ADVISORY BOARD AGENDA – November 16, 2023

1. Welcome & Open Remarks

A) DECISION ISSUES
   a) Approval of Advisory Board Minutes 9.21.23
   b) 2024 PIT Methodology
   c) Unsheltered Strategic Plan

B) HMIS Outreach Module Presentation

C) RRH Update

D) Family Overflow Transition

E) Seasonal Shelter

F) CE Expansion Grant

G) CoC PSH/Supportive Services Update

H) YHDP Update

I) Initiative Reports (See handouts)
   a) Ending Veteran Homelessness (EVH)
   b) RRH
   c) Ending Youth Homelessness (EYH)
   d) Unsheltered Report

PLEASE NOTE THE OHS ADVISORY BOARD 2023 MEETING DATES:

Calendar for 2024

OHS Advisory Board Meetings: January 18th, March 21st, May 16th, July 18th, September 19th, November 21st

Executive Committee Meetings: TBD

Cuyahoga Continuum of Care

2024 Point-in-Time Count and Housing Inventory Count

Cuyahoga County Office of Homeless Services

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1. Purpose

The purpose of this document is twofold: 1) to define what the Point-in-Time (PIT) Count and Housing Inventory Count (HIC) are and 2) to outline what data is required to be submitted as part of the PIT and HIC submission to HUD specific to Cuyahoga Continuum of Care (CoC).

All information outlined in this document follows HUD guidelines in both of the following documents:

2024 Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Data Collection Notice

HUD Point-In-Time (PIT) Count Methodology

2. Housing Inventory Count (HIC)

2a. Definition

The HIC is a point-in-time inventory of all projects within the Cuyahoga CoC that provide beds/units to persons who are homeless or were homeless upon entry into the program. This includes both HMIS- and non-HMIS-participating providers. The intent is to provide data on shelter and housing capacity within our system and will reflect a point-in-time count of beds/units available on the PIT date (**1/23/2024**).

2b. Applicable Project Types

The HIC requires that a bed/unit inventory be submitted for the following project types:

i. Emergency Shelter – Entry/Exit
ii. Emergency Shelter – Night-by-Night
iii. Transitional Housing
iv. Safe Haven
v. Permanent Supportive Housing
vi. Other Permanent Housing (EHVs)
vii. Rapid Rehousing

2c. Data Required

The HIC requires the following data on bed/unit inventories:

i. Total number of year-round beds with the following subsets identified:
   - Number of beds & units dedicated to households with children
   - Number of beds & units dedicated to households with only children
   - Number of beds & units dedicated to households without children
   - Number of beds & units dedicated to veteran households with children
   - Number of beds & units dedicated to veteran households without children
   - Number of beds & units dedicated to youth households with children
   - Number of beds & units dedicated to youth households without children
   - Number of beds & units dedicated to chronically homeless households with children
   - Number of beds & units dedicated to chronically homeless households with only children
   - Number of beds & units dedicated to chronically homeless households without children
ii. Total number of seasonal beds
iii. Total number of overflow beds
iv. Point-in-Time count for PIT date

2d. Data Collection Process for HMIS-Participating Providers

For those agencies who are collecting information in HMIS, HMIS will be the only source of data on bed/unit inventories for the HIC submission.

i. Projects with changes in housing inventory
   - If a project has a different bed/unit inventory than was reported last year, please inform the Office of Homeless Services (OHS) about these changes **before 1/19/2024**. Changes should specifically be sent to Nicholas Butina at nbutina@cuyahogacounty.us.

ii. Projects with no changes in housing inventory
   - No action is needed in HMIS. A confirmation of bed/unit inventories will be requested via email from OHS. That confirmation will be required **before 1/19/2024.**

iii. Projects with utilization issues
   - If on the PIT date the utilization of a project's beds/units is low or high (above 105%) compared to the inventory, OHS will be reaching out to confirm the inventories and PIT date numbers. An explanation will need to be provided as to why there was a discrepancy.

2e. Data Collection Process for Non-HMIS-Participating Providers

For those agencies who do not participate in HMIS, all information asked for in item 2c above should be reported to OHS. Specifically, please send bed/unit inventory information to Nicholas Butina at nbutina@cuyahogacounty.us **before 1/19/2024.** The PIT count number needed will need to be provided after the PIT Date (**1/23/2024**) has passed.

3. Point-in-Time (PIT) Count

3a. Definition

The PIT Count is conducted each year to accurately identify the unique number and demographics of sheltered and unsheltered homeless persons in the continuum. The count is usually conducted within the last 10 days of January. **This year's PIT Count date is 1/23/2024.**

3b. Applicable Project Types

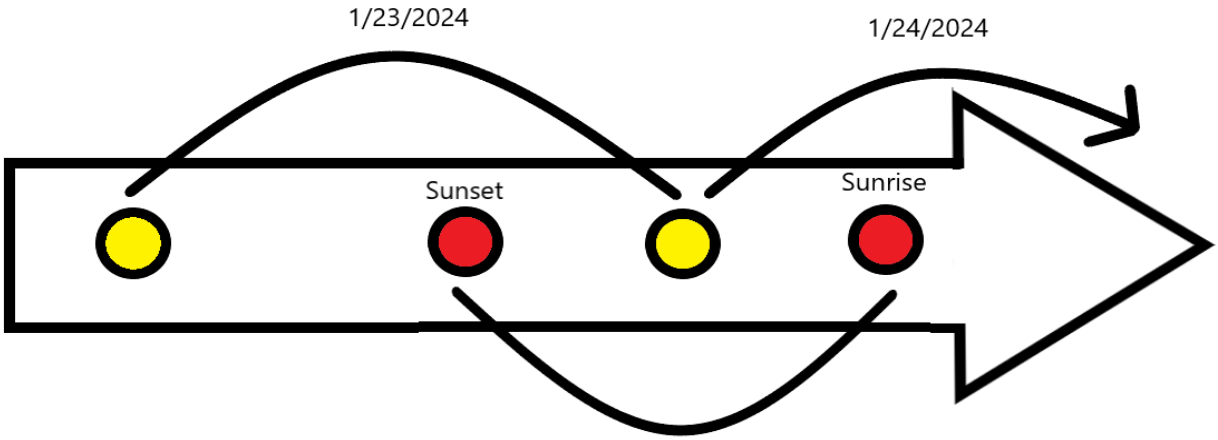
For the sheltered count, Cuyahoga CoC is required to report on all persons sleeping in beds designated for homeless individuals in the following project types:

i. Emergency Shelter (includes year-round, seasonal, and overflow beds)
ii. Transitional Housing
iii. Safe Haven

For the unsheltered count, Cuyahoga CoC is required to report on all persons identified as sleeping in a place not designed for human habitation including encampments, cars, abandoned buildings, etc. This count is conducted by street outreach providers/volunteers and clients are not linked or active in a project type listed above.

