

2009

The Homeless to Homes Plan: Implementation Report and Update

Putting an End to Homelessness in Cincinnati and Hamilton County

Prioritizing and establishing a timeline for the implementation of the recommendations within the Homeless to Homes Plan, a comprehensive plan to ensure homeless single individuals have access to appropriate shelter facilities and comprehensive services which facilitate their movement from shelter to permanent housing.

A system wide
paradigm shift

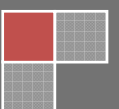
New
requirements
for homeless
providers

New
requirements
for those with
statutory
authority

New
cooperative
efforts among
funders -public
and private

New
expectations
for those who
are homeless

Empowering
change



The Homeless to Homes Plan Implementation Report and Update

Putting an End to Homelessness in Cincinnati and Hamilton County

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The Homeless to Homes Plan and Process

On October 8, 2008 Cincinnati City Council approved Ordinance 0347-2008 which directs the Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc. (CoC, Inc.) 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.” This ordinance, combined with Council’s instructions to “take a blank slate” approach, set the framework for the Homeless to Homes planning process.

To comply with the mandate of City Council, the CoC, Inc. convened the Homeless to Homes Steering Committee and seven subcommittees to undertake a comprehensive planning approach. The resulting Homeless to Homes Plan represents only the beginning. It is the summary of recommendations made by experts in the homeless services field, local funders, and community stakeholders, including representatives of service providers, government agencies, businesses, and faith-based organizations. The Homeless to Homes Plan represents the combined effort, input, and work of many people, numerous groups, and the homeless people who participated in several Homeless Think Tanks.

The Homeless to Homes planning process was also the first time in our region that a plan for ending homelessness used the actual data of homeless persons in the community. Participants used real numbers, real ages, and real special needs information early on, and the data became a foundation for the work. Because the 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, and incorporated these ideas into specific recommendations.

The plan represents a significant shift in the way our community responds to those who are homeless. The Homeless to Homes Plan 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 full Homeless to Homes Report can be downloaded from the CoC, Inc.’s website-
www.cincinnatioc.org

The Homeless to Homes Implementation Ordinance

On May 21, 2009, Cincinnati City Council passed ordinance 0129-2009, accepting the Homeless to Homes Plan, and also mandating that the Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc. do the following:

1. Establish a **Transition Team** to prioritize the recommendations within the Homeless to Homes Plan for implementation and develop an implementation schedule, using the same cross-functional representation of interests as the committee that constructed the plan initially. Implementation must ensure that single homeless men and women will have access to the safe, appropriate, targeted shelter facilities described in the Homeless to Homes Plan, each providing the comprehensive services and Homeless Case Management Services outlined in the Homeless to Homes Plan.

2. Further identify **Best Practices** and medical services for the homeless, examining the research and looking around the country for agencies and organizations that have service delivery models and programs that achieve notable success so as to ensure the highest standards of care for the homeless in terms of shelter, case management services, medical services, systems coordination, and mental health and recovery services.
3. Develop **Minimum Standards for Shelters** which shelters must then pledge to adhere to for receipt of public funding, and that these standards should be developed in a cooperative effort with representatives from existing shelters and surrounding neighborhood representatives.
4. Develop **Minimum Standards for "Good Neighbor Agreements"** to which all transitional and permanent supportive housing must adhere to be eligible for public funding.

The Homeless to Homes Transition Team and Process

As called for in the Homeless to Homes Implementation Ordinance, the Continuum of Care moved to establish a Transition Team to prioritize the recommendations within the Homeless to Homes Plan, using the same cross-functional representation of interests as the committee that constructed the plan initially.

The Homeless to Homes Transition Team is comprised of the following members:

- Business Community:
Myrita Craig, Executive Director, Agenda 360
Gary Lindgren, Executive Director, Cincinnati Business Committee
- Faith Community:
H.F. (Pat) Coyle, Jr., Vice President – Executive Board, Metropolitan Area Religious Coalition
- Foundations and Funders of Homeless Services:
Eric Avner, US Bank Haile Foundation
Scott Knox, Esq., the Cincinnati/Hamilton CoC for the Homeless, Inc. Board of Directors
Robert L. Obermeyer, Senior VP, Hamilton County Mental Health & Recovery Services Board
- Formerly Homeless:
Fannie Johnson, Drop Inn Center
- Provider of Healthcare to the Homeless:
Dr. Joe Kiesler, Healthcare for the Homeless
- Homeless Advocates:
Rob Goeller, the Greater Cincinnati Coalition for the Homeless
- Homeless Service Providers:
Tom Klinedinst, Board Member, The Drop Inn Center (Emergency Shelter Provider)
Linda Seiter, Executive Director, Caracole, Inc.(Transitional and Permanent Housing Provider)
- Local Government Representatives:
Michael Cervay, Director – City of Cincinnati Department of Community Development
Susan Walsh, Director – Hamilton County Department of Community Development

The Transition Team did not re-write or modify the Homeless to Homes Plan. However, since homelessness is and has always been an ever evolving problem, any plan to address homelessness needs to adapt as circumstances change. Therefore, in a few instances, the Transition Team felt the need to include some comment as to why a particular recommendation was prioritized as it was. All such comments are duly noted below the appropriate recommendations within this report.

The Transition Team considered the individual recommendations within the plan in regard to several factors:

1. Foundational recommendations: recommendations which must be implemented before others can begin.
2. Quality of life: items that improve the quality of life of homeless people.
3. Fundability: items for which initial and sustainable funding is probable, or for which funding may currently be available that may not be available at another point in time.
4. Recommendations in process: consideration was given to items which already had momentum, or which others in the community were already working on implementing.
5. Political considerations: consideration was given by the individual Transition Team members for recommendations that were probable to be supported by local government, the business community, service providers, etc.
6. Time: the amount of time needed to fully implement a recommendation.
7. Reputation: would a recommendation promote best practice standards, or enhance Cincinnati's presence or services compared to other communities nationally.
8. Culture: consideration was given to whether a recommendation would require a change in mindset or culture to be successfully implemented, and therefore would organizational development issues need to be addressed before implementation could be completed.

The Transition Team did two things: 1) prioritized the recommendations, and 2) established the timeline for implementation of the recommendations. Additional information in this report regarding funding, best practices, and current progress on individual recommendations, for example, is the work of the CoC, Inc. and its staff.

Classification and Prioritization of Recommendations

The Transition Team first differentiated between Homeless to Homes Plan recommendations that constituted "action steps" to be implemented, versus "guidelines" which provided important guidance as the community moves toward implementation, but which did not require action on a specific timeline.

All of the Homeless to Homes Recommendations are included in this Implementation report as follows-

- Recommendations identified as Action Steps were prioritized by the Transition Team and a timeline for their implementation was established.
- Recommendations identified as Guidelines pertaining to Emergency Shelter and/or Services to be provided within emergency shelters were incorporated into the ***Shelter Program, Operations, and Facility Standards*** (see Appendix A).
- Recommendations identified as Guidelines pertaining to Transitional and Permanent Housing were incorporated into the proposed **Good Neighbor Agreement Standards and Process** attached to this report. (See Appendix B)

Development of Implementation Timeline

Using these criteria, and remaining true to the five-year timeline of the Homeless to Homes Plan, the Transition Team separated the recommendations into three categories:

1. **High Priority Recommendations** – those items which must begin to be implemented in year 1 to immediately move Cincinnati’s homeless services system forward in a positive direction.
2. **Years 2-3 Recommendations** – items for which implementation will begin following the high-priority items.
3. **Years 4-5 Recommendation** – items to be implemented after the high priority and Years 2-3 items.

Organization of this Report

- A comprehensive list of all High Priority Recommendations begins on page 7 of this report.
- The High Priority recommendations appear a second time, along with all Years 2-3 and Years 4-5 recommendations in the appropriate section of this report:
 - Emergency Shelter
 - Transitional Housing
 - Permanent Housing
 - Services
 - Capital Funding
 - Smart Funding
- Notes regarding Funding, Best Practices, and Current Progress are included below recommendations in the above named sections, as appropriate.
- The “CoC, Inc.” versus the “CoC”-one point of clarification for the reader regarding the above abbreviations, as they appear in this report-
 - “CoC, Inc.” refers to the non-profit organization that was tasked with developing the Homeless to Homes Plan and with prioritizing the resulting recommendations. The organizations full name is the Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc.
 - “CoC” or “CoC Process”, short for Continuum of Care, refers to a U. S. Department of Housing and Urban Development (HUD) mandated community process which is, according to HUD, “an approach that helps communities plan for and provide a full range of emergency, transitional and permanent housing and services to address the various needs of homeless persons.” The CoC is both a process and a product. The process is the inclusive planning, implementation, and year-round management process utilized in collaboration with both the City and the County. The product is an annual grant application to HUD for funding for homeless housing and services for the homeless.

