge plan area:

#### Foster Care

Each public children’s service agency (PCSA) shall provide appropriate services and support to former foster care recipients. The services and supports are to compliment the young adult’s own efforts and shall be available until the young adult’s twenty-first birthday. Independent living services available to young adults aged eighteen to twenty-one include: daily living skills, assistance in obtaining a diploma or GED, entering post secondary education or training, career exploration, vocational training, job placement and retention, preventative health activities, financial, housing, employment, education and self-esteem counseling, drug and alcohol abuse prevention and treatment.

An agency may use up to 30% of its federal allocation for room and board for the emancipated youth up to age 21, which includes assistance with rent, deposit, utilities, or utility deposits.

Each county’s protocol may be different as Ohio is a state supervised, county administered state. If a child is 16 years or older and is likely to remain in care the agency must have a written independent living plan to achieve self-sufficiency developed within thirty days of the completion of an assessment. The plan should be based upon the assessment and include input from the youth, the youth’s case manager, the caregiver, and significant others in the youth’s life. The independent living plan should be reviewed at least every ninety days thereafter until the agency’s custody is terminated.

A review of the state protocol at the local level (Cincinnati/Hamilton County) through the Hamilton County Department of Job and Family Service (HCJFS) indicates that assessments are completed on all foster teens as prescribed above at age 16 or as they come into custody, using the Daniel Memorial Assessing and Contracting with Youth tool which provides for not only the assessments but the follow-up planning. The HCJFS After Care Worker is responsible for devising an individual plan for each emancipated youth, including housing plans. HCJFS is the PCSA responsible for the implementation of the policy at the local level.

#### Health Care

The Ohio General Assembly has enacted laws governing the transfer and discharge of residents in nursing homes (NHs) and residential care facilities (RCFs) [Ohio Revised Code

(ORC) section 3721.16], adult care facilities (ACFs) [ORC section 3722.14], and community alternative homes (CAH)[ORC section 3724.10]. As the licensing agency for these facilities, the Department of Health promulgated Chapter 3701-16 of the Ohio Administrative Code (OAC) that further expounds on the transfer and discharge rights of NH and RCF residents and OAC rules 3701-20-24 (ACF) and 3701-16, 23 (CAH). The Department ensures that these provider types follow the appropriate regulations regarding transfer, discharge, or both, by reviewing documentation that the facility has initiated discharge planning and that alternatives have been explored and exhausted prior to discharge.

Although Ohio does not license hospitals, ODH as the State Survey Agency for Medicare, surveys hospitals for compliance with Medicare certification regulations related to resident discharge rights 42 CFR 482.13 and discharge planning, 42 CFR 482.43 which establish hearing rights for premature discharge and requirements for planning for patients' needs after discharge.

Locally, a protocol does exist for discharge of homeless persons from hospitals. The hospitals within Cincinnati and Hamilton County have joined together to fund the CoC's Center for Respite Care, which was specifically designed for homeless individuals who were treated in the hospital and need additional medical support. The protocol developed and utilized throughout the hospitals in the area for admission to Respite requires the hospital to: a) have the hospital social worker provide referral information to Respite; b) Respite admissions staff evaluates patient data to determine if respite care is appropriate; c) hospital staff provides relevant medical background documentation (history, diagnosis, medical notes, discharge summary and treatment plan); d) hospital discharges to Respite with a 30 day supply of all prescribed medications and transports the patient to Respite. Respite has on staff, a trained Front Line Homeless Worker who then works with the patient to secure income and housing.

#### Mental Health Care

It is the policy of ODMH that homeless shelters are not appropriate living arrangements for persons with mental illness. Patients being discharged from ODMH Behavioral Health Organizations/Hospitals are not to be discharged to a shelter or to the street.