3c. Timing of the Count

Conducting the PIT count on the night of **1/23/24** is of utmost importance. While HUD requires that CoCs identify a date the PIT count is conducted, the term "night" refers to a period of sunset to sunrise spanning two dates (**1/23/24 & 1/24/24).** The image below illustrates the timing of the count.



3d. Data Required

All data on sheltered clients within any project should be only for the night of **1/23/2024**. All data on unsheltered clients should be **only** for the night (5:30p to 10a) of **1/23/2024**. For both the sheltered and unsheltered count, the following data is required to be submitted:

i. Households with Children
- Total number of households served
- Total number of persons served
  - Number of persons under the age of 18
  - Number of persons between ages 18 to 24
  - Number of persons between ages 25 to 34
  - Number of persons between ages 35 to 44
  - Number of persons between ages 45 to 54
  - Number of persons between ages 55 to 64
  - Number of persons between ages 65 and older
  - Number of persons by gender, race & ethnicity, and chronic homeless status

ii. Households without Children
- Total number of households served
- Total number of persons served
  - Number of persons under the age of 18
  - Number of persons between ages 18 to 24
  - Number of persons between ages 25 to 34
  - Number of persons between ages 35 to 44
  - Number of persons between ages 45 to 54
  - Number of persons between ages 55 to 64
  - Number of persons between ages 65 and older
  - Number of persons by gender, race & ethnicity, and chronic homeless status

iii. Households with only Children
- Total number of households served
- Total number of persons served
  - Number of persons under the age of 18

    - Number of persons by gender, race & ethnicity, and chronic homeless status

iv. Youth Households without Children (includes unaccompanied youth and youth 18 to 24)
- Total number of households served
- Total number of persons served
    - Number of persons under the age of 18
    - Number of persons between ages 18 to 24
    - Number of 18- to 24-year-olds by gender, race & ethnicity, and chronic homeless status

v. Youth Households with Children
- Total number of households served
- Total number of persons served
    - Number of parenting youth under the age of 18
    - Number of parenting youth between ages 18 to 24
    - Number of children with parenting youth (children under the age of 18 with parents under 25)
- Number of parenting youth ONLY by gender, race & ethnicity, and chronic homeless status

vi. Veteran Households with Children
- Total number of households served
- Total number of persons served
- Total number of veterans served
- Number of veterans ONLY by gender, race & ethnicity, and chronic homeless status

vii. Veteran Households without Children
- Total number of households served
- Total number of persons served
- Total number of veterans served
- Number of veterans ONLY by gender, race & ethnicity, and chronic homeless status

viii. Number of adults (all populations; older than 18) with/who are:
- Serious mental illness
- Substance Use Disorder
- HIV/AIDS
- Survivors of Domestic Violence

3e. Changes to PIT Data Collection in 2024

Based on the 2024 HUD Data Standard changes released on 10/1/23, changes to gender and race & ethnicity data collection have been made for the PIT count:

i. Gender options:
- Women (Girl if child)
- Man (Boy if child)
- Culturally Specific Identity
- Transgender
- Non-Binary
- Questioning
- Different Identity
- More Than One Gender
    - If this is selected, you will need to identify which genders above those persons are identifying as

ii. Race & Ethnicity options:
- American Indian, Alaska Native, or Indigenous
- American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o

- Asian or Asian American
- Asian or Asian American & Hispanic/Latina/e/o Black, African American, or African
- Black, African American, or African & Hispanic/Latina/e/o
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Middle Eastern or North African & Hispanic/Latina/e/o
- Native Hawaiian or Pacific Islander
- Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o
- White
- White & Hispanic/Latina/e/o
- Multi-Racial & Hispanic/Latina/e/o
- Multi-Racial (not Hispanic/Latina/e/o)

3f. Sheltered Count Data Collection Process for HMIS-Participating Providers

For those agencies who are collecting information in HMIS, HMIS will be the only source of data for the PIT Count submission. To prepare for the report pull, please do the following:

i. Ensure all entry/exits are completed in Clarity. Only active clients should be open on the PIT date night for the purposes of the report.

ii. Run an APR [HUDX-227] in Clarity on the PIT date night to ensure all errors are accounted for. Specifically, ensure that all households are entered into your programs correctly and that disability/domestic violence information is accurate.
   - For programs that require housing move in dates, this is how an inventory is determined. For example, a RRH project might be serving 200 people but only 100 have a housing move in date in HMIS. The inventory will be reflected as 100. Be sure that housing move in dates are entered and accurate.

iii. Confirm that your data is accurate by sending an email to Nicholas Butina at nbutina@cuyahogacounty.us **by 2/6/2024.**

Any discrepancies, deficiencies, or other data issues will be addressed by OHS staff with HMIS Agency Administrators.

IMPORTANT NOTE: This data should not and cannot be changed over the course of the year. All annual reporting is going to refer to the PIT data as was submitted and will need to match. Once you confirm your data to OHS, that data should *never* be adjusted. Ensuring the data you are submitting is the most accurate is of utmost importance.

3g. Sheltered Count Data Collection Process for Non-HMIS-Participating Providers

For those agencies who are not collecting data in HMIS, a report must be submitted to OHS from a comparable database with the required data elements listed in item 3c above. The report should be for the PIT date night and only include those individuals who were in a bed dedicated for homeless persons. This report should be submitted to Nicholas Butina at nbutina@cuyahogacounty.us **by 2/6/2024.**

If no comparable database is being used to track this data, please contact OHS to request an exception for reporting the data needed.

3h. Unsheltered Count Data Collection Process

Prior to the PIT date, OHS & NEOCH will convene a meeting with outreach providers and other volunteer groups to discuss the unsheltered PIT count plan. This will include review & training of the PIT Street Card, identification of needs, locations to be surveyed, and other potential collection issues. A map of known locations and a deployment strategy will be developed for outreach workers/volunteers to conduct surveys.

During **the week of 1/15/2023**, providers and volunteer groups will pick up a set of PIT Street Cards (see Appendix A) from OHS's office at *310 W. Lakeside, Cleveland, OH 44113*. Starting at sunset (5:30p) on the PIT date (**1/23/2024**) and ending at sunrise (10am) on the following date, the unsheltered count will be conducted (see 3c above). Each unsheltered person will have a PIT Street Card filled out with their information. These cards will be submitted/dropped off to OHS's office **before 1/26/2024**. **Any card submitted after that date will not be considered for the final count**.