SUMMARY OF HIGH PRIORITY RECOMMENDATIONS (TO BEGIN IN YEAR 1)

The Homeless to Homes Transition Team has identified the following as the highest priority recommendations from within the Homeless to Homes Plan, and stated that implementation of these recommendations should begin in the next year:

1. A minimum of 191 site-based or scattered-site **Transitional Housing** beds are recommended in order to a) allow emergency shelters to serve as short-term facilities; b) enable longer-term support for persons who require longer lengths of stay to achieve their income or housing goals; and c) to reduce the recidivism rate of homeless and/or disabled persons returning to homelessness when they are placed in permanent housing before they are ready or able to succeed. We recommend 140 new beds of site-based transitional housing and 51 new beds of scattered-site transitional housing. In addition, these beds should be designated as follows:
 - a. Approximately 50 beds for single females
 - b. Approximately 40 beds for young adults
 - c. Approximately 30 site-based beds to support a diversion program for non-violent offenders who were homeless upon arrest
 - d. Approximately 16 beds for persons currently residing on the streets or in places unfit for human habitation
 - e. Approximately 40 beds for faith-based programs
 - f. The remaining new beds should be dispersed according to program-design and funding availability (See full HTH Plan document, page 7).
2. A **Central Access System** is recommended to coordinate and expedite the flow of all homeless single individuals into and through the shelter system. The Central Access System should include access to shelter information and referrals to homeless housing and supportive services. For homeless single men who present with substance use disorders, the system should also provide basic substance use disorder screening and transportation to Mt. Airy Shelter (See full HTH Plan document, page 9).
3. A 40-bed **Single Women's Shelter** facility is recommended to separate single women from single men (See full HTH Plan document, page 5).
4. **Mt. Airy Shelter**, a one-of-a-kind facility, is recommended for expansion to accommodate approximately 96 men. The shelter must continue to provide substance use disorder treatment (See full HTH Plan document, page 5).
 - ❖ **Transition Team Note:** this recommendation is high priority due to the extensive need and demand for substance abuse focused shelter beds, such as those at Mt. Airy Shelter. The Transition Team views expanded substance abuse focused beds as a high priority, even if these beds are not located at the Mt. Airy Shelter due to the facility having changed operators. (At the time the Homeless to Homes Plan was completed, Mt. Airy was being operated by Hamilton County Job & Family Services; on September 1, 2009 Talbert House took over operations of the Mt. Airy Shelter).
5. Development of a minimum of 125 site-based **Permanent Supportive Housing** (PSH) units and 79 scattered-site PSH units per year for the next 5 years is recommended. This will a) allow emergency shelters to serve as short-term facilities, b) move those who are seriously disabled to permanent housing, c) support individuals in maintaining their housing and reduce the recidivism rate of homeless disabled persons, and d) provide disabled individuals the stability necessary to access mainstream services and resources for their disabilities (See full HTH Plan document, page 8).

6. The Establishment of a partnership between the CoC and **National Church Residences** (a highly qualified national developer of PSH units) is recommended to increase the community's ability to provide PSH and immediate capacity to develop and operate PSH (See full HTH Plan document, page 8).
7. **Anthony House**, a current outreach and engagement center for young adults (age 18 to 25), is recommended for expansion to include: additional street outreach, an increased number of days and hours per day it is open, evening meal services, connections to mainstream services and resources, and connections to services that help individuals become self-sufficient (See full HTH Plan document, page 9).
8. The Convening of a **Service Collaborative Roundtable** by the Mental Health and Recovery Services Board (MHRS) and the Continuum of Care for the Homeless, Inc. (CoC) is recommended. This roundtable will identify and plan interventions that address system gaps; include other stakeholders in the discussions; develop protocols for Homelessness Case Managers to use for accessing and coordinating mental health and substance use disorder treatment services; develop protocols for coordination when a homeless individual is connected to service, and to identify and assess progress toward mutually established benchmarks and outcomes (See full HTH Plan document, page 11).
9. **Improve capacity to assess mental health and substance use disorders** among homeless individuals by providing diagnostic assessment capacity that addresses both mental illness and substance use disorders in order to engage and connect homeless clients into appropriate services is recommended at the Central Access System Center (See full HTH Plan document, page 9).
10. A diversion program in cooperation with Hamilton County and the Hamilton County Pre-Trial Program is recommended to create new **housing solutions instead of incarceration** for homeless persons (See full HTH Plan document, page 7).
11. The establishment of a 1:10 **homeless case manager to client ratio** for all shelters serving homeless individuals is recommended. Service delivery within the housing and homeless services system begins with competent, client-based "homeless case management." Homeless case management is defined as a method of providing services whereby a social worker (or other related professional) assesses the needs of the client and arranges, coordinates, monitors, evaluates, and advocates for a package of housing and multiple services to meet the specific client's complex needs. Though case management is a widely used term within the homeless service delivery system, it is loosely defined. Applying this clear, specific definition of homeless case management for use across the CoC will enhance a cooperative understanding of what is expected of all homeless case managers (See full HTH Plan document, page 10).
 - ❖ **Transition Team Note:** the members of the Transition Team agreed that lowering the case management ratio so as to provide a higher level of service to homeless individuals is a high priority. The Transition Team felt that a 1:10 case manager-to-client ratio was an appropriate final goal, but the appropriate ratio depends on the homeless sub-population to be served in any individual shelter.
12. The following funding options for the development of transitional and permanent housing, which require multiple, complex funding, are recommended:
 - Set aside \$1.5 million of HUD/HOME dollars annually for the next five years for transitional housing and PSH (from dollars allocated by HUD to the City of Cincinnati).
 - Create a Tax Credit Equity Fund whereby a partnership is created with the business community to create a local equity pool where Cincinnati/Hamilton County corporations can invest in their local community through the Low Income Housing Tax Credit program (See full HTH Plan document, page 12).

- 13.** Allocation of \$100,000 (per year) of Community Development Block Grant funds be established in FY2010 designated for emergency capital repairs of facilities within the CoC system and administered by the CoC, Inc. (Recommended in an effort to make operational the Smart Funding recommendation that funds for capital be utilized for capital, thereby freeing up more flexible foundation and grant funds for operations and services) (See full HTH Plan document, page 12).
- 14.** On-going sustainability strategies recommended by the funders include working with the Mental Health and Recovery Services Board to engage and collaborate with the plan in order to maximize use of Medicaid funding for services within PSH for homeless people with mental health and substance use issues (See full HTH Plan document, page 13).
- 15.** Local foundations have agreed to seek a national funding partner to assist with the start-up of additional services and operations required for the success of this plan (as a bridge to sustainability for Homeless to Homes) (See full HTH Plan document, page 13).

Progress Overview

Since the completion of the Homeless to Homes Plan in March 2009, and with the Homeless to Homes Transition Team meeting through the summer and into the fall to prioritize the plan's recommendations, many of the individual recommendations have gained momentum, and moved toward implementation, as follows-

In regard to the **emergency shelter** recommendations, the Transition Team acknowledged that our community currently has a large number of "safe shelter beds" (200+), the people in which do not necessarily receive intensive services. Therefore, the transition team has prioritized the emergency shelter recommendations in such a way as to systematically replace non-service enriched safe shelter beds with service-enriched shelter beds. The first step of this reconfiguration will be designing a new women's shelter to relocate and provide a high level of service to single homeless women. Men's shelter facilities will be redesigned to accommodate the specific needs of single homeless men within the community, and ensure that the majority of men's shelter beds offer a high level of service. Conversations have begun with current and potential new shelter operators in order to maintain and de-concentrate the current capacity within the system, as called for in the plan.

In regard to **transitional housing**, the plan calls for the development of a minimum of 191 site-based and scattered-site transitional housing beds. This recommendation gained immediate momentum when increased resources were made available for the development of transitional housing, following the Rapid Re-housing Model, as a part of the American Recovery and Reinvestment Act (ARRA). Due to ARRA funding, 77 new units of scattered-site transitional housing are available. In addition, two new transitional housing programs were included in this year's CoC application to HUD, an investment of almost \$ 1.1 million of funding toward new transitional housing, with 53 additional units.

In regard to **permanent supportive housing** (PSH), the Homeless to Homes Plan calls for the development of a minimum of 125 site-based PSH units and 79 scattered-site PSH units per year for the next 5 years. To this end, the 2009 CoC application to HUD includes four new PSH projects which if fully funded will create a total of 99 new units of PSH. Additional recommendations that were identified as high priority by the transition team would support this effort (see Capital Funding below). In addition, National Church Residences is interested in developing a presence in Cincinnati, has come to town and met with a wide variety of parties interested in the development of new PSH, including City and County officials and 3CDC. Conversations are ongoing with NCR regarding potential PSH projects in Cincinnati.

Regarding **services** for the homeless, the CoC, Inc. has already expanded the Central Access Point (CAP) toward becoming a true Central Access System, to coordinate and expedite the flow of all homeless single individuals into and through the shelter system. Also, the lowering of the system-wide case management ratio toward the 1:10 ratio recommended in the plan has already begun with Greater Cincinnati Behavioral Health Services receiving a grant from the Substance Abuse Mental Health Services Administration (SAMHSA) totaling \$1.3 Million for additional case management services.

Two of the **capital funding** recommendations, which would support the development of new PSH, and also free up additional dollars to pay for case management, do specifically **require approval by Cincinnati City Council to move forward**. These two are:

- An annual set aside of \$1.5 million of HUD/HOME dollars annually for the next five years for transitional housing and permanent supportive housing.
- In order that funds for capital be utilized for capital, thereby freeing up more flexible foundation and grant funds for operations and services, it is recommended that a \$100,000 allocation of Community Development Block Grant funds be established in FY2010 designated for emergency capital repairs of facilities within the CoC system and administered by the CoC, Inc.

The **Smart Funding** Group, which developed many of the funding recommendations contained within the plan, has continued to meet and strategize around maximizing the impact of dollars, and accessing additional funding sources to support the plan. The Transition Team supported several objectives of this group, including the creation of a new diversion initiative to divert homeless persons from the jail system into housing/services, and working with the Mental Health and Recovery Services Board to maximize use of Medicaid funding for services within PSH.

