

Homeless to Homes

Strategic Planning Based on HMIS Data

On the Horizon:
Expanding the Uses of
Human Services Data Systems



Disclaimer

- The Homeless to Homes plan is laid out in detail in a 100+ page document available at <http://www.cincinnatioc.org>
- The core of the planning process was data from our HMIS
- This presentation focuses on some aspects of how the data drove the recommendations, but does not in any way fully represent the Homeless to Homes plan



Our Starting Point

- In October of 2008, Cincinnati City Council directed the Cincinnati / Hamilton County Continuum of Care to design a comprehensive plan to “address the inadequacy of the current provision of services for single homeless individuals.”



Our Situation in 2008

- A family shelter partnership effectively addresses the needs of homeless families
- Shelter beds for individuals, social services, and soup kitchens are highly concentrated in a single neighborhood called Over-the-Rhine (OTR)
- OTR, adjacent to the downtown business district, is in a transitional phase with new housing and new businesses



Beds for Homeless Individuals

- Emergency shelter inventory includes about 240 beds for homeless men and about 50 beds for homeless women in OTR and another 90 beds elsewhere
- 2,746 men and 564 women were served in the year prior to the ordinance
- There is very little capacity for case management in our emergency shelters



The Steering Committee

The CoC formed a steering committee composed of:

- Business leaders
- Homeless providers
- Church leaders
- Government representatives
- Funders



The Subcommittees

Seven subcommittees were formed

- Single homeless men
- Single homeless women
- Homeless young adults
- Street outreach
- Mental health and substance abuse best practices
- Transitional and permanent supportive housing
- Smart funding



Setting a Precedent

- The core of the planning process was data from VESTA, our HMIS
- In our region, Homeless to Homes is the first plan for ending homelessness ever created that was built on the framework of actual data about the homeless people in our area – their actual age groups, gender, and special needs