OHS staff will review the PIT Street Cards. Duplicated clients counted within the unsheltered count will be deduplicated. Any individuals who are identified as active in a shelter project within HMIS will be removed from the unsheltered count. Any cards that have incomplete data will be discarded.

Appendix A – PIT Street Card

2024 UNSHELTERED COUNT **1/23/2024 (5:30p-10a)** **ONE FORM PER PERSON**

Have you already completed one of these cards? **O** Yes **O** No

PM SURVEY* (night of 1/23): Where are you staying tonight? / *AM SURVEY* (morning of 1/24): Where did you stay last night? *(CHOOSE ONE)		
O Street/Abandoned Building/Vehicle/Camp	**O** Staying at Family/Friend's Residence	
O Shelter	**O** Hotel/Motel	**O** Other _____

How many *TIMES* have you been homeless in the past three (3) years? **O** 1st time **O** 1-3 times **O** 4 or more times

How many *MONTHS* have you been homeless in the past three (3) years? **O** Less than 1 **O** 1-3 **O** 4-6 **O** 7-9 **O** 10-11 **O** 12+

Individual/Household Information *(Please complete a separate survey for each HH member)*
Are you single or part of a family? **O** Single **O** Family ***If family, how many people are in your household?*** Adults: _____ Children: _____ Ages of Children: _____
First Name (or initial): _____ **Last Name (or initial):** _____
Age: _____ **Date of Birth:** _____ ***If refused, please estimate age group:*** **O** Under 18 **O** 18-24 **O** 25-34 **O** 35-44 **O** 45-54 **O** 55-64 **O** 65+
Veteran? **O** Yes **O** No
Gender (multi-select): **O** Man **O** Woman **O** Transgender **O** Culturally Specific Identity **O** Non-Binary **O** Questioning **O** Other
Race (multi-select): **O** Black/AA **O** White **O** Asian **O** American Indian/Alaska Native **O** Middle Eastern/North African **O** Hispanic/Latino **O** Native Hawaiian **O** Other: _____

Additional Homeless Populations *(Circle all that apply or "None Apply")*				
NONE APPLY	Substance Use Disorder	Mental Health Problem	HIV/AIDS	Survivor of Domestic Violence

OHS Advisory Board Meeting: Rapid Re-Housing Program Data November 16, 2023

2022 & 2023 Quarter Comparison of Passed Inspections/Housed

2022	Adult-Families	Youth-Families	Adult-Singles	Youth-Singles	TOTAL
Jan 2022 – Mar 2022	34	10	23	3	70
Apr 2022 – Jun 2022	32	3	27	7	69
July 2022 – Sept 2022	32	3	21	3	59
Oct 2022 – Dec 2022	41	5	21	11	78
				2022 1st, 2nd 3rd & 4th Quarter Total:	276
Jan 2023 - Mar 2023	37	2	16	10	65
April 2023 - May 2023	40	6	20	9	75
June2023 - July 2023	33	14	8	22	77
Aug 2023- Sept 2023	35	8	12	14	69
Oct 2023- Nov 2023	36	7	10	10	63
				2023 1st 2nd 3rd & 4th Quarter Total	349

9/18/23-11/13/23

# of new referrals received (complete) from shelters/outreach providers for RRH

	Adult-Families	Youth-Families	Adult-Singles	Youth-Singles	**TOTAL**
9/18/23—9/22/23	15	1	6	1	**23**
9/25/23—9/29/23	5	1	1	4	**11**
10/2/23—10/6/23	10	2	4	0	**16**
10/9/23— 10/13/23	6	0	9	4	**19**
10/16/23 —10/20/23	5	0	9	2	**16**
10/23/23 — 10/27/23	2	0	0	0	**2**
10/30/23 —11/3/23	0	0	0	0	**0**
11/6/23 — 11/10/23	0	0	0	0	**0**

# of new rerrals received (complete) from DV/HT providers for RRH-DV

	DV/HT Adult-Families	DV/HT Youth-Families	DV/HT Adult-Singles	DV/HT Youth-Singles	**TOTAL**
9/18/23—9/22/23	2	0	5	1	**7**
9/25/23—9/29/23	3	0	1	1	**5**
10/2/23—10/6/23	2	0	2	0	**4**
10/9/23 — 10/13/23	3	0	2	0	**5**
10/16/23 —10/20/23	0	0	2	0	**2**
10/23/23 — 10/27/23	2	0	2	0	**4**
10/30/23—11/3/23	3	1	1	0	**5**
11/6/23—11/10/23	1	0	2	2	**5**

OHS Advisory Board Meeting: Rapid Re-Housing Program Data November 16, 2023

# of new clients' enrolled in RRH:

	Adult-Families	Youth-Families	Adult-Singles	Youth-Singles	**TOTAL**
9/18/23—9/22/23	7	3	0	0	**10**
9/25/23—9/29/23	10	3	2	2	**17**
10/2/23—10/6/23	11	0	0	0	**11**
10/9/23— 10/13/23	0	0	0	0	**0**
10/16/23 —10/20/23	0	0	0	0	**0**
10/23/23 — 10/27/23	0	0	0	0	**0**
10/30/23 —11/3/23	0	0	0	0	**0**
11/6/23 — 11/10/23	0	0	0	0	**0**

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# of new clients' enrolled in DV-HT RRH:

	DV/HT Adult-Families	DV/HT Youth-Families	DV/HT Adult-Singles	DV/HT Youth-Singles	**TOTAL**
9/18/23—9/22/23	3	0	1	0	**5**
9/25/23—9/29/23	5	0	0	0	**5**
10/2/23—10/6/23	4	0	2	0	**5**
10/9/23 — 10/13/23	3	0	1	1	**5**
10/16/23 —10/20/23	2	0	0	3	**5**
10/23/23 — 10/27/23	4	1	0	0	**5**
10/30/23—11/3/23	5	0	0	0	**5**
11/6/23—11/10/23	3	0	2	0	**5**

 # RFLAs Received/Processed RRH

	Adult-Families	Youth-Families	Adult-Singles	Youth-Singles	**TOTAL**
9/18/23—9/22/23	10	7	1	1	**19**
9/25/23—9/29/23	4	1	3	3	**11**
10/2/23—10/6/23	7	3	3	3	**16**
10/9/23— 10/13/23	6	4	2	1	**13**
10/16/23 —10/20/23	4	0	1	4	**8**
10/23/23 — 10/27/23	10	0	2	2	**14**
10/30/23 —11/3/23	3	1	3	0	**7**
11/6/23 — 11/10/23	1	0	1	1	**3**