Additionally, in regard to **Best Practices**; information regarding best practices is interwoven throughout this report, but clearly will need to continue to be built upon as operators and service

providers are identified to implement recommendations within the Homeless to Homes Plan. Examples of best practices included within are:

- The “step-up” model for the emergency shelter system follows the “Healing Place” model which is being franchised nationally, and which also serves as the foundation of the Transitions Model being implemented around Kentucky. This model is also consistent with programs which key stakeholders have recently visited in Columbus, Indianapolis, and Louisville.
- The Rapid Re-housing Model being used in multiple new transitional housing programs locally has been recognized by HUD as a best practice, the implementation of which began being encouraged with bonus funding from HUD to local communities in 2008. Cincinnati/Hamilton County CoC was one of only 22 Continuums, out of approximately 450 nationally, to be awarded this funding to implement a Rapid Re-housing Demonstration program.
- Permanent Supportive Housing (PSH) is a recognized best practice that has been implemented extensively with HUD funding locally and nationally. This implementation will be enhanced greatly by having National Church Residences, a nationally recognized PSH provider, develop a presence in Cincinnati/Hamilton County.
- The concept of having a centralized intake system for emergency shelters, as manifested locally through the Central Access Point (CAP) service, and proposed for expansion in the Homeless to Homes Plan, has been recognized as a best practice nationally.
- Several programs in Seattle, WA and Portland, OR which target services toward homeless youth have been recognized as best practice methodologies. These programs are being used as models by Lighthouse Youth Services as it moves toward implementing the high priority recommendation of expanding Anthony House, as well as street outreach services and housing services.

Emergency Shelter Recommendations & Timeline

Consistent with the Consolidated Plans of the City of Cincinnati and also Hamilton County since 2000, the Homeless to Homes Plan does not recommend adding any new shelter beds to the housing inventory of the homeless services system. However, the plan recommends that the beds be reconfigured into emergency shelters as described below:

<p style="text-align: center;">Emergency Shelter Bed Inventory for Single Individuals Current Inventory = 422 beds Inventory Currently Under Development = 0 NEW Beds Recommended by HTH = 0 Homeless to Homes Inventory = 422 emergency shelter beds</p>
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- ❖ **Transition Team Note:** the Transition Team acknowledges that our community currently has a large number of “safe shelter beds” (200+), the people in which do not necessarily receive intensive services. Therefore, the transition team has prioritized the emergency shelter recommendations in such a way as to systematically replace non-service enriched safe shelter beds with service-enriched shelter beds through the implementation of Years 1 – 3 recommendations. Thus, the Year 4-5 Emergency Shelter recommendations would be achieved as a result of implementing the Years 1 – 3 recommendations. Additionally, the Transition Team affirmed the development of additional transitional and permanent housing to move people out of homelessness, rather than developing more emergency shelter beds.

Year 1- Emergency Shelter Recommendations

1. A 40-bed **Single Women’s Shelter** facility is recommended to separate single women from single men.
 - ❖ Funding:
 - i. Capital dollars for the construction of this facility could be taken from Neighborhood Stabilization Program (NSP) funds if received by the City of Cincinnati- application filed in July 2009 or from a future application for NSP funds.
 - ii. Additional capital funding will be sought from private donors, with the assistance of the Cincinnati Center City Development Corporation.
 - iii. Additional funding opportunities will be explored with the Charlotte R. Schmidlapp Fund.
 - ❖ Best Practice Models being considered: Local key stakeholders from 3CDC, the City of Cincinnati, Drop Inn Center, and Continuum of Care for the Homeless, Inc. have made visits to several surrounding communities to look at the way similar cities have addressed emergency shelter needs. Models being considered include the Healing Place model used in Louisville, Kentucky but also franchised across the country (www.thehealingplace.com), as well as emergency shelters like the Faith Mission in Columbus, Ohio (www.faimissionofohio.org) and the Wheeler Mission in Indianapolis, Indiana (www.wmm.org). Work on identifying the best path forward is ongoing among these stakeholders.
 - ❖ Current Progress: In Cincinnati/Hamilton County, the current operator of the vast majority of emergency shelter beds for homeless single women is the Drop Inn Center. The Homeless to Homes Plan & the Drop Inn Center’s Board of Directors are in agreement that the best step to take in improving services to homeless single women is to relocate the 42 beds for single women that are at the Drop Inn Center to a new location. There are significant details yet to be determined, such as who will operate this new facility (the Drop Inn Center or some other entity), but there is agreement that the

single women's shelter beds should be moved from their current location inside the larger Drop Inn Center into a women's only facility, reducing the total number of beds at the Drop Inn Center by 42. Conversations are underway with potential shelter operators.

2. **Mt. Airy Shelter**, a one-of-a-kind facility, is recommended for expansion to accommodate approximately 96 men. The shelter must continue to provide substance use disorder treatment.
 - ❖ **Transition Team Note:** this recommendation is high priority due to the extensive need and demand for substance abuse focused shelter beds, such as those at Mt. Airy Shelter. The Transition Team views expanded substance abuse focused beds as a high priority, even if these beds are not located at the Mt. Airy Shelter due to the facility having changed operators. At the time the Homeless to Homes Plan was completed, Mt. Airy was being operated by Hamilton County Job & Family Services; on September 1, 2009 Talbert House took over operations of the Mt. Airy Shelter.
 - ❖ Current progress regarding the expansion of the number of substance abuse recovery focused beds - the Homeless to Homes Plan calls for an expansion of the Mt Airy Shelter, which operates shelter beds that are focused toward substance abuse recovery. With Talbert House having only recently (Sept. 1, 2009) taken over as the operator of the Mt. Airy Shelter, it may not be feasible to consider an expansion of the Mt. Airy Shelter at this time. However, as noted above, the HTH Transition Team has made the expansion of such substance abuse recovery focused shelter beds a high priority in our community. Simultaneously, the Drop Inn Center has indicated that it would like to phase out its 18 bed residential Recovery Center, located on the second floor of their building at 217 W. 12th Street, which would reduce the total number of beds within the Drop Inn Center by 18 beds. Planning is under way regarding the possible shifting and/or reallocation of resources to support new substance abuse focused beds in another location.

Years 2-3 Emergency Shelter Recommendations

3. A 25-bed **Young Adult Shelter** is recommended to separate young adults (those ages 18–24) from the older adult population.
4. Three redesigned general shelters for single men are recommended to accommodate the range of single homeless men within the community. The three shelters are identified as: **Men's A** (50 beds); **Men's B** (50 beds); and **Faith Based** (50 beds). It is recommended that one of these general shelters be located adjacent to the Safe Walk-In Shelter to provide some flexibility in meeting the needs of the population of single homeless men. **

Years 4-5 Emergency Shelter Recommendations

5. A 40-bed, City-wide **Safe Walk-In Shelter** is recommended to provide emergency refuge on a walk-in basis for single men and women who cannot or will not engage with workers to develop a case plan. **

*** Current Issues Regarding the Redistribution of Men's Emergency Shelter Beds*

The Homeless to Homes Plan calls for maintaining, but not expanding, the current number of emergency shelter beds in the community. The Drop Inn Center is currently operating 180 beds for men, but plans to reduce its operations to approximately 110-120 total beds for homeless men, given some expandable capacity to meet seasonal needs. Therefore, there are some men's shelter beds that are currently operated by the Drop Inn Center that are not planned for in the future, and likely need to be relocated to another facility in order to maintain current capacity, as recommended in the Homeless to Homes Plan. Conversations have begun with potential operators for these beds. In addition, the Drop Inn Center's Board of Directors had previously indicated to City Council a willingness to consider relocating. Therefore, the exact location of the shelter beds the Drop Inn Center does plan to operate long term is unknown at this time.

Homeless to Homes Guidelines Regarding Emergency Shelter Implementation:

Below are Homeless to Homes Plan Recommendations that were identified by the Transition Team as guidelines pertaining to Emergency Shelter, and therefore were not prioritized, but were incorporated into the attached updated Shelter Program, Operations, and Facility Standards (see Appendix A).

- The current specialized shelters which include: the City's Cold Shelter; the Center for Respite Care, a 15-bed medical shelter for people post-hospitalization or in need of medical attention; Off-the-Streets, a 10-bed shelter specifically for women who are involved in prostitution; St. Francis-St. Joseph Catholic Worker House, a 16-bed Catholic Worker-model facility; and Lighthouse Youth Crisis Center a 20-bed shelter for homeless, single individuals under age 18 will not be changed. The Hamilton County Mental Health and Recovery Services Board Quick Access Program, while not a shelter has 10 emergency housing rooms for people with chronic mental illnesses and who have a case manager. We also recommend no changes to this program.
- Individuals presenting to shelters as established couples (married, common law, or long-term partners) will be referred to the Family Shelter system for intake.
- Gender-specific programs shall place clients in housing based on self-reported gender identification.
- It is recommended that all agencies maintain and enforce a policy of non-discrimination in the provision of client care based on the following: age, race, color, religion, sex, sexual orientation or gender identity and expression, marital status, geographical, national or ethnic origin, HIV status, disability, or veteran status, and that this be added to the Standards for Shelters.
- All shelters for single individuals, with the exception of the Safe Walk-In Shelter, must use an Intake/Exit method of housing to facilitate outcome measurements.
- All shelters will record all relevant data within the Homeless Management Information System (HMIS).
- The renovation or construction of any shelters for individuals should be designed to give people the smallest group sleeping rooms feasible, rather than large, dormitory-style sleeping rooms.
- Site Recommendations for all new shelter programs are as follows: The type (apartment units vs. group living), scale (number of units, number of persons per unit), and the general location of all new transitional housing must fit the needs of the participants. The housing must be readily accessible, either within walking distance or easily accessible by bus and near a bus line, to community amenities that the participant population normally requires including: grocery stores and recreation, medical, training, mental health or substance use disorder treatment, and mainstream benefit/resource facilities. The Transition Team should work cooperatively with shelters and other stakeholders to conduct site feasibility studies. The Steering Committee also recommends that new shelters should not be located next-door or across the street from (i.e. adjacent to) an existing school. The definitions of "school" and "adjacent to" must be clearly researched and defined. Further, the transition process must address the safety factors in locating new shelters in the future.
- Outcomes for emergency shelters are recommended to be monitored based on the following HMIS data points: number of homeless persons housed, average length of stay (targeted at 30–60 days), number of persons achieving transitional or permanent housing upon exit, number of persons increasing income upon exit, and number of persons obtaining employment upon exit. Further, it is recommended that the CoC establish a standard for recidivism—or return to homelessness after placement in transitional or permanent housing—that will be measured in addition to the aforementioned outcome points.