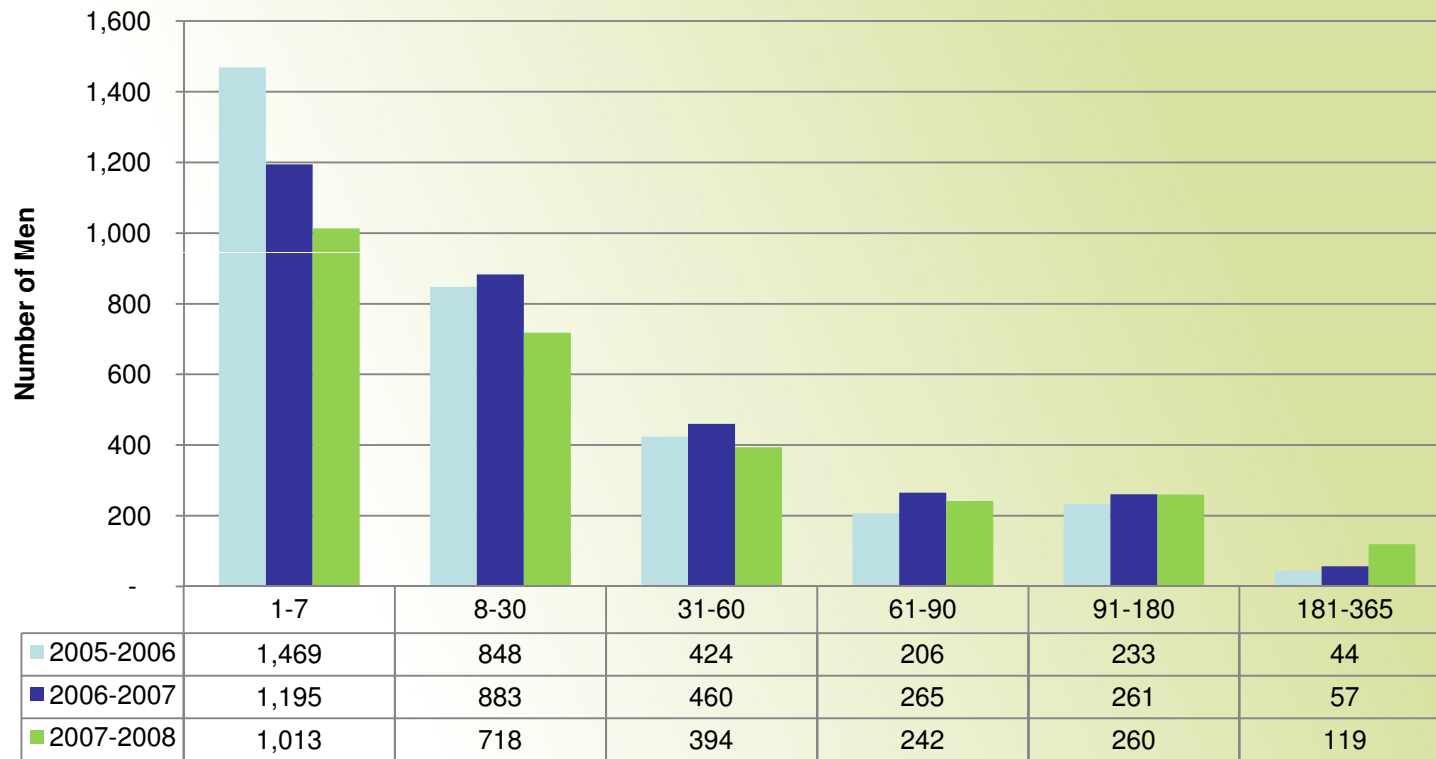
New Perspective, New Information

- Breaking the data down by subcommittee required us to look at it in ways that we never had before
- Looking at special needs by gender revealed the need for different services for men and women
- The plan is targeted to meet the needs of each subpopulation



Trends for Homeless Men

Nights Spent in Emergency Shelters, Men- Ages 18+
October 1st 2005 through September 30th 2008



Nights Spent in Emergency Shelters



What's Behind the Trend

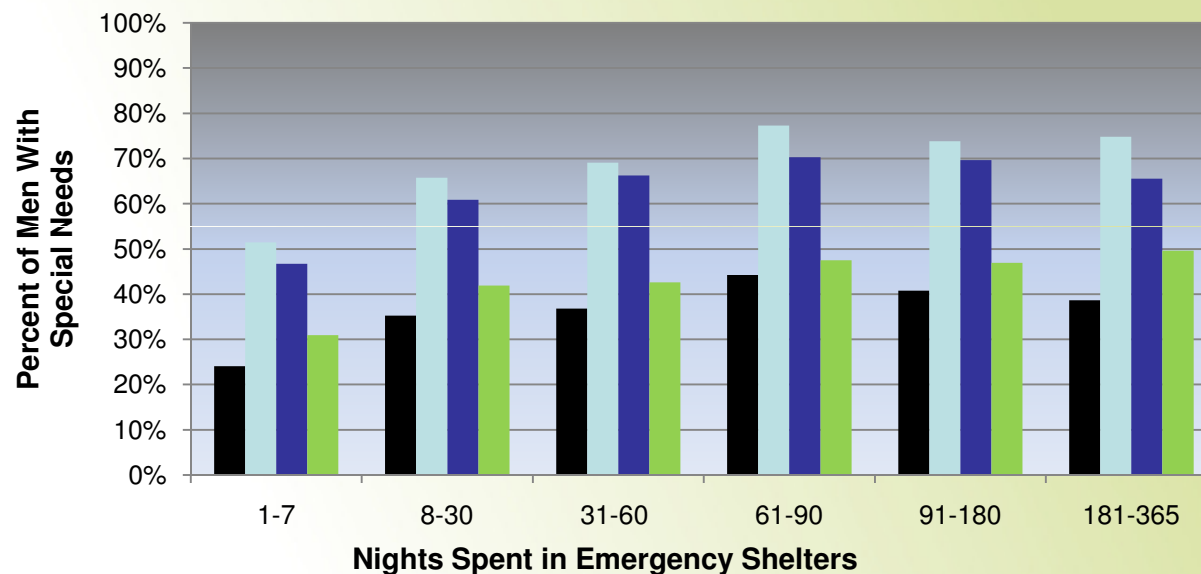
Local experts attribute the drop primarily to:

- Creation of Homeless Individuals Partnership (HIP) Team, skilled case managers working with chronically homeless to move them from shelter to permanent housing
- The coordination of services and documentation of eligibility enabled by HMIS



Special Needs for Homeless Men

Percent Special Needs, Men- Ages 18+
October 1st 2007 through September 30th 2008



	1-7	8-30	31-60	61-90	91-180	181-365	ALL
■ Dual	24%	35%	37%	44%	41%	39%	33%
■ Alcohol Abuse	51%	66%	69%	77%	74%	75%	63%
■ Drug Abuse	47%	61%	66%	70%	70%	66%	58%
■ Mental Health	31%	42%	43%	48%	47%	50%	39%



Recommendations for Men

- A Central Access Point that uses screening tools to expedite the flow of individuals into appropriate shelters
- An expanded substance abuse treatment center with about 100 beds
- Three smaller (~50 beds) general shelters with a 1:10 client to case manager ratio
- A city-wide safe shelter with 30 beds for men