OHS Advisory Board Meeting: Rapid Re-Housing Program Data November 16, 2023

# of RFLA Received/Processed DV-HT RRH:

	DV/HT Adult-Families	DV/HT Youth-Families	DV/HT Adult-Singles	DV/HT Youth-Singles	**TOTAL**
9/18/23—9/22/23	1	0	2	0	**3**
9/25/23—9/29/23	0	0	0	0	**0**
10/2/23—10/6/23	0	1	1	0	**2**
10/9/23 — 10/13/23	3	0	2	0	**5**
10/16/23 —10/20/23	2	0	0	1	**3**
10/23/23 — 10/27/23	2	1	0	0	**3**
10/30/23—11/3/23	2	0	0	0	**2**
11/6/23—11/10/23	2	0	0	0	**2**

# of Passed Inspections RRH:

	Adult-Families	Youth-Families	Adult-Singles	Youth-Singles	**TOTAL**
9/18/23—9/22/23	7	0	1	4	**12**
9/25/23—9/29/23	6	3	1	0	**10**
10/2/23—10/6/23	1	1	3	0	**5**
10/9/23— 10/13/23	5	0	1	0	**6**
10/16/23 —10/20/23	1	1	4	0	**6**
10/23/23 — 10/27/23	1	2	0	4	**7**
10/30/23 —11/3/23	3	1	3	0	**7**
11/6/23 — 11/10/23	3	1	0	2	**6**

# of Passed Inspections DV-HT RRH:

	DV/HT Adult-Families	DV/HT Youth-Families	DV/HT Adult-Singles	DV/HT Youth-Singles	**TOTAL**
9/18/23—9/22/23	2	0	0	0	**2**
9/25/23—9/29/23	1	1	0	1	**3**
10/2/23—10/6/23	0	1	0	0	**1**
10/9/23 — 10/13/23	3	0	1	1	**5**
10/16/23 —10/20/23	2	0	2	0	**4**
10/23/23 — 10/27/23	2	0	1	0	**3**
10/30/23—11/3/23	3	0	0	0	**3**
11/6/23—11/10/23	1	1	0	0	**2**

OHS Advisory Board Meeting: Rapid Re-Housing Program Data November 16, 2023

 # Receiving RRH Rental Assistance by Month as of 11/13/23: Households = 332

	# Families	# Youth Singles	# Adult Singles
Month 1	2	0	1
Month 2	15	4	5
Month 3	23	4	5
Month 4	21	4	6
Month 5	20	9	2
Month 6	18	4	5
Month 7	20	7	13
Month 8	15	0	10
Month 9	16	3	4
Month 10	18	6	6
Month 11	16	11	10
Month 12	27	2	12
Month 13	10	1	2
Month 14	0	0	0
Month 15	0	0	0
Month 16	0	0	0
Month 17	0	0	0
Month 18	0	0	0
Month 19	0	0	0
TOTAL	**221**	**55**	**81**

 # Receiving DV-HT RRH Rental Assistance by Month as of 11/13/23: Households = 46

	# DV-HT Families	# DV-HT Youth Singles	# DV-HT Adult Singles
Month 1	1	0	0
Month 2	6	0	1
Month 3	4	0	2
Month 4	8	1	2
Month 5	4	0	7
Month 6	5	0	1
Month 7	5	0	0
Month 8	4	0	1
Month 9	1	0	0
Month 10	2	0	0
Month 11	2	1	1
Month 12	1	0	0
Month 13	1	0	0
Month 14	0	0	0
Month 15	0	0	0
Month 16	0	0	0
Month 17	0	0	0
Month 18	0	0	0
Month 19	0	0	0
Month 20	0	0	0
Month 21	0	0	0
TOTAL	**44**	**2**	**14**

OHS Advisory Board Meeting Minutes

September 21, 2023

Front Steps Housing & Services

9am

Members present: Dr. Michael Seidman, Barb Karam, Chris Knestrick, Kris Harsh, Yvonne Conwell, Mary McNamara, Paul Mosher, Clare Rosser, Natasha Wynn, Linda Uveges, Fred Berry, Beth Graham, Angela Glassco, Melissa Graves, Elaine Gimmel, Mike Sering, Raymond Mills, Loh.

Members absent: Karen Anderson, Dorivette Nolan, Michael Wackers, Marcia Zashin, Kristi Mouncey, Karen McHenry, Peter Schindler, Teresa Sanders, Ania Lashay.

Others present: Brittany L, Allison Gill, Jaki Salter, Luke Drotar, Erin Rearden, Megan Scheck, David Gretick, Melissa Sirak, Shawna Gurley, Cassandra Upchurch, Sharon Parries, Candace Robinson, Michael Bernot, Christie Sozio, Ebony Clayton, Yvonne Conwell, Jenny Eppich, Ed Gernerchak, Ed Abshire.

1. Welcome and open remarks
    a. Elaine Gimmel, Chair called the meeting to order at 9:04am
    b. Elaine introduced David Gretick, the new CEO of Front Steps, who hosted today's meeting. David shared about the services provided by Front Steps.
    c. All advisory Board members need to update their annual Conflict of Interest forms today and turn in at the close of the meeting, or complete later and email it to the Advisory Board Chairs.
        i. Melissa Sirak clarified that it is acceptable to have a conflict, the committee just needs to be aware of this.
2. Decision issues
    a. Fred Berry, Chair asked for review and approval of the Advisory Board minutes from 5-18-23.
        i. Bethany Graham motioned
        ii. Barb Karam seconded
        iii. All were in favor, motion carries
    b. Fred Berry asked for review and approval of the Advisory Board minutes from 7-19-23.
        i. Bethany Graham motioned
        ii. Elaine Gimmel seconded
        iii. All were in favor, motion carries.
    c. OHS Advisory Board members update
        i. Fred Berry introduced a new nominee for Advisory Board membership, Starlette Sizemore, who was nominated by the ADAMHS Board as their new representative/designated seat on the Advisory Board.
        ii. Elaine motioned to elect Star
        iii. Beth seconded

iv. All were in favor, motion carries.