Transitional Housing Recommendations & Timeline

The Homeless to Homes Plan recommends an increase in Transitional Housing beds for single individuals. The plan calls for both site-based and scattered-site transitional housing units and services in order to facilitate the movement from emergency shelter into housing.

<p style="text-align: center;">Transitional Housing Bed Inventory for Single Individuals Current Inventory = 229 beds Inventory Currently Under Development = 36 beds NEW Beds Recommended by HTH = 191 Homeless to Homes Inventory = 456 Transitional Housing beds</p>
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Year 1- Transitional Housing Recommendations

1. A minimum of 191 site-based or scattered-site transitional housing beds are recommended in order to a) allow emergency shelters to serve as short-term facilities; b) enable longer-term support for persons who require longer lengths of stay to achieve their income or housing goals; and c) to reduce the recidivism rate of homeless and/or disabled persons returning to homelessness when they are placed in permanent housing before they are ready or able to succeed. We recommend 140 new beds of site-based transitional housing and 51 new beds of scattered-site transitional housing. In addition, these beds should be designated as follows:
 - a. Approximately 50 beds for single females
 - b. Approximately 40 beds for young adults
 - c. Approximately 30 site-based beds to support a diversion program for non-violent offenders who were homeless upon arrest
 - d. Approximately 16 beds for persons currently residing on the streets or in places unfit for human habitation
 - e. Approximately 40 beds for faith-based programs
 - f. The remaining new beds should be dispersed according to program-design and funding availability.
 - ❖ Funding:
 - i. ARRA Homelessness Prevention Rapid Re-housing (HPRP) funds are currently begin used to develop 77 new scattered site units (27 for homeless families, 50 for homeless individuals).
 - ii. The 2008 Continuum of Care application to HUD secured funding for two new Transitional Housing programs to begin operations in late 2009 (Bethany House Services as the lead agency of the Family Shelter Partnership, and Ohio Valley Goodwill Industries), and will create 100 new units of Transitional Housing.
 - iii. The 2009 Continuum of Care application to HUD includes two new Transitional Housing projects (Bethany House Services as the lead agency of the Family Shelter Partnership, and the Freestore/Foodbank) which if fully funded will create a total of 55 new units of Transitional Housing. Funding for additional units to be requested in future CoC applications.
 - ❖ Current progress:
 - i. **Homelessness Prevention Rapid Re-housing (HPRP) Funding (part of the American Recovery and Reinvestment Act)** - these funds have been made available to the City of Cincinnati and Hamilton County. An additional allotment was also made available to Hamilton County from the State of Ohio through the Ohio Department of Development. All of these funds are being administered by the Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc. Because of the time sensitive nature of this funding, much of the effort toward developing new Transitional Housing in recent months has

revolved around the use of HPRP funds. These funds have been targeted toward newly homeless individuals in line with the Transitional Housing needs identified in the Homeless to Homes Plan. Using HPRP funding, 50 units of scattered-site Transitional Housing are now available and in the process of being occupied, with housing placement and case management being provided through a partnership between the Freestore/Foodbank and the CoC, Inc. Many of these units will go to single females and young adults as called for in the Homeless to Homes Plan. The program is expected to serve 150 homeless individuals over the course of 3 years, and constitutes an investment of \$1.7 Million toward new transitional housing.

2. A diversion program in cooperation with Hamilton County and the Hamilton County Pre-Trial Program is recommended to create new housing solutions instead of incarceration for homeless persons.
 - ❖ Funding: Funding opportunities are being pursued through the Continuum of Care process, Hamilton County, and Ohio Department of Rehabilitation and Corrections.

There are no Transitional Housing Recommendations to begin in years 2-5

Recommendations that Guide Transitional Housing Implementation

Below are Homeless to Homes Recommendations that were identified by the Transition Team as guidelines pertaining to Transitional Housing, and therefore were not prioritized, but were incorporated into the attached updated Good Neighbor Agreement Standards (see Appendix B).

- It is recommended that all new transitional housing programs develop a “Good Neighbor Agreement” with adjacent property owners (residents and businesses).
- Site Recommendations for all new site-based transitional housing programs are as follows: the type (apartment units vs. group living), scale (number of units, number of persons per unit), and the general location of all new site-based transitional housing must fit the needs of the participants. The housing must be readily accessible, either within walking distance or easily accessible by bus and near a bus line, to community amenities such as grocery stores and recreation, medical, training, mental health or substance use disorder treatment, and mainstream benefit/resource facilities. After reviewing the current inventory of TH and PSH the subcommittee recommends that new inventory considered by developers distribute PSH throughout the region. Therefore, no new site-based TH/PSH is recommended currently for Census Tract 9, based on its current level of saturation.
- Outcomes for transitional housing are recommended to be monitored based on the following HMIS data points: number of homeless persons housed (with a minimum occupancy average of 85%), length of stay in relation to the program design, number of persons achieving permanent housing upon exit, number of persons increasing income upon exit or the number of persons obtaining employment upon exit.

Permanent Supportive Housing Recommendations & Timeline

The Homeless to Homes Plan recommends an increase in permanent supportive housing (PSH) units for use by single individuals. Recommendations identify both site-based and scattered-site PSH units and services to be developed in order to facilitate permanent housing for homeless, disabled individuals.

<p>Permanent Supportive Housing (PSH) for Single Individuals</p> <p>Current Inventory = 863 units</p> <p>Inventory Under Development = 53 units</p> <p>NEW PSH Units Recommended by HTH = 1,020</p> <p>Homeless to Homes Inventory = 1,936 PSH units</p>

Year 1 Permanent Supportive Housing Recommendations

1. Development of a minimum of 125 site-based PSH units and 79 scattered-site PSH units per year for the next 5 years is recommended. This will a) allow emergency shelters to serve as short-term facilities, b) move those who are seriously disabled to permanent housing, c) support individuals in maintaining their housing and reduce the recidivism rate of homeless disabled persons, and d) provide disabled individuals the stability necessary to access mainstream services and resources for their disabilities.
 - ❖ Funding:
 - i. The 2009 Continuum of Care application to HUD includes four new Permanent Supportive Housing projects (Ohio Valley Goodwill Industries, Talbert House, Salvation Army, and Over-the-Rhine Community Housing) which if fully funded will create a total of 99 new units of Permanent Supportive Housing. Additional funding to be requested in future CoC applications.
 - ii. Set aside \$1.5 million of HUD/HOME dollars annually for the next five years for transitional housing and PSH. (see page 23 of this report)
 - iii. Create a Tax Credit Equity Fund whereby a partnership is created with the business community to create a local equity pool where Cincinnati/Hamilton County corporations can invest in their local community through the Low Income Housing Tax Credit program (See page 23 of this report).
2. The Establishment of a partnership between the CoC and **National Church Residences** (a highly qualified national developer of PSH units) is recommended to increase the community's ability to provide PSH and immediate capacity to develop and operate PSH.
 - ❖ Current progress: NCR came to Cincinnati for a second visit in August, & met with a wide variety of parties interested in the development of new Permanent Supportive Housing, including City & County officials, local PSH providers, 3CDC, & CoC staff & Board members. Then, in late September, some of the same people that met with NCR here in Cincinnati went to Columbus & toured NCR's Commons at Grant & Commons at Chantry PSH developments. Discussions with NCR regarding developing a presence in Cincinnati/Hamilton County are ongoing.

Year 2-3 Permanent Housing Recommendations

3. The creation of a permanent group home or safe-haven (permanent) is recommended for the eight homeless single women who have been long-term shelter residents.
4. Encouragement of PSH programs to work with CMHA is recommended to increase the amount of project-based Section 8 housing allocated to PSH.

There are no Permanent Housing Recommendations to begin in years 4-5

Recommendations that Guide Permanent Housing Implementation

Below are Homeless to Homes Recommendations that were identified by the Transition Team as guidelines pertaining to Permanent Housing, and therefore were not prioritized, but were incorporated into the attached updated Good Neighbor Agreement Standards (see Appendix B).

- A better use of existing subsidized housing is recommended by creating new entrance supports for homeless single individuals to acquire access to Cincinnati Metropolitan Housing Authority's (CMHA) existing supply of public housing units.
- It is recommended that all new permanent housing programs develop a "Good Neighbor Agreement" with adjacent property owners (residents and businesses).
- Site Recommendations for all new PSH are as follows: the type (apartment units vs. group living), scale (number of units, number of persons per unit), and the general location of all new site-based transitional housing must fit the needs of the participants. The housing must be readily accessible, either within walking distance or easily accessible by bus and near a bus line, to community amenities such as grocery stores and recreation, medical, training, mental health or substance use disorder treatment, and mainstream benefit/resource facilities and services. After reviewing the current inventory of TH and PSH the subcommittee recommends that new inventory considered by developers distribute PSH throughout the region. Therefore, no new site-based TH/PSH is recommended currently for Census Tract 9, based on its current level of saturation.
- Outcomes for transitional housing are recommended to be monitored based on the following HMIS data points: number of homeless persons housed (with a minimum occupancy average of 85%), ability to maintain housing (benchmark 6 months), number of persons increasing income upon exit or the number of persons obtaining employment upon exit.

Services Recommendations & Timeline

Supportive services are critical in order for homeless individuals to move quickly and appropriately from places not meant for human habitation and emergency shelters into housing. The Homeless to Homes Plan recommends that the region develop an improved level and quality of service delivery to enable and empower homeless persons to move out of homelessness.