Programs for Women

- A Women's Dorm with about 45 beds in OTR sharing a facility with a large Men's Dorm
- Two family shelters that will accept single women when they have available space
- A battered women's shelter that will accept single women in danger
- A 10-bed emergency shelter / treatment program for (ex-)prostitutes



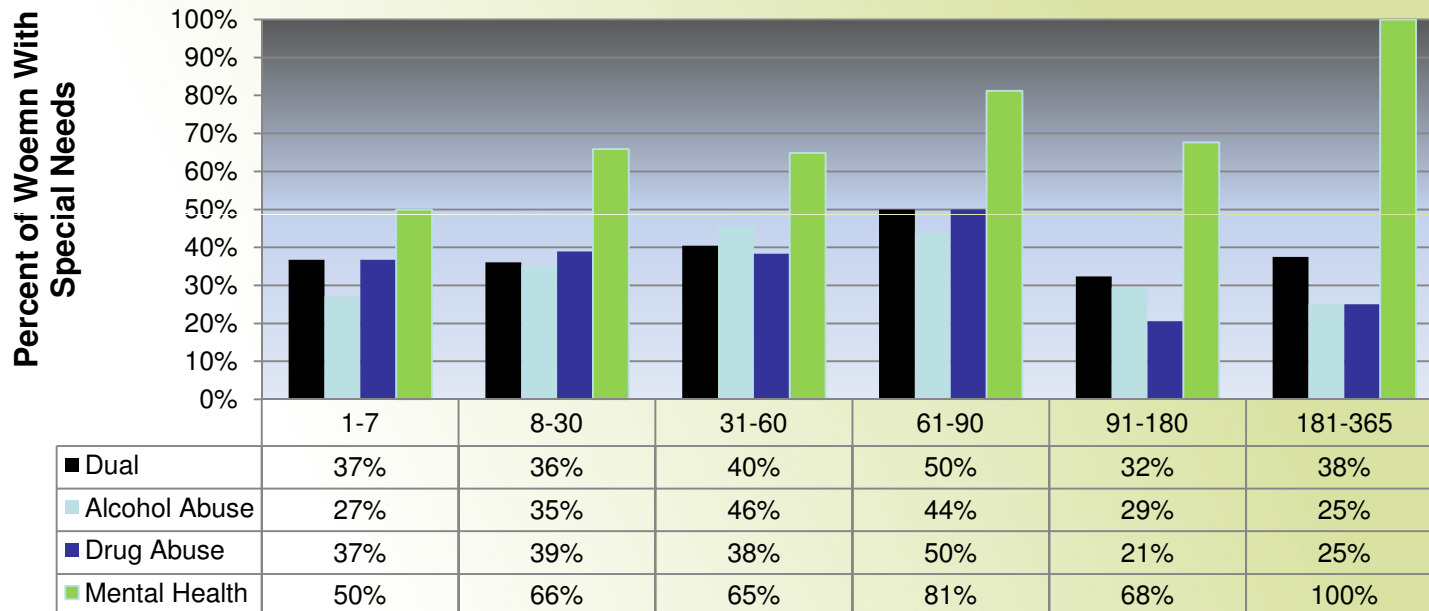
Trends for Women

- A similar decline in the overall number of unaccompanied homeless women from 826 in 2006 to 564 in 2008
- Local experts attribute this to the HIP Team, HMIS, and the placement of a case worker in the Women's Dorm
- A core group of 8 chronically homeless women who have been in shelter for more than a year (in one case for over 15 years)