d. Approval of 2023 NOFO Project Listing & 2023 NOFO Consolidated Application submission
    i. Fred asked Howard Burchman to present.
    ii. Howard shared that the CoC application is very close to completion; the only thing remaining is approval from this Board to review the ranking list of projects.
    iii. Changes include FMR changes for applicable projects – HUD decided that the FMR 2022 rent amounts would be used, rather than the 2023 FMR amounts, so some grantees had to change their rent amounts and thus adjust their budgets. Howard made sure to ask for every dollar we are eligible for as a CoC and apply for all of the bonus dollars eligible for, including DV bonus.
    iv. HUD asks that before we submit the NOFO application to HUD that the Board votes to approve the project ranking as submitted. Elaine clarified that if you are a recipient or sub-recipient of funding, you should abstain.
        1. Loh motioned to approve the NOFO application, Chris Knestrick seconded.
        2. While open for discussion, Chris asked if having to use FMR 2022 will be a burden to be able to afford units. Howard clarified that this money will be dispersed in 2023 and will be adjusted to the 2023 FMR. The application requires that 2022 FMR is used, but 2023 FMR will be dispersed because it will be during that grant period. He also clarified that rent reasonableness really drives what can be paid. Elaine further clarified that it depends on the grant period, and that this FMR is a barrier currently, but will be better next grant period.
        3. Melissa asked Howard what he sees that we need to work on to get maximum points. Howard stated a lot of these are out of our control – for example, it is difficult to show a decrease in unsheltered homeless due to outside factors and system struggles. He cited the economy as an issue as well.
    v. Discussion having completed, Fred then called for a vote for final project list and application approval. All were in favor, with the following abstentions: Elaine Gimmel, Barb Karam, Cheryl Thomas, Mike Sering, Jennifer Harrison, Paul Mosher, and Fred Berry. Motion carries.
    vi. Approval of PSH Policy standards
        1. Fred asked Matt White to present.
        2. Matt stated the PPC Committee has presented program standards as related to emergency shelter and RRH, many PSH standards also apply to RRH. Agency management, fiscal operations, data, facility standards, and participant rights are the categories of standards.
        3. These standards were sent in an email prior to the AB meeting.
        4. Fred asked for a motion to approve the PSH Policy standards.
            a. Barb motioned, Natasha Wynn seconded.

b. During discussion, Loh asked that everyone who did not have a chance to read these standards in the email to read them after this meeting, as there are standards very important and these provide dignity for those we serve.
c. Discussion ended, and a vote was called. All were in favor, motion carries.

3. OHS Board member solicitation
    a. Fred shared that there will be communication via email soliciting new Board members. The applications will be due by October 18th. The following seats are open: 6 designated, 2 at large, 2 HSPA seats, and 2 persons with lived experience.
        i. Elaine clarified that HSPA seats are for agencies that provide specific types of services that are federally funded, to the homeless. This can include RRH as well as outreach services.
        ii. Melissa clarified that designated seats are communicated through OHS. Melissa encouraged members to remember that the lived experience seats do not have to be currently homeless
        iii. Fred encouraged that we keep diversity in mind when electing new members
        iv. Governance committee is going to be updating bylaws to have Board terms align with chair terms, and make sure that the third chair is for the youth advisory board.
        v. Barb asked that the Board consider a representative from an agency serving older adults, as there has been a surge.
        vi. Sheryl asked that there be a representative who works with or identifies as transgender.
        vii. Another member expressed that she has been at Norma Herr for almost two years and has still not found housing. Elaine shared that EDEN staff went to Norma Herr and will be going to LMM to make sure people are applying for programs – in particular, there are openings at Buckeye currently. Elaine is making sure EDEN is communicating with the shelters more so they are having their clients apply. Elaine said she will take the member's concern to the YWCA to see where they are with applications.
        viii. Loh expressed concern that the buildings are located in areas that are not safe. Often they are located in areas that have high crime and drugs, and this really impacts the ability of residents to get sober and recover.
        ix. Another member asked where the women will be moved while repairs are made to the building. Elaine provided an update that they are working on identifying an alternate location to temporarily house the women staying at Norma Herr.
        x. Loh expressed concern about continued construction impacting the homeless, it seems that their lives do not matter because there is continued construction that impacts their ability to continue to safely shelter. Melissa thanked Loh and stated she agrees that it is not an ideal situation, and will increase communication and will ask guests of Norma Herr for input. Will also be designating time at this meeting at a future date to discuss Norma Herr updates.

4. Unsheltered strategic plan update
    a. Matt White presented.
    b. Workgroup has been meeting for several months and developed a draft of recommendations for people coming from unsheltered location, improving and expanding shelter capacity, and housing justice for all people who are unsheltered.
        i. These recommendations were presented to the homeless congress meeting and solicited feedback on if these recommendations will contribute to a reduction in unsheltered homeless, and the overwhelming majority thought yes.
        ii. They also asked questions about services that people would benefit from – expanding employment, working on benefits applications, working on treatment options and connecting people to resources.
        iii. Next step is to revise the plan based on this feedback, reconvene, and then the workgroup will finalize the plan and bring it back to OHS
        iv. Looking to reconvene in October, and at the next OHS meeting, have a plan to review and adopt the recommendations.
        v. Loh asked if people had to attend the first meeting to attend the next one, Matt stated they are permitted to attend regardless of first meeting attendance.
        vi. Melissa shared gratitude and appreciation for the work of this group.
    c. Allison Gill also presented on this topic.
        i. Allison provided an update on behalf of HMIS.
        ii. In support of this unsheltered plan, OHS looked at how the CoC could expand use of the HMIS db and additional functionality. OHS has utilized current Planning grant dollars and initiated weekly meetings to explore assessments and data collection – for example, an encampment assessment. Currently, the Outreach Project Team is working to finalize an encampment assessment, which provides information on location, if there is water available, number of guests, etc.
        iii. Also convening leadership outreach group to get general feedback on where we can improve and services provided.
        iv. Allison discussed GIS (geographic information system mapping), which allows the user to look at an encampment on a map and overlay that with layers of information regarding services available at or near a location (i.e. medical services). Other layers can also be viewed through this, for example, funding, council districts, etc.
        v. At the end of October, there will be a training by BitFocus for outreach service providers on the encampment assessment which will also include field work using the tool out in the community on phones and iPads to test this out. End of November BitFocus will provide formal presentation to the Advisory Board.
    d. Chris thanked Matt and Melissa for the work on the strategic plan. He expressed that this will really help move forward progress on ending unsheltered homeless in the community. Chris asked about the survey that was put out about unsheltered services – what was the result of that survey? Allison stated the leadership group is going to review results of survey and share with the Advisory Board in November.
5. RRH Update