Year 1- Services Recommendations

1. A Central Access System is recommended to coordinate and expedite the flow of all homeless single individuals into and through the shelter system. The Central Access System should include access to shelter information and referrals to homeless housing and supportive services. For homeless single men who present with substance use disorders, the system should also provide basic substance use disorder screening and transportation to Mt. Airy Shelter.
 - ❖ Funding:
 - i. Applications for funding have been approved by:
 1. Pfau Foundation
 2. Greater Cincinnati Foundation- Weathering the Storm
 3. The United Way of Greater Cincinnati
 4. Emery Foundation
 5. U.S. Bank/Haile Foundation
 - ii. Funding possibilities for this recommendation are being explored with:
 1. Helen Steiner Rice Foundation
 - ❖ Current Progress:
 - i. In August 2009, the Central Access Point, in partnership with the United Way of Greater Cincinnati, expanded its operations to include screening & intake functions for the HPRP Homelessness Prevention Program, which uses HPRP (Homelessness Prevention Rapid Re-housing) funds from the American Recovery & Reinvestment Act to prevent homelessness with households in Cincinnati & Hamilton County.
 - ii. On September 1, 2009, the Central Access Point expanded beyond handling emergency shelter placements for homeless families only, & began handling screening and intake functions for the Mt. Airy Shelter, serving single men with Substance Abuse issues.
2. Improve capacity to assess mental health and substance use disorders among homeless individuals by providing diagnostic assessment capacity that addresses both mental illness and substance use disorders in order to engage and connect homeless clients into appropriate services is recommended at the Central Access System Center.
 - ❖ Funding: Opportunities are being pursued with the Health Foundation of Greater Cincinnati.
3. The Convening of a Service Collaborative Roundtable by the Mental Health and Recovery Services Board (MHRS) and the Continuum of Care for the Homeless (CoC) is recommended. This roundtable will identify and plan interventions that address system gaps; include other stakeholders in the discussions; develop protocols for HCMs to use for accessing and coordinating mental health and substance use disorder treatment services; develop protocols for coordination when a homeless individual is connected to service, and to identify and assess progress toward mutually established benchmarks and outcomes.
 - ❖ Funding: Opportunities for funding for the facilitation of this effort are being pursued with the Health Foundation of Greater Cincinnati
4. Anthony House, a current outreach and engagement center for young adults (age 18 to 25), is recommended for expansion to include: additional street outreach, an increased number of days

and hours per day it is open, evening meal services, connections to mainstream services and resources, and connections to services that help individuals become self-sufficient.

- ❖ Funding: Hours of operation and services have already been expanded due to Lighthouse Youth Services applying for and receiving an Impact 100 Grant.
 - ❖ Best Practices: Site visits have been conducted by Dr. Steve Howe and Lighthouse Youth Services staff to see successful homeless youth services systems in Seattle, Washington and Portland, Oregon. Learnings from these exemplary programs are guiding future development of Anthony House as a part of a comprehensive community approach to fostering the development of healthy, self-sufficient young adults. These best practice programs being reviewed are:
 - i. New Avenues for Youth (www.newavenues.org)
 - ii. Outside In (www.outsidein.org)
 - iii. Orion Center (www.youthcare.org/index.php/services/orion)
5. The establishment of a 1:10 homeless case manager to client ratio for all shelters serving homeless individuals is recommended. Service delivery within the housing and homeless services system begins with competent, client-based "homeless case management." Homeless case management is defined as a method of providing services whereby a social worker (or other related professional) assesses the needs of the client and arranges, coordinates, monitors, evaluates, and advocates for a package of housing and multiple services to meet the specific client's complex needs. Though case management is a widely used term within the homeless service delivery system, it is also loosely defined. Applying this clear, specific definition of homeless case management for use across the CoC will enhance a cooperative understanding of what is expected of all homeless case managers.
- ❖ **Transition Team Note:** the members of the Transition Team agreed that lowering the case management ratio so as to provide a higher level of service to homeless individuals is a high priority. The Transition Team felt that a 1:10 case manager-to-client ratio was an appropriate final goal, but the appropriate ratio depends on the homeless sub-population to be served in any individual shelter.
 - ❖ Funding:
 - i. Federal funding has been secured from the Substance Abuse Mental Health Services Administration (SAMHSA) totaling \$1.3 Million for case management.
 - ii. Funding opportunities being pursued through the Ohio Department of Mental Health (ODMH) and Ohio Department of Alcohol and Drug Addiction Services (ODADAS).
 - ❖ Current Progress: Greater Cincinnati Behavioral Health Services, in collaboration with Over-the-Rhine Community Housing applied for and has been awarded a \$1.3 Million grant to provide intensive services and case management to 60 chronically homeless individuals at a time, beginning in January 2010.

Year 2-3 Services Recommendations

6. Diagnostic Assessments by the Mental Health and Recovery Services system of care are recommended to be expedited for homeless persons to decrease the chance the person will have moved out of shelter prior to receiving the diagnostic assessment. By establishing new procedures within the Mental Health Access Point (MHAP) system and maintaining the Homeless Housing and Residential Treatment program at Recovery Health Access that reduce wait times for assessments.
7. The establishment of cross-training programs between the CoC and the MHRS Board provider agencies is recommended to further worker education and communication.
8. A coordinated community response to people who are sleeping on the streets is recommended so as to not enable a homeless lifestyle. The group developing this response should include the CoC,

the Homeless Outreach Group, churches, universities, service providers, and other community stakeholders. This response will be widely shared within the region.

9. Formal arrangements between the Cincinnati Police and street outreach programs through the Homeless Outreach Group is recommended so that either the Cincinnati Police specify officers in all districts that are designated to work with the street homeless and outreach workers OR that one specific officer is designated to cross district boundaries.
10. Four new street outreach workers who specialize in substance use disorder treatment to engage street homeless in services and promote harm reduction and treatment are recommended in order to address a specific population of street homeless who are currently without outreach services.

Year 4-5 Services Recommendations

11. The development of a system to meet the needs of individuals who have mental health issues but who are not Severely Mentally Disabled (SMD), and are ineligible for most MHRS Board funded services because of current limited resources.
12. The development of a data sharing process between the CoC and the MHRS Board is recommended in order to increase collaboration and coordination and decrease duplication of services for clients involved in both systems.

Capital Funding Recommendations & Timeline

The recommended beds and housing units in this plan are extensive and will require a substantial amount of capital investment to develop. In light of this several innovative capital funding strategies have been recommended for consideration. This does not mean these are the best or only options that should be considered. Additionally, there are a variety of "one-time" sources of funding through the American Recovery and Reinvestment Act of 2009 (the federal stimulus package) that the Homeless to Homes Plan also recommends be considered.

Year 1 Capital Funding Recommendations

1. The following funding options for the development of transitional and permanent housing, which require multiple, complex funding, are recommended to be explored:
 - ❖ Set aside \$1.5 million of HUD/HOME dollars annually for the next five years for transitional housing and PSH.
 - ❖ Create a Tax Credit Equity Fund whereby a partnership is created with the business community to create a local equity pool where Cincinnati/Hamilton County corporations can invest in their local community through the Low Income Housing Tax Credit program.
2. In an effort to make operational the Smart Funding recommendation that funds for capital be utilized for capital, thereby freeing up more flexible foundation and grant funds for operations and services, it is recommended that a \$100,000 allocation of Community Development Block Grant funds be established in FY2010 designated for emergency capital repairs of facilities within the CoC system and administered by the CoC, Inc.

Years 2-3 Capital Funding Recommendations

3. \$10 million in Neighborhood Stabilization Funds from state and local sources (be used) for shelter renovation and/or new construction be considered (in order to take advantage of current funding opportunities).
 - ❖ **Transition Team Note:** This activity was not included in the City of Cincinnati's application for NSP funds, which was submitted in July 2009. The Transition Team felt that incorporating this recommendation in future applications for NSP funds would be a high priority.
4. The local Housing Trust fund is recommended to be renewed and revised to facilitate funding for facilities (capital, leasing or operating) and services contained within this plan. One-time funding sources identified for consideration include: a one-time general fund deposit pursuant to a withdrawal of the property tax rollback, a deposit made from the net proceeds of the sale of the Blue Ash Airport, or general fund allocations. Further, an on-going, dedicated source of revenue is recommended for exploration.

Years 4-5 Capital Funding Recommendations

5. The following funding options for the development of transitional and permanent housing, which require multiple, complex funding, are recommended to be explored:
 - Create an on-going mechanism to increase dialogue with the Ohio Housing Finance Agency to create and identify funding strategies and opportunities.
 - Support the Ohio Supportive Housing for the Homeless Alliance program for "gap subsidies" for PSH.

Smart Funding Recommendations & Timeline

The implementation of the Homeless to Homes plan will require the cooperation and innovation of the public and private funders in our region. In that spirit, the Smart Funding Subcommittee convened local foundations, the United Way and City of Cincinnati staff to obtain input as the plan was being developed and to create recommendations on funding. As a result of these meetings, local funders have agreed to undertake the following activities included in this report for reference.

Year 1 Smart Funding Recommendations

1. On-going sustainability strategies recommended by the funders include:
 - a. Creating a new diversion initiative with federal, state and local support to divert homeless persons from the jail system into housing/services.
 - b. Working with the Mental Health and Recovery Services Board to engage and collaborate with the plan in order to maximize use of Medicaid funding for services within PSH for homeless people with mental health and substance use issues.
 - c. Maximizing funder giving for operations and services by allocating Community Development Block Grant funds for facility repair and upkeep.
2. As a bridge to sustainability for Homeless to Homes, local foundations have agreed to seek a national funding partner to assist with the start-up of additional services and operations required for the success of this plan.
3. Local Funders have agreed to consider making operational the *Funders Together to End Homelessness* principles for local implementation with this plan as follows:
 - a. Funding that is available for capital should be utilized for capital and funding that is more flexible should be utilized for operations and/or services.