Special Needs for Homeless Women

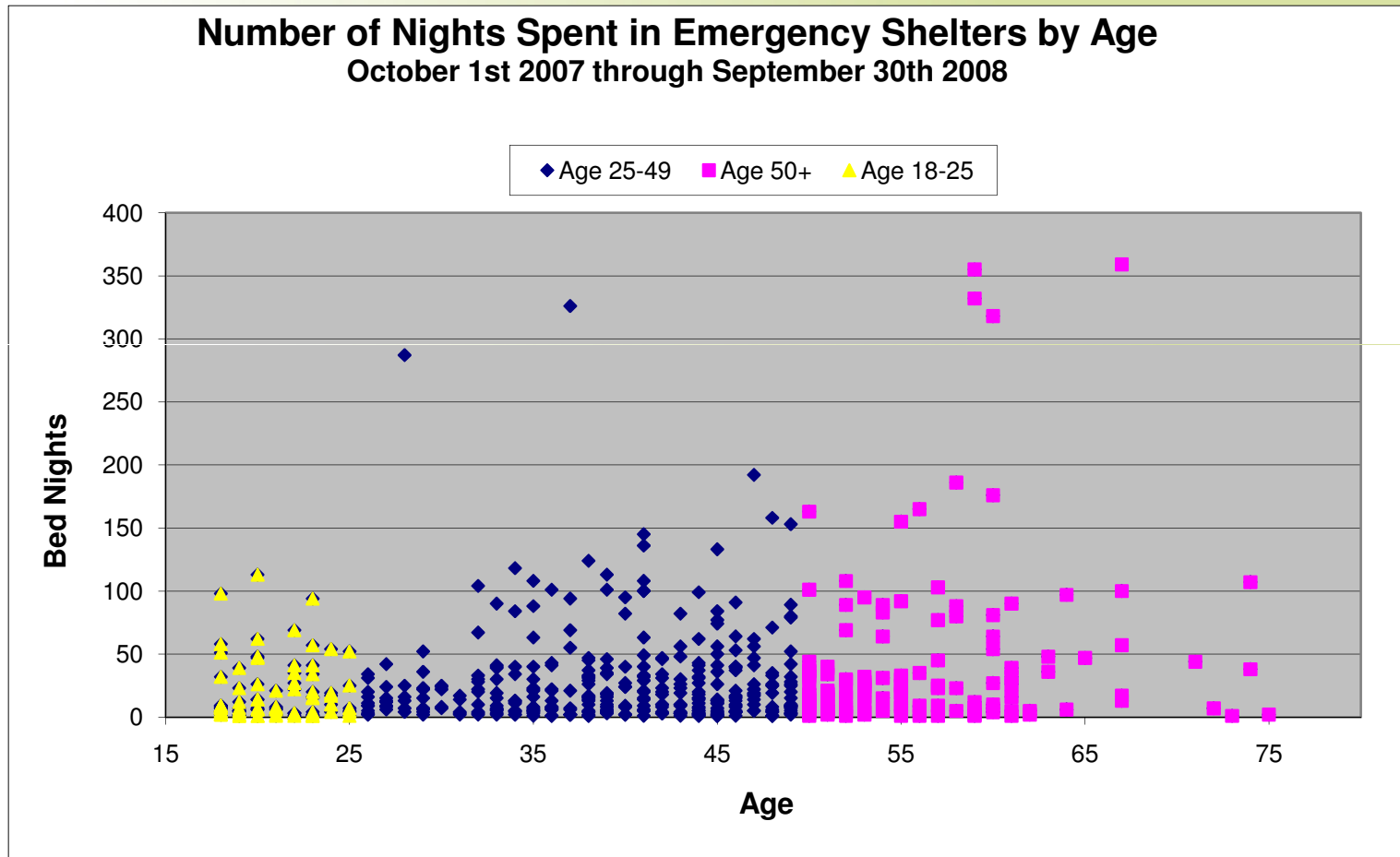
Percent of Women With Special Needs, Ages 18+
October 1st 2007 through September 30th 2008.



Nights Spent in Emergency Shelters



Special Needs for Homeless Women





Recommendations for Women

- Central Access Point
- A 10-15 bed safe shelter for women not willing or ready to engage in treatment
- A 35-40 bed general women's shelter separate from any men's facility with a 1:10 client to case manager ratio and a target of 30 day stays
- Coordinated assessments for women with mental health / SA issues ready to engage in treatment



Unsheltered Homeless

Relative to other cities of comparable size, we have a relatively small street population.

Unsheltered Homeless in Cities of Comparable Size in January 2007

City	Population	Unsheltered Count
St. Louis, MO	350,759	213
Anaheim, CA	339,555	665
Tampa, FL	336,823	4,502
Cincinnati, OH	332,458	59
Pittsburgh, PA	311,218	247
Toledo, OH	295,029	109



Street Population

- 217 women and 267 were engaged by street outreach workers but not in shelters in the year prior to the ordinance
- Of these, 42% had special needs related to mental illness and 34% were identified as chronically homeless
- Sex offenders have no shelter options