a. Melissa presented.
b. There are challenges with RRH as it relates to workflow, referrals, and resources.
c. They have been working on balancing everything to finalize how we will move forward. Resources from COVID have been exhausted. If we don't change how referrals are coming in, we will exhaust all of our resources and will not be able to do 12 months of RRH assistance.
d. The backlog of people waiting for RRH is probably close to a year. The list of clients was reviewed for who has active and valid RFLAs and those households will get RRH.
e. We are is getting back to basics – starting 10/1 clients must have enrollment confirmed with EDEN in order to submit a RFLA to apply for RRH. EDEN will have to put an interim cap on enrollments. Will be revisiting any changes to the PPC, and will be coming back to the Advisory Board with any changes as well. One member asked if there would be all the changes in writing, and Melissa confirmed that they will be sending this in writing to everyone.
f. Elaine stated this is specific to RRH, not related to RRH for DV/HT survivors. January-September has an increase of 100 more households served. No one wants to decrease assistance terms, because it sets people up to fail when they can't get the full 12 months that will really help to get them stable in housing. They are going to go back to the pre-COVID standards and implement standards and protocols that are easy to understand and navigate and do not create a burden for clients.
g. Jessie Beck, Director of Rental Assistance at EDEN, shared that there are very real challenges with financial and program administration of the RRH program. This has been a very thoughtful process, and EDEN is doing the best we can with their resources to try to make changes to improve.
h. One guest asked what the dollar amount is that they have a shortfall to serve clients through RRH. EDEN is working with OHS to determine this. City of Cleveland, ESG, CoC/HUD, State dollars through OHS, DV grants are the main sources of income – they are only looking at public funding to assist with RRH dollars.
i. One guest asked if some YHDP dollars can be used for RRH, Melissa stated that a little YHDP could be used for this, but it would be about 30 HH served through TH-RRH.
j. One guest asked if there is data on returns to homelessness after RRH – Allison stated there is a decrease in returns to homelessness, but it is thought that this is related to giving the full 12 months of assistance.
k. Elaine shared that they have been utilizing the CHMA EHV as well to assist with long term subsidy for those who need a longer-term subsidy.
l. Another member wondered if some families need longer subsidy in RRH and some might need shorter subsidy, which could be a way to generate some funds. Allison shared that the data doesn't show that a reduction in subsidy would result in positive outcomes in terms of not returning to homelessness.
m. Jessie shared that there are still 230 families waiting for assistance with housing, many needing RRH.
n. Chris shared there are at least 5 unsheltered families, and another member shared there are 52 homeless families waiting for housing.

o. Cassandra Upchurch from Famicos asked about what happens when a tenant's RRH voucher ends at 12 months. Elaine shared if there were resources, they could transition to PSH, but there isn't an option for that right now. The tenant would have to be able to afford the rent on their own to avoid eviction. Jessie stated the importance of having a case manager work with the client during their RRH tenure to make sure they have a plan so this doesn't happen. Jacki Salter from Family Promise shared that monthly contact through CM has been increased to weekly contact, and one time a month has to be in person.
p. Melissa shared that we are one of the only CoC that still have resources left from COVID and that provide 12 months of RRH assistance.
q. Paul asked if there was a program and specific model that is used for RRH CM. Jackie shared that plans are individualized based on family needs. Allison shared that there are assessments that are done to try to determine if a family will be successful in RRH.
r. Loh shared that because of lack of funding, agencies that serve the homeless cannot hire qualified workers. Current workers only know some of the options available for housing, not all of them. This creates a problem wherein people who are homeless are not provided all of the options available to them, so they are not successful.
    i. Dr Seidman wondered if the real issue was really standardization within the system.
    ii. Another member stated he thinks it is both standardization and lack of funding.
s. Fred asked for one or two more comments and then we would move on to stay on agenda.
t. Mike Sering stated the need for standardization with minimum meetings with CM staff.
u. Elaine stated she will be submitting application for homeless system/CoC which will assist with strategic plan implementation. 34 agencies will be able to refer to this program, and it will be an online application that provides rental and utility assistance.
    i. ESOP will be partnering with this program for those 55+
    ii. Virtual training will be provided, and assistance can go back to arrears that occurred in 2020.
    iii. Will have designated staff working with clients who have been on subsidy very long term (back to the 1990s) to get them transitioned to a regular HCV because they don't need extra services they just need the subsidy. This will help to free up several hundred household resources.

6. CoC PSH/Supportive Services Update
    a. Elaine presented.
    b. EDEN has confirmed a provider for the buildings that Frontline is no longer serving with CM services. Will provide that agency name at a later date.
    c. Elaine thanked Melissa for connecting them with Catholic Charities to get food at two of the buildings that needed it.
    d. Elaine thanked all those who have chipped in during this transition time when Frontline is ending services and before the next agency takes over. Frontline will exit all buildings by December 1, some prior to that date.
    e. Elaine thanked Dr Seidman as EDEN now has a MOU with the Mobile Clinic for Metro Health so the clients can get services.

7. YHDP update
    a. Ebony Clayton presented.
    b. Will be hosting a public event about the proposals that were submitted under the YHDP grant. Reviewing applications and will be doing interviews for applicants soon. Hoping to make final selections by the end of September, early October at latest. Implementation phase will involve training for providers (TH, RRH, SS only programs). 3 applications were received. Melissa thanked them for their efforts.
8. 2020 Lakeside Update
    a. Mike Sering presented.
    b. Purchased building and nearing completion – this will provide 120 beds.
    c. This is not about increasing bed capacity but increasing the quality of what is provided to guests of 2100.
    d. It will include partially enclosed living quarters to provide privacy. Building a connector for the 15 feet between the two buildings. Hoping to be done with this by end of November. Melissa thanked LMM for their work on this.
    e. Loh asked if there would be a grand opening. Mike stated this would probably happen in coordination with the city/county.
    f. Loh stated this new building would really help with emotional and mental well-being for guests. Asked if there would be enough bathrooms, Mike said yes. Asked if there would be renovations to 2100. Mike said yes once they are finished with 2020 Lakeside they will renovate 2100. Mike said work has begun on one bathroom at 2100.
9. Initiative Reports:
    a. RRH report is in the packet, please refer to that.
    b. Veteran Homelessness report – Luke reported.
        i. System performance measures were provided with 90 day lookback periods.
        ii. 89 veterans were homeless.
        iii. CH numbers have fallen significantly over last few years, into single digits now.
        iv. Veterans are housed on average within 80 days of coming to shelter. Had an influx in September – highest number in the last 3 years.
        v. Getting people on housing plans, two-thirds are actively working housing plans. Have seen a large increase in number of older adults presenting as homeless. This seems to be a new issue.
        vi. One member asked about discharge status eligibility. Luke stated dishonorable or bad conduct/general court marshall are not eligible for veteran specific services but they are still tracked. Those who didn't serve long enough to be discharged are eligible.
        vii. One member asked where the influx is coming from (33 individuals). 20 had been homeless prior. And two-thirds of that 20 had contact with veteran housing prior. So they are looking at what went wrong in that previous housing placement and trying to put those individuals on a rapid housing plan to get housed.
    c. Ending Youth Homelessness
        i. Ebony reported. Information was provided in the packet. 38 exits, 18 to permanent destinations.