Community Support Network (CSN) programs are required to have appropriately approved emergency housing plans in place in the event their clients undergo unexpected residential change. These entities, in conjunction with the responsible or contracting Board or agency, must exhaust all reasonable efforts to locate suitable housing options for patients being discharged. Patients in ODMH BHOs shall not be discharged to homeless shelters and clients in an ODMH CSN program shall not be removed or relocated from community housing options to homeless shelters unless the responsible board or contract agency has been involved in the decision making process and it is the expressed wish of the affected person and other placement options have been offered to the affected person and refused. When a discharge or relocation to a homeless shelter occurs under these guidelines, the reasons shall be thoroughly documented in the person's chart and reviewed via the BHOs quality improvement process. Persons may not be discharged or relocated to homeless shelters for the convenience of staff, as a punitive measure, or for expediency. ODMH BHO policies shall be consistent with this directive.

The Hamilton County Mental Health Board is in compliance with this directive. Locally, a system of "quick access" beds, within apartments has been developed to support the above

policy and protocol. The Quick Access beds are shown on the Housing Inventory as a method of tracking persons and ensuring discharge to shelters does not occur.

## **Housing Opportunities for People with AIDS (HOPWA)**

### **HOPWA Activities**

The focus of the City's HOPWA Advisory Committee remains on maintaining the existing network of AIDS services providers and assist them in their continuing efforts to respond to the changing demographics of HIV/AIDS" through the following objectives:

- Provide operational support for 11 beds of congregate, transitional housing for persons with HIV/AIDS.
  - Caracole will continue to provide direct housing services at Caracole House, a congregate residence for those disabled or displaced by HIV/AIDS.
- Provide direct services for persons with HIV/AIDS, including housing assistance, supportive services and linkages to medical support.
  - Caracole will continue to provide supportive services to persons within their Shelter Plus Care program.
  - NKIDHD and STOP AIDS will continue to provide supportive services to persons receiving HOPWA short term rent mortgage and utility assistance (STRMU) and non-HOPWA short term housing assistance to assist in stabilizing the household and preventing future homelessness.
  - The Center for Respite Care will continue to provide supportive services to persons in their shelter to stabilize and assist them moving on to permanent housing situations.
- Provide STRMU to households with HIV/AIDS throughout the Greater Cincinnati EMSA to help them remain in independent living situations and maintain existing housing.

One of the primary obstacles facing each HOPWA provider today is the reduction of many funding sources, and the increasing strain on resources. As economic conditions have worsened over the past year, the need for assistance is greater and the availability of assistance has not necessarily kept pace. The network of HIV/AIDS case managers (organized through the Greater Cincinnati AIDS Consortium) continues to work toward collaboration and maximizing the funds available for the low-income HIV/AIDS community.

### **HOPWA Output Goals**

See *Projects Workbook* (attached)

### **Target Completion Dates (Housing Facility Projects)**

There are currently no additional housing facilities planned in the Greater Cincinnati EMSA.

## Fund Allocation

The **HOPWA** fund allocation process is an inclusive process of the HIV/AIDS community. To allocate funds in the Greater Cincinnati EMSA, an annual HOPWA Advisory Committee is convened which includes state HOPWA officials, Ryan White representatives, provider applicants, consumers, and advocacy organizations.

The Cincinnati EMSA includes 15 counties: five in Ohio, seven in Kentucky, and three in Indiana. The estimate of each county's need is determined by assessing the number of HIV/AIDS cases as a percentage of the total. This estimation of need is then applied as a guide for allocating funds. Since there is no Indiana sponsor agency, the Indiana portion is typically allocated to the Kentucky or Ohio agency that has committed to serving Indiana clients. Applications for HOPWA funds are reviewed and community decisions on allocations are made. Allocation recommendations are forwarded to the City of Cincinnati's Office of Budget and Evaluation for inclusion in the annual budget presented to City Council for final approval. The following are the recommended 2010 allocations for the City of Cincinnati EMSA:

Agency	Zip Codes for areas of activities	Recommended Budget	Faith Based?	Grass Roots?
Caracole	45002-45251	\$ 236,581.00	No	No
Center for Respite Care	45229	\$ 31,866.00	No	No
Northern Kentucky Independent Health District	41011, 41042, 41071, 41097, 41095, 41040, 41043, 47012, 47001, 47040	\$ 126,114.00	No	No
STOP AIDS	45202, 45014-45033 45205-45240	\$ 215,439.00	No	No
	<b>Total</b>	<b>\$ 610,000.00</b>		