Year2-3 Smart Funding Recommendations

4. Local Funders have agreed to consider making operational the *Funders Together to End Homelessness* principles for local implementation with this plan as follows:
 - a. All local foundations, the United Way, the City of Cincinnati and Hamilton County are being requested to utilize the HUD/CoC outcome measures, as recorded in the Homeless Management Information System (HMIS), for any facility or program resulting from this plan.
 - b. A coordinated request process be developed by the local foundations to support requests expected to be made for facilities, operating, and/or services associated with this plan.
 - c. The alignment of funding by local grant makers for programs for homeless single individuals within the parameters of their allowable fund usage and consistent with this plan. In order to support these efforts, the CoC will develop a lexicon and handbook of common terms.

Year 4-5 Smart Funding Recommendations

5. All local foundations will be asked to join with *Funders Together to End Homelessness*, a national funders' movement.

6. On-going sustainability strategies recommended by the funders include:
 - a. Creating an initiative to analyze and recommend approaches to streamline back office and service delivery functions.
 - b. Creating a Homeless to Homes Trust Fund to support the on-going cost of services and operations.
 - c. Hiring a grant writer, who specializes in writing federal grants to the units within the Department of Health and Human Services, to secure additional federal funding for initiatives associated with this plan.
7. Create a coordinated data system, within federal and state rules, to facilitate future planning by enabling the confidential merger of data from the Mental Health and Recovery Systems Board, the Hamilton County Jail, Hamilton County Department of Job and Family Services and the Homeless Management Information System.
8. Create a new Fund for Innovation to provide nimble funding to expeditiously test system strategies and improvements.
9. Advocate for and leverage national policy and financial support.

Appendix A

Emergency Shelter Program, Operations, and Facility Accreditation Standards

Background-

The Emergency Shelter Program, Operations, and Facility Accreditation Standards (a.k.a. Minimum Standards) are intended to serve as the minimum standards for Emergency Shelters receiving public funding in the City of Cincinnati and Hamilton County, Ohio. These standards apply to facilities which are receiving public funding as an emergency shelter, but not to agencies funded as transitional or permanent housing. Emergency shelter facilities must agree to work toward and then adhere to these standards for receipt of public funding. Shelter facilities must complete the following Minimum Standards process at least every other year.

The Minimum Standards for emergency shelters were updated in 2009 by the Greater Cincinnati Coalition for the Homeless (GCCH) in collaboration with the Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc. (CoC, Inc.) by mandate of Cincinnati City Council as a part of the Homeless to Homes planning process. Recommendations for these updated standards were drawn and adapted from the Homeless to Homes plan itself, as set forward by the community process which created it. Cincinnati City Council accepted the Homeless to Homes Plan in May 2009, and has incorporated the plan into the 2010-2014 HUD Consolidated Plan. Due to these facts, emergency shelters will have to be in alignment with the Homeless to Homes Plan and these standards in order to begin receiving or continue to receive either HUD (i.e. ESG, HOPWA, and Supportive Housing Program) or City of Cincinnati funding.

While the 2009 update of these standards was conducted in close collaboration with the CoC, Inc. the monitoring of these standards will continue to be carried out by the Greater Cincinnati Coalition for the Homeless.

Process-

The Minimum Standards process has four steps:

- I. The requested policies and procedures are assembled by the facility into a Minimum Standards Binder, to be appropriately updated and then provided to and reviewed by the Greater Cincinnati Coalition for the Homeless.
- II. A Minimum Standards Report is written by the emergency shelter facility describing its efforts to meet the Minimum Standards requirements, and outlining steps being taken to achieve any requirement outlined in the standards which the facility is not yet able to meet. This report will be provided to the Greater Cincinnati Coalition for the Homeless with the Minimum Standards Binder in advance of the site visit.
- III. A Minimum Standards Site Visit is conducted by the Greater Cincinnati Coalition for the Homeless, the Cincinnati Health Department, and the Cincinnati Department of Community Development, and the facility inspected.
- IV. A Minimum Standards Evaluation Letter will be provided to the facility outlining what, if any, steps or improvements need to be taken prior to the agency's next Minimum Standards review for funding to continue.

I. Minimum Standards Binder:

The following documents are to be included in the binder-

A. Shelter Administration Policies and Procedures

- 501(c)3 documentation
- Mission Statement
- A Facility Description including:
 - i. Description of the population to be served
 - ii. Description of the services to be provided
 - iii. Number of employees
 - iv. Hours of operation
 - v. Number of clients to be served
- A Management Plan including:
 - i. Goal statement for the population
 - ii. Description of the operation and management of the facility
 - iii. Description of current collaborations and efforts to collaborate with other providers
- Program description(s)
- Non-discrimination policy
 - i. Policy of non-discrimination in the provision of client care based on the following: age, race, color, religion, sex, sexual orientation or gender identity and expression, marital status, geographical, national or ethnic origin, HIV status, disability, or veteran status (with consideration given to agency mission of organization, etc. .)
 - ii. Include a policy of gender-specific programming matching the mission statement of the organization for the placement of clients within the shelter/agency based on self-reported gender identification. If not yet complete, what steps are being taken to meet this requirement?
- Sexual harassment policy pertaining to both staff and clients
- Policy compliant with Americans with Disabilities Act
- Tuberculosis policy, including for the testing of staff and residents
- HIV/AIDS policy
- List of agency board members, including board participation by at least one former homeless person
- Conflict of interest policy for board and staff
- Current and relative Ethics policy for personnel
- Policy pertaining to authorized/unauthorized search of clients' property by staff
- Staff emergency evacuation training
- Volunteer policy, including selection, training, and definition of tasks
- Hiring policy in compliance with EEO guidelines
- Hiring policy for new staff members, including any screening processes used by agency

B. Grievance Procedures

- Agency/Client grievance procedure, which includes:
 - i. Details regarding how and when each client is given a copy of the grievance procedure with a verbal explanation
 - ii. Describes the handling of grievances while in program, and if client feels she/he has been wrongly terminated
 - iii. Policy of client readmission after discharge and later return to shelter

C. Fiscal Management

- Quarterly financial reports as reported to Board of Directors
- Copy of last annual Audit/financial review, agency has accounting system capable of audit/financial review
- Policy regarding management of client funds

D. Client Confidentiality

- Policy restricting computer access to client records to relative authorized staff
- HMIS confidentiality policy for emergency shelter

E. Health and Safety

- Housekeeping policy pertaining to inside the facility as well as outside property
- Agency maintenance plan for inside the facility as well as outside property
- Fire Safety:
 - i. Evacuation plan for ambulatory and non-ambulatory residents
 - ii. Fire detection system in compliance with fire code
 - iii. Adequate fire exits
 - iv. Adequate emergency lighting
- Documentation of at least quarterly fire drills
- Last annual fire inspection
- Staff certification(s) in emergency first aid procedures for at least one person on duty for each shift
- Policy regarding communicable illness

F. Medical Care

- Policy regarding the possession and use of controlled substances
- Policy regarding clients' use of prescription medications
- Policy regarding clients' use of over-the-counter medications
- Policy regarding clients access to medical care

G. Public Standards

- Litter Control Policy that includes maintenance of facility-owned trash receptacles, litter pickups on facility-owned property, and efforts to inform clients of the importance of not littering
- Safety and Security plans for clients, employees and physical facility both inside the facility and the outside on facility-owned property
 - i. Agency provides new clients with information about the surrounding area (including services, neighbors, businesses, parks, local laws relative to occupancy in the area, contact information for local liaison police officers, address of facility and other pertinent facilitates, etc.)
- Policies regarding loitering and noise control on facility-owned property
- Description of restroom availability
- Communication Plan- including point of access for the local community to be able to communicate with the Organization and a policy for how grievances from the local community will be addressed

H. Food Safety

- Policy providing adequate provisions for meeting the nutritional needs of infants, children and/or pregnant women.
- Policy providing adequate provisions for meeting the nutritional needs of clients with specific medical conditions (HIV, Diabetes, etc.)
- Documentation that facility has met the Health Departments standards during previous inspections

I. **Services and Case Management**

- Intake procedure
- Criteria for admission
 - i. Agency has policy requiring that house rules, regulations and disciplinary procedures pertaining to activities inside the facility as well as on the outside facility-owned property are read to and signed by all clients upon entry.
- Policy for referral if client cannot be served
- Client termination policy
- Current and relative client confidentiality policy
- Current organizational chart delineating all paid and unpaid positions
- Current and relative job descriptions for all paid and unpaid positions
- Case Manager job descriptions
 - i. Case managers required to focus their time and energy on engagement, program enrollment, needed referrals and connections (client-network building), fostering stabilization and facilitating movement into housing and needed services.