ii. If there are other data items you would like to see, please let Ebony know.
iii. Cheryl Thomas shared concern about the vast majority of homeless individuals being black.
    1. Christie Sozio shared about workgroups that are focused on this exact issue.
    2. Allison shared that there are race and ethnicity dashboards that are used for committee work.
    3. Star asked if there was a lot of kids aging out of foster care in the youth. Ebony stated there might be, Christie said she thought it was around 20% but that around 40% touched the foster care system at some point. Allison confirmed.

d. Unsheltered Report
    i. Chris Knestrick reported.
    ii. Numbers of individuals sleeping on the streets has increased in our county. 247 unsheltered on the BNL for August.
    iii. Outreach has adjusted assessment and engagement with those who are unsheltered, and are seeing an increase. It seems to be felt more in the community as well.
    iv. Elaine asked about prioritizing who they outreach to. Chris shared their prioritization and reiterated that they are not Mobile Crisis. Chris discussed going to encampments within 24 hours if they are new to them, and prioritize based on need as well as new clients. Encouraged people to call NEOCH about anyone who is homeless to get them services.

10. Melissa Sirak briefly discussed CE redesign
    a. They are going to start redesigning CE the last quarter of this year, working with Matt White to move this forward.
    b. We were awarded a CE expansion grant, which includes 4 additional navigators to go into shelter to connect guests with resources for housing.
    c. Will be piloting a few things within this process – warm handoffs to CE, screening process, etc. Hoping these changes will be seamless, nothing is set in stone.
11. Elaine reminded everyone about the COI forms, please turn this in via email if members didn't turn in today.

Having no further business, meeting adjourned at 11:09am.

Submitted by Megan Scheck 9/28/2023

2023 Cuyahoga County Strategic Action Plan to Address Unsheltered Homelessness

Introduction

In January of 2203, the community adopted a five-year strategic action plan to address the critical concern of homelessness in Cuyahoga County. The Action Plan, ***Advancing Pathways to Housing Through Equity***, called for the development of a comprehensive system strategy for unsheltered persons.

Early in 2023 System leaders, outreach service providers, behavioral health systems, hospitals, law enforcement, faith community, philanthropy, and government departments were convened by the Cuyahoga CoC as an Unsheltered Work Group to establish a comprehensive approach to engagement, crisis response, and housing stabilization for persons residing outside and who are often unable to access current services or navigate the complexities and barriers existent in public systems.

Unsheltered Homelessness and Encampment Definition

> ***Unsheltered homelessness is simply defined as one or more individuals experiencing homelessness who stay outside for a continuous time as an alternative to available congregate shelter or other emergency housing options. Locations can include temporary or permanent structures and may include an outdoor location or other conditions meeting the definition of "place not meant for human habitation".*** [This definition has been developed by Cuyahoga County outreach providers in coordination with Cuyahoga County Office of Homeless Services to align with definitions used for data collection and evaluation purposes.]

The experience of unsheltered homelessness can take many forms, however. Some people experience unsheltered homelessness by themselves, managing to get by in a secret location hidden from public view using the cover of trees, brush, or abandoned buildings. Other people experiencing unsheltered homelessness congregate in small groups and construct make-shift shelters out of tents, pallets, or other materials. Note that this definition of unsheltered homelessness comports to the definition promulgated by US Department of Housing and Urban Development (HUD), US Interagency Council on Homelessness (USICH), State of Ohio, and Homeless Management Information Systems (HMIS) data standards.

Communities experience and manage unsheltered homelessness differently. For the purposes of designing and implementing a strategic plan to address unsheltered homelessness and encampments in Cuyahoga County we have devised a definition of homeless encampments intended to accommodate the varying nature of the unsheltered encampment experience. This definition is borrowed from a publication produced by U.S. Department of Housing and Urban Development, **Exploring Homelessness Among People Living in Encampments and Associated Cost**, 2020.

> ***Encampments are identified by three concepts commonly present:***
>
> ***(1) the presence of structures,***
>
> ***(2) the continuity of location, and***
>
> ***(3) the permanency of people staying there.***

For our purposes, we will generally describe unsheltered homelessness as the prevailing condition and encampments as a specific type of unsheltered homelessness.

Planning Guiding Principles

The creation, adoption, and implementation of a community-wide strategy for reducing unsheltered homelessness requires the adoption of guiding principles to inform the community's response. The following guiding principles were developed by a Work Group of community members tasked with designing this Strategic Plan to Address Unsheltered Homelessness, or "Unsheltered Plan".

1. Intensive and persistent outreach and engagement is the key to building trust among persons living in unsheltered settings. The focus of this type of outreach is relationship oriented rather than punitive.
2. Unsheltered people do best with clear, low-barrier pathways to permanent housing. These pathways are not always direct or short. For many people temporary setbacks are an expected part of the housing journey and should not be understood as a personal failure.
3. Permanent housing placements must be followed by support services to ensure individuals are successful in maintaining their housing.
4. All people can be housed with the right housing model and service supports.
5. Individual choices about where and how to live must be honored.
6. Addressing unsheltered homelessness requires collaboration from multiple sectors and systems; no single entity can or should have exclusive responsibility.
7. Cuyahoga will utilize Evidence Based Practices (EBPs) in our work. EBPs are focused on bringing a high quality of care and improved outcomes to the people we serve.
8. Non-punitive, engagement-focused approaches are more preferrable than enforcement, clearance, forced relocation and criminalization.
9. Cuyahoga County does not endorse sanctioned encampments as a response to unsheltered homelessness. Forcibly relocating individuals to designated camps is not an effective strategy.
10. Criminalization, legal enforcement, unconsented clearance and forced relocation do harm and cause trauma.

Goal

Through the implementation of this **Unsheltered Plan**, the Cuyahoga community will **end unsheltered homelessness** by 2027.

To measure our progress and activate community action Cuyahoga County defines an end to unsheltered homelessness using the following metrics:

- ✓ The number of individuals who experience unsheltered homelessness does not exceed 2% of the total number of individuals reported in the most recent Point-in-Time count, or 50 persons, whichever is greater. (2023 PIT = 1,629 persons, 180 (11%) were unsheltered)
- ✓ Less than 5% of the By Name List (BNL), informed by HMIS and enhanced with outreach records, over 90-day period includes persons who are unsheltered.

Criteria and Benchmarks for Documenting and End to Unsheltered

The following benchmarks and criteria provide an initial framework for aligning resources and efforts, tracking system performance in relation to goals, and communicating results. As data are collected and analyzed these benchmarks and criteria may be updated and adjusted to reflect feasible and actionable goals for ending unsheltered homelessness.