## Lead Jurisdiction

In addition to the facilitation of the HOPWA application process, the City of Cincinnati contracts with the CoC, Inc. to facilitate year-round HOPWA processes, including monitoring programs for regulatory compliance. The CoC, Inc. reviews all grant billings for eligible expenses before they are submitted to the City of Cincinnati for payment. In addition to the grant billing review, CoC, Inc. staff site-monitor each agency at least annually. Agencies must demonstrate during the monitoring that funds are being used appropriately, and that eligible persons are being served.

## Specific HOPWA Objectives

Each HOPWA provider agency brings leveraged resources to the table, and additionally, HOPWA funding provides valuable leverage to obtain other resources. Leveraged resources include: Ryan White Part B, HUD Supportive Housing Program, HUD Shelter Plus Care, HUD

Emergency Shelter Grant, State HOPWA funds, Ohio Department of Development, Ohio Department of Health, United Way, and private hospitals and foundations.

Program Information				Target Population		HUD Funding	All Year-Round Beds/Units				Year-Round Beds covered in HMIS				Seasonal Beds				O/V Beds	PIT Counts	Utilization Rates	
Provider	Facility Name	Geo Code	Inventory type	A	B	Does this facility	Family Beds	Family Units	Individual Beds	Total Year-Round Beds	Year-Round Family beds	Year-Round Individual	Percentage family beds	Percentage individual	Total Seasonal	Number Available in	Availability Start Date	Availability End Date	O/V Beds	Point-in-Time Homeless	Program Utilization	
Insert provider name																						
Bethany House	Bethany House	391062	C	SFHC		Yes	26	0	4	30	26	4	100%	100%	0	0					25	83%
City Gospel Mission	City Gospel Mission	391062	C	SM		No	0	0	36	36	0	36		100%	0	0			10	46	128%	
Ctr. For Respite Care	Respite Center	391062	C	SMF		Yes	0	0	14	14	0	14		100%	0	0			0	10	71%	
Drop Inn Center	Men's Dorm	391062	C	SM		Yes	0	0	180	180	0	180		100%	0	0			50	202	112%	
Drop Inn Center	Women's Dorm	391062	C	SF		Yes	0	0	42	42	0	42		100%	0	0			8	48	114%	
HCCMHB	Quick Access	391062	C	SMF		No	0	0	33	33	0	33		100%	0	0			0	3	9%	
Interfaith Hospitality Network	Interfaith Hospitality Network	391062	C	HC		Yes	32	0	0	32	32	0	100%		0	0			0	25	78%	
Lighthouse Youth Services	Youth Crisis Center	391062	C	YMF		Yes	0	0	20	20	0	20		100%	0	0			0	6	30%	
Mercy Franciscan at St. John's	St. John Temp	391062	C	HC		Yes	33	10	0	33	33	0	100%		0	0			0	14	42%	
Mercy Franciscan at St. John's	Anna Louise Inn	391062	C	HC		Yes	45	0	0	45	45	0	100%		0	0			0	44	98%	
Mt. Airy Shelter	Mt. Airy Shelter	399061	C	SM		Yes	0	0	48	48	0	48		100%	0	0			0	44	92%	
Salvation Army	Salvation Army	391062	C	HC		Yes	20	0	4	24	20	4	100%	100%	0	0			0	24	100%	
St. Francis/St. Joseph Catholic Worker Hs.	Catholic Worker	391062	C	SM		No	0	0	16	16	0	16		100%	0	0			0	17	106%	
YWCA	Battered Women's Shelter	391062	C	SFHC	DV	Yes	45	0	20	65	0	20	0%	100%	0	0			0	60	92%	
Cincinnati Union Bethel	Off the Streets	391062	N	SF		No	0	0	15	15	0	15		100%	0	0			2	17	113%	
City of Cincinnati	Cold Shelter	391062	N	SMF		No	0	0	0	0	0	0			0	0			110	101		
total							201	10	432	633	156	432			0	0			180	686		