II. **The Minimum Standards Report:**

The following items are to be addressed in the report-

- A. Outcomes:
- Outcomes that have been achieved with population served:
 - i. % of shelter residents who exit to transitional or permanent housing:
Last Inspection: ____; This Inspection: _____
 - ii. % of clients whose exit income was greater than their intake income:
Last Inspection: ____; This Inspection: _____
 - iii. Was HMIS used to generate outcome data? If not, what method was used to generate outcome data?
 - Outcome goals for population served related to:
 - i. % of shelter residents who exit to transitional or permanent housing
 - ii. % of clients whose exit income was greater than their intake income
 - iii. Was HMIS used to generate outcome data? If not, what method was used to generate outcome data?
 - Does the agency have clearly defined and implemented intake and exit method to facilitate outcome measurements?
 - Identification of barriers to improved outcomes and efforts to improve
- B. Are spaces (in particular any spaces which have been renovated) designed to give people the smallest group sleeping rooms feasible, rather than large, dormitory-style sleeping rooms.
- C. Number of people sleeping in facility: ____.
- Is there enough space for this number of people? If not, how is the agency working to improve? Is the agency working to lower the number of people in group sleeping areas (Give examples of efforts)?
- D. Is the shelter readily accessible either physically or through connections provided by the agency to community amenities that the participant population normally requires, including grocery stores and recreation, medical services, training, mental health or substance abuse disorder treatment, and mainstream benefit/resource facilities and other programs needed to meet the goals of this program? (Provide any appropriate written documentation)
- E. Is everyone entering the shelter assigned to an individual case manager or case management team? If no, explain how improvement is being made.
- F. Do all residents receive the following as a part of case management services? If no, describe how improvement is being made.
1. Basic service: a bed, food and toiletries will be provided for each individual
 2. An assessment of the individual's situation initiated within 48 hours of admission into the shelter. If this is not happening, what are the barriers to this occurring?
 3. Agency is working to lower average client-time spent at agency before assessment is completed. Average time at last inspection: ____ Current average time: ____
 4. At a minimum the assessment must include (Provide an anonymous example):
 - i. Current situation and reason for homelessness
 - ii. Information about personal/family support
 - iii. A housing history
 - iv. Income/economic situation
 - v. Education/training levels achieved
 - vi. Social service and health history
 - vii. Basic life skills inventory
 - viii. Veterans status, service in the Armed Forces, and eligibility for VA housing and services
 - ix. Special issues review (e.g. mental health, substance abuse, physical/cognitive/sensory disabilities, etc.)

5. Intensive case management will be provided to each individual within the shelter system, which includes-
 - i. Case Management Ratio:
 - a) What is the current number of case managers serving clients within the facility?
 - b) According to data from HMIS or other agency-used database system, what is the average number of residents in emergency shelter beds in the facility per night?
 - c) What is the current case management ratio? (a/b= Case Management Ratio)
 - d) If higher than 1:10, what steps are being taken to reduce the agency case management ratio? What was the ratio at last inspection?: _____. Can improvements be seen? If no, what is being done to improve this?
 - ii. Development of an individual client-centered case plan that at a minimum must include (Provide an anonymous example with each step included):
 - a) Focus on discharge planning
 - b) Obtainable housing plan (Exit Strategy)
 - c) Removal of or lessening of barriers to housing
 - d) Increasing income and/or accessing benefits that will lessen barriers in the way of the individual's sustainable success at independent living (if independent living is applicable)
 - e) Stabilization and development plan
 - f) All individual case plans will be securely and confidentially stored in HMIS or other proper electronic client-data storage system and a partnership agreement between appropriate shelters will be used to address case planning in recidivist cases.
 - g) Discharge plans should be forwarded to the next housing placement and be inclusive of a summary of the elements of the ISP the person has completed, what is in progress and what is left to accomplish.
 - iii. Case managers that serve as brokers of services for homeless households by: (display job description with each of these roles cited)
 - a) Focus on discharge into transitional or permanent housing:
 - b) Helping homeless household identify and connect to the resources they need to carry out their Case Plan
 - c) Serving as advocates for homeless individuals within the housing, mainstream resource and service delivery systems so that clients can successfully access other systems and programs
 - d) Providing information, referral, and support to access housing and services are provided to meet the individual needs of the client.
 - e) Providing support, information and referral services to clients in need of substance abuse and mental health engagement.
6. How does the facility begin discharge planning upon client entrance into the emergency shelter system? How does this discharge plan include-
 - i. Exit strategy
 - ii. Removal of or lessening of barriers to housing
 - iii. Increasing income and/or accessing services that will lessen barriers in the way of the individual's success at independent living
 - iv. Discharge plans should be forwarded to the next housing placement (from shelter to transitional housing to permanent supportive housing) and be inclusive of a summary of the elements of the ISP the person has completed, what is in progress and what is left to accomplish.

III. The Minimum Standards Site Visit:

The following will be reviewed during the Site Visit.

A. Health and Safety

- That your facility is clean and in good repair
- Fire Safety:
 - i. Evacuation plan for ambulatory and non-ambulatory residents
 - ii. Fire detection system in compliance with fire code
 - iii. Adequate fire exits
 - iv. Adequate emergency lighting

B. Medical Care

- A phone available to clients for medical emergency
- Adequate Red Cross compliant first aid equipment is available and easily accessible by staff
- Properly Secured medications

C. Clean and Safe

- Facility- owned trash receptacles have lids that are properly closed to dispel rodents, etc.
- Outside facility-owned property is free of litter and trash that is not in receptacles
- Security Plan in use; agency grounds, facility and client activity on-site are monitored to help prevent criminal activity
 - i. Since the last inspection how many times did staff make emergency calls for violent activity?:
 - 1. How many such calls since the last inspection?
 - 2. What is being done to decrease the number of such emergency calls?
- Loitering and Noise Control Program in use on agency-owned property.
- Restroom Availability for residents to use Are there enough restrooms available for the number of people in the facility?
- Public Point of Contact Information is posted

D. General Shelter

- Grievance procedure is clearly posted where all can see it
- A crib, bed with linens, or mat for each client
- A separate toilet and shower facility for men and women
- Private space to meet with clients
- Laundry facilities for clients
- Any renovated spaces designed to give people the smallest groups sleeping space feasible, rather than large, dormitory-style sleeping rooms.
- Housing must be readily accessible to community amenities that the participant population normally requires, including grocery stores and recreation, medical services, training, mental health or substance abuse disorder treatment, and mainstream benefit/resource facilities.
- House rules, regulations and disciplinary procedures posted in a conspicuous place.
- Provisions for sanitary food storage and preparation

E. Documentation:

- Maintained records of all residents in facility, including name, age, race, gender and income level (provide an anonymous example).
- Maintained documentation of clients sheltered, served or referred elsewhere
- Trained personnel to adequately work with clients are on site during all hours that your facility is open to clients
- A written log of incidents and instructions for oncoming personnel (Provide example.)
- Secure computer location(s) at which HMIS or other client-data entry is completed

Appendix B

Good Neighbor Agreement Standards and Process

For Transitional and Permanent Supportive Housing for the Homeless
Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc.
October 2009

Good Neighbor Agreement- Purpose:

The purpose of the Good Neighbor Agreement is to-

1. Assure that the rights and responsibilities of all parties are understood and monitored by promoting communication, respect, and trust among neighbors, residents of facilities, providers, and funders.
2. Assure that standards are established and upheld.
3. Establish successful, long-term relationships by ensuring that all affected parties are involved in planning, decision-making, monitoring, evaluating, and re-negotiating the agreements, from building permit approval onward.
4. Provide a structure and process for the resolution of conflicts, while minimizing the incidence of litigation, and acknowledging existing fair housing laws and municipal codes.

Good Neighbor Agreement- Standards:

The following items must be considered and incorporated into the negotiation of a Good Neighbor Agreement:

I. Property

1. Property maintenance and appearance standards
2. Landscapes- exterior, entrance, signage, window treatment, etc.

II. Safety

1. Security Plan- monitoring of grounds and facility to promote safety and well being of residents, staff, and neighbors.
2. Agency and neighbor participation in community policing, crime prevention, and block watches
3. Reporting of unsafe conditions or unlawful activity to safety forces, local government, or neighborhood property owners as appropriate.
4. Security lighting

III. Neighborhood Codes of Conduct

1. Listing of developer (e.g. supportive housing developer, program sponsor, agency) and Neighbor Expectations- all neighbors and residents uphold mutually agreed upon behavior expectations
2. Enforcement of lease agreements and Codes of Conduct by landlord
3. Education and training of residents regarding conduct and behavior
4. Investigation of and response to concerns about resident behavior expressed by neighbors or community members.

IV. Regular Communication and Information Sharing

1. Management Plan shared with stakeholders, explaining at minimum the operation and management of the facility, including the number of employees, staffing pattern, hours of operation, number of residents to be served, and resident Code of Conduct.
2. Program outcomes will be shared with stakeholders, and are to be monitored and based on the following HMIS data points:
 - Number of homeless persons housed (with an expected minimum occupancy average of 85%)
 - Housing Stability as measured in HMIS-
 - Transitional Housing: Number of persons achieving permanent housing upon exit
 - Permanent Supportive Housing: Number of persons maintaining housing for over 6 months
 - Increased income as measured in HMIS-
 - Number of persons increasing income while in the program
 - Number of persons obtaining employment while in the program
3. Respond promptly to all concerns expressed by community members; attend meetings and work together with neighbors to develop solutions to problems as needed.
4. Public point of contact information
5. Provide notice of upcoming events and invite the community when appropriate.
6. Participation in facility and neighborhood committees, boards, and Community Advisory Committee

V. Good Neighbor Agreement Monitoring and Compliance

1. Property
2. Safety
3. Neighborhood Codes of Conduct
4. Regular communication and information sharing
5. Good Neighbor Agreement Monitoring and Compliance process, including a complaint/dispute resolution process
6. Who will sign the agreement

Good Neighbor Agreement- Process:

The following steps are to be taken in developing the agreement:

1. Once the developer (e.g. supportive housing developer, program sponsor, agency) has the building permit, the developer must initiate a proactive approach to encourage community engagement. The developer is responsible for maintaining a complete written account of all activities, including correspondence and meeting records.
2. All stakeholders shall be appropriately notified in writing by the developer and provided the opportunity to participate in developing and executing a Good Neighbor Agreement that will guide the relationship of the developer and the stakeholders. This committee is called the Community Advisory Committee (CAC). The developer must document the notification process and response. The stakeholders shall include the following among others as appropriate:
 - i. Neighbors
 - ii. Neighborhood organizations and agencies
 - iii. Neighborhood businesses
 - iv. Other community-based groups
3. Development of a Community Advisory Committee:
 - i. The CAC should be comprised of both skeptics and supporters, as well as other interested organizations.
 - ii. CAC should be 7-10 people that are invited via recommendation of stakeholders and other interested neighborhood parties.
 - iii. At least 2 members of the committee should be residents from the surrounding community.
 - iv. The invitation to the CAC should include a fact sheet about the community and the development.
 - v. CAC should meet monthly during the development stage, then quarterly or yearly, as agreed upon by members, once the development is completed.
 - vi. There should be an assigned staff member who takes minutes and sends them out to all committee members.
 - vii. There should be an annual effort made to solicit input from adjacent property owners asking them their concerns/suggestions about the property and its operations.
 - viii. Once there are tenants, they should have representation on the CAC.
 - ix. Police should be represented on the CAC.
4. Meetings during the development phase should be sponsored by the developer and include information regarding the following:
 - i. The needs of the homeless population
 - ii. The laws protecting homeless people
 - iii. The agency's experience providing services, transitional or permanent supportive housing
 - iv. A detailed description of the proposed development, including the operations plan
 - v. Appropriate Best Practice guidance
 - vi. The Good Neighbor Agreement Template
5. The developer and the CAC shall identify and address any concerns of the neighbors, as well as how the community can serve the development and how the development can serve the community.