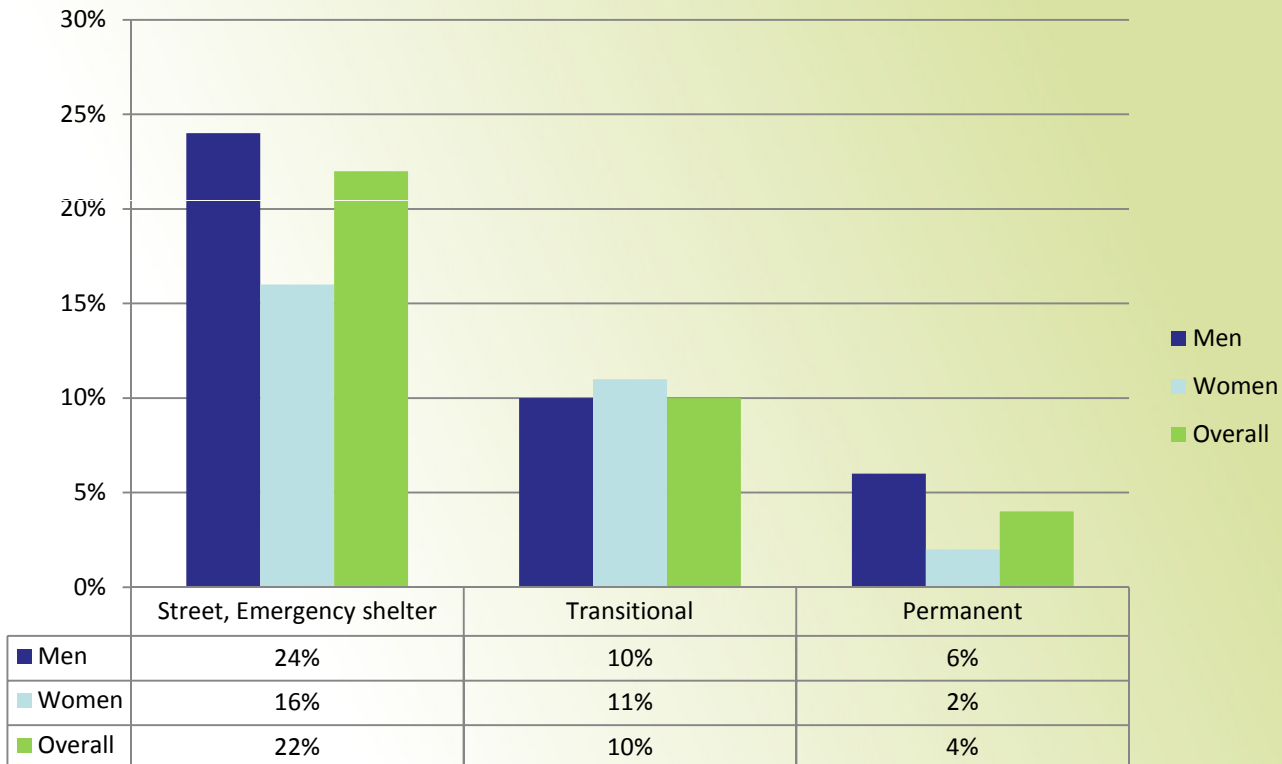
Street Outreach Recommendations

- Four workers for substance abusers. We have outreach workers for those with a severe mental illness, adults under 25, and people panhandling downtown; others are unfunded
- A 16 bed transitional housing facility for street outreach clients
- An expanded relationship with police



Integrating Justice System Data

Incarceration Rates by Living Situation for Homeless Individuals in Cincinnati / Hamilton County





A Jail Diversion Program

The Smart Funding subcommittee recommended a new diversion initiative to divert homeless persons from the jail system into shelter and services

Jail Stays	All Homeless	Mentally Ill	% Mentally Ill
1	608	290	48%
2	238	120	50%
3	96	53	55%
4	42	26	62%
5	23	14	61%
6	11	6	55%
7+	24	15	63%
TOTAL	1042	524	50%



The End of the Beginning

- In May of 2009, Cincinnati City Council accepted the Homeless to Homes Plan and mandated the development of:
 - A transition team
 - Further research of national best practices
 - Minimum standards for shelters, transitional and permanent supportive housing programs.



The Transition Team

- In February of 2010, the Transition Team published an Implementation Report and Update (also available in detail at <http://www.cincinnatioc.org>) prioritizing the recommendations in the original plan and detailing progress



Streamlining Resources

- Our CoC's priorities are the same as HUD's: to help our clients increase their income and obtain / maintain housing.
- The Smart Funding Group is working to get all local funders to utilize the HUD / CoC outcome measures for any program resulting from HTH so that we can streamline the data collection that enables us to track progress toward those goals



Outcomes Matter

- A group including representatives from city and county government, local foundations, and funders recently affirmed the value of HMIS data in decision-making about funding and prioritizing projects.
- The utility of having data about clients, their needs, and outcomes in one database has reinforced the role of our HMIS software; funders are discussing requiring non-homeless projects to report outcomes from our HMIS.



Questions?

Feel free to ask now or contact me at:

Molly McEvilley

The Partnership Center, Ltd.

2134 Alpine Place

Cincinnati, OH 45206

513-891-4016 x338

molly@thepcl.net