6. The developer and CAC shall negotiate a Good Neighbor Agreement as appropriate to the neighborhood and the development, considering neighborhood specific provisions that promote good relations, including agreement on all or part of the following:
 - i. Property
 - ii. Safety
 - iii. Neighborhood Codes of Conduct
 - iv. Regular communication and information sharing
 - v. Good Neighbor Agreement Monitoring and Compliance process, including a complaint/dispute resolution process
 - vi. Who will sign the agreement
7. The developer shall make all reasonable efforts to obtain a signed agreement between the developer and the CAC.
8. The parties to the Agreement shall sustain dialogue, implement the plan and hold follow-up meetings as needed.

Appendix C

Definitions and Commonly Used Terms

ARRA: American Recovery and Reinvestment Act- 2009 Federal stimulus package funding

Homeless: (McKinney/Vento Definition): "Homeless persons are generally defined as those living in homeless facilities or in places not meant for human habitation. This definition has governed HUD's implementation of the federal government's largest emergency shelter, transitional housing, and permanent supportive housing programs since the McKinney Act became law in 1987. It reflects a longstanding policy to target scarce resources to the neediest or in this case to those who are 'literally homeless.'"

Chronically homeless – "A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, a person must have been on the streets or in emergency shelters (i.e. not in transitional or permanent housing) during these episodes."

Continuum of Care for the Homeless (CoC): According to HUD the CoC is "an approach that helps communities plan for and provide a full range of emergency, transitional and permanent housing and services to address the various needs of homeless persons." The CoC is both a process and a product. The process is the inclusive planning, implementation, and year-round management process utilized in collaboration by both the City and the County. The product is an annual grant application to HUD for funding for homeless housing and services for the homeless.

Consolidated Plan: The Consolidated Plan (often called Con Plan for short) is a five-year housing and community development plan that is required of local governments by HUD in accordance with 24CFR Part 91. This is considered a strategic planning document and is an application for all of a jurisdiction's entitlement funding (Community Development Block Grant (CDBG), HOME, Emergency Shelter Grant (ESG), Housing for Persons with AIDS (HOPWA)); it is also a tool for reporting goals and action plans that later are accounted for annually. There is an entire section within the Consolidated Plan dedicated to Special Needs housing that includes housing for the homeless. Both Cincinnati and Hamilton County have a Consolidated Plan or "Con Plan" for short. The Cincinnati and Hamilton County Consolidated Plans' sections on homelessness (both narrative and goals) have been developed through the CoC special Consolidated Planning process; they are identical and function as our local plan to address chronic homelessness. All tables and charts of the Consolidated Plan are updated annually with the Continuum of Care application exhibits.

Types of Housing

Emergency Shelter – "Emergency Shelter is defined as a temporary place for homeless persons to reside. A stay is normally less than 90 days and averages 30 to 45 days. Emergency shelter provides a safe, decent alternative to the streets. Emergency Shelters may be designed on a drop-in basis, where no intake is required and the goal is simply to provide an alternative to the streets for homeless persons, or it may be designed with intake and assessment requirements to assure the appropriate target population is in the right facility. All Emergency Shelters in Cincinnati must meet the *Minimum Shelter Standards* and are annually inspected for compliance."

Transitional Housing (TH) – "Transitional housing is defined as housing for homeless persons (individuals or families), that is necessary to facilitate the movement of homeless persons from the streets or emergency shelters to permanent housing. Appropriate on-site supportive services necessary to facilitate that movement must be included to be considered transitional housing. Persons in residence must, at a minimum, receive services designed to support future self-sufficiency and housing

search/acquisition. In addition, some transitional housing facilities are specific-population based (e.g. substance abusers, veterans, families), and in such cases should also provide for the special needs of their resident populations (e.g. substance abuse services, veterans support groups, family education). Transitional housing is time-limited for up to 24 months. Transitional housing may be provided in one structure or in multiple scattered sites. Cincinnati and Hamilton County do not consider facilities that provide general detox or half-way houses for substance abuse, juvenile detention facilities, or half-way houses for parolees as homeless transitional housing facilities. These facilities do not appear in the CoC inventory nor are their residents counted in regular homeless counts. To receive ESG assistance, any Transitional Housing facility must also meet the *Minimum Shelter Standards* and are annually inspected for compliance.”

Permanent Supported Housing (PSH) – “For the purposes of the CoC and Consolidated Planning, Permanent Supported Housing is defined as service-enriched housing where the population of the dwellings must be certified as homeless prior to residing in the units, and where such housing is required by the homeless individual to maintain permanent residency. All Permanent Supported Housing has some level of service designed to support the homeless individual/family’s ability to live independently and gain the appropriate self-sufficiency supports necessary to maintain independent living. Permanent Supported Housing is not time limited. Permanent Supported Housing may be in one building or in multiple scattered sites. It may also be limited to a portion of the complex or development project. For persons using SHP funding for permanent supported housing, access is also limited to persons with disabilities as defined by HUD and articulated by the provider within the SHP grant application. Thus some Permanent Supported Housing is limited to persons with specific disabilities as in the case of Shelter Plus Care and other SHP programs.”

HUD: Homeless Funds

Continuum of Care for the Homeless - Supportive Housing Program (SHP): The Supportive Housing Program provides funding for development (acquisition and/or renovation), operation and services for transitional housing, permanent housing for persons with disabilities, service only programs, and the Homeless Management Information System. Funding is applied for through the CoC and is contracted by HUD directly to the applicant agency. It is expected funding will come through the Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc. in future years, pending Congressional legislation.

Continuum of Care for the Homeless - Shelter Plus Care (SPC or S+C): The Shelter Plus Care Program is a rental subsidy program to provide housing for homeless persons with disabilities. Rental subsidies operate under similar rules to Section 8 (i.e. 30% rent limits, housing quality indicators, etc.) but must be matched by an equal (and auditable) level of services for every dollar of housing provided. Funds may be used for site-based operating support or scattered-site housing rental. A unit of local government or Public Housing Authority must be the applicant for SPC and funds pass through the applicant to project sponsors (i.e. agencies that provide the housing and services). In the CoC’s case, the unit of local government is the City of Cincinnati.

Continuum of Care for the Homeless - Single Room Occupancy for the Homeless (SRO): The SRO program provides for the acquisition, renovation and operating support of single room occupancy units for the homeless. The program must be administered through the Public Housing Authority (PHA) which in the CoC’s case is Cincinnati Metropolitan Housing Authority (CMHA).

Emergency Shelter Grant (ESG): ESG funds are formula grants provided to both government jurisdictions (City of Cincinnati and Hamilton County). The ESG program provides funding for the renovation and operational costs of shelter facilities and for the administration of the grant. ESG may also provide short-term homeless prevention assistance to persons at imminent risk of losing their housing.

Continuum of Care Grant Language

Exhibit 1: The first section of the annual Continuum of Care grant application to HUD. Exhibit 1 is the portion of the grant application that is scored by HUD on a nationally competitive basis. The narrative documents the annual CoC grant process, year-round process, accomplishments for the prior year, and goals for the upcoming year. Special sections of Exhibit 1 include: the annual Housing Inventory Chart, which includes all emergency shelter, transitional housing and permanent supportive housing beds/units; documentation of unmet need; and the annual Point In Time Homeless Count.

Homeless Management Information System (HMIS): A Homeless Management Information System is a congressionally-mandated, community-wide database system which collects shelter and service use data on the homeless. The CoC's HMIS uses the VESTA[®] system as the local software.

Notice of Fund Availability (NOFA): A Notice of Funding Availability is released in the *Federal Register* announcing all grant submission deadlines and requirements. The SuperNOFA is the *Federal Register* notice created by HUD to release multiple housing funding notices at the same time. The CoC grant funds are released through the SuperNOFA annually.

Special Needs: Within the HIS system Special Needs are defined as "issues affecting the clients ability to find and maintain housing." Special needs does not indicate a formal diagnosis has been given to an individual but is an insight into the needs of the client to be used in determining which supportive services are most appropriate. Special Needs in VESTA include: alcohol abuse; drug abuse; mental illness; physical/sensory disability; developmental/cognitive disability; HIV/AIDS; domestic violence; non-English speaking; illiteracy, migrant worker and pregnancy (for women only). Once entered into the data base for the individual, special needs information is never shared between agencies.

VESTA[®]: VESTA (Virtual Electronic Service Tracking Assistant) is the HMIS software utilized by the CoC. It is a locally developed product owned by The Partnership Center, Ltd. It serves the CoC as a product in compliance with Federal Data Standards for an HMIS, but also as a community-based software product designed to facilitate partnership and innovation.