1. The community has identified and attempted outreach engagement with all individuals experiencing unsheltered homelessness and prevents unsheltered homelessness whenever possible.
    - Coordinated Outreach services are available throughout the geography of Cuyahoga County
    - Cuyahoga uses HMIS and other data to maintain a consolidated By Name List (BNL)
    - Cuyahoga quickly ***contacts*** and attempts ***engagement*** with all persons experiencing unsheltered homelessness

        - "Contact" initiated within 24 hours of identifying an individual suspected of experiencing unsheltered homelessness.

          Contact = a person is approached by outreach services and offered comfort and care assistance with the opportunity to engage more intensively.

        - "Engagement" attempted within 5 business days of initial contact

          Engagement = a person consents to service engagement which may include authorizing the collection of personal identifying information for inclusion on the BNL, participation in services to address crisis needs, and participation in development of a housing plan.

2. The community provides access to shelter or other temporary accommodation immediately to any person experiencing unsheltered homelessness who wants it.
    - Cuyahoga has capacity and makes offers of low barrier shelter to unsheltered persons
    - Cuyahoga has a variety of shelter options, including low barrier shelter and specialized services for subpopulations (youth, LGBTQ+, persons with untreated behavioral health conditions) where people feel safe and have their needs addressed
    - Cuyahoga has a process for addressing a person's ban/involuntary exit from emergency shelter

- Transitional Housing (TH) is offered in limited instances, only when clients want it, and always as a bridge to Permanent Housing
- Rapid Rehousing (RRH) may be operated as a bridge to Permanent Supportive Housing (PSH)

3. Cuyahoga operates in a ***Housing First*** capacity. Housing First is the official federal policy for addressing homelessness which prioritizes housing as the primary initial intervention for persons experiencing a housing crisis without meeting prerequisites or preconditions before access to housing supports.
    - All CoC projects – including street outreach, Coordinated Intake, emergency shelter (ES), TH, RRH, and PSH operate with low barriers to entry. Operating under a Housing First approach means that unconditional admission to projects is provided first and then services necessary to support housing placement and retention are offered afterward.
    - Persons are not declining housing offers due to onerous or restrictive admission criteria such as sobriety requirements, treatment engagement, lack of criminal records, or lengthy application processes too cumbersome to complete in a timely manner.
    - Outreach services are accessible, and rapidly connect people to available housing options.

4. The community assists individuals experiencing unsheltered homelessness to move swiftly into permanent housing with the appropriate level of supportive services and effectively prioritizes persons for all available housing options.
    - Emergency shelters and other temporary housing is used as a bridge, for those that want it, to support the pathway to permanent housing.
    - Persons are referred to Permanent Housing (PH), inclusive of multiple PH types and options, within 90 days of identification, contact, and inclusion on the Cuyahoga BNL
    - For persons who meet the HUD chronic designation a referral to PH will occur within 90 days. Chronic status is defined by a period of homelessness equal to one year, and verification of a disabling condition.
    - If an individual declines an offer of PH, additional attempts/offers are made at least every 14 days until the individual acquires PH.

5. The community has resources, plans, and system capacity in place to prevent unsheltered homelessness from occurring and to ensure that individuals who experience homelessness are not forced to experience unsheltered homelessness. Evidence of this system capacity includes:
    - Adopting a system-wide strategic plan for homelessness.
    - Adopting a system-wide strategic plan for persons in unsheltered living arrangements.
    - Adopting a system-wide policy of guaranteed access to emergency shelter.
    - Adequate services and connections to existing resources and community-based services

Extent and Scope of Unsheltered Homelessness

The following chart represents estimated data from HMIS, Outreach records, participant surveys, and focus groups.

Exhibit 1: Extent and scope of unsheltered homelessness in Cuyahoga County

Characteristic	2023 Annual Population Estimates	
General Homeless Population	**5,000**	**100%**
Unsheltered Persons	**500**	**10%**
Of those who are unsheltered….		
Single Men	350	70%
Single Women	75	15%
Single Trans	20	4%
Youth	50	10%
Families	5	1%
Race		
Black/African American	325	65%
White	150	30%
Other	25	5%
Length of time homeless		
0-90 days	325	65%
91-180 days	50	10%
181-364 days	50	10%
365+ days	75	15%
Barrier Information		
Disability	375	75%
Chronically homeless	100	20%

Pathways to Housing for Persons Coming from an Unsheltered Living Situation

A typical pathway to housing includes initial contact and engagement through street outreach services. For some people, but not all, shelter is the next step in the progression to permanent housing. A shelter environment can provide a safe, stabilizing environment where a person's basic needs can be addressed while they pursue their own pathway to permanent housing.

Exhibit 2: System Design and Pathways for Addressing Unsheltered Homelessness

Outreach & Engagement ⇒ **500-1,000 persons annually**	**Optional Shelter Services ⇒** **500-750 persons annually**	**Housing Models** **500-750 persons annually**
Engagement Models • Community Outreach Teams • ***Specialized Service Outreach Teams*** • PATH	• Traditional Emergency Shelter • ***Navigation Center*** (shelter services with semi-private rooms providing higher level of care)	**Lower Intensity – 50%** **250-375 persons annually** • Family reunification • Shared housing/roommate • Rooming house • ***Direct Cash Transfer*** • Self-pay rental

Services
• Survival services (food, physical health, basic needs)
• Housing-focused case management
• Documentation collection and application support
• Transportation
• Connection to community-based services and supports
	Services
	• Safe, accessible, low-barrier crisis housing
	• Basic needs – meals, restroom, bathing
	• Storage
	• Housing-focused case management
	• Documentation collection & management
	• Housing location and application supports
	• Diversion Center
	• CSU (crisis stabilization unit)
	• Drop-in Center
	• Day Space
	•
		Moderate Intensity – 30%
		150-225 persons annually
		• ***Rapid Rehousing***
		• Public Housing, housing choice voucher
		• Affordable Housing
		• Transition in place (master leasing)
		
		High Intensity – 20%
		100-150 persons annually
		• ***PSH***
		  ○ ***Safe Haven***
		  ○ Traditional site-based
		  ○ Scattered-site
		  ○ ***Older adult specialization***
		• Assisted Living

Note: blue italicized items represent new/expanding homelessness system elements.

The pathway to housing will be different for everyone. Some people may skip shelter options altogether, advancing directly to permanent housing without a stay in emergency shelter. Others may secure housing temporarily but then cycle back to sporadic periods of homelessness before a housing placement is permanently sustained. To be successful the pathway to housing must be flexible, accommodate non-linear progression, and provide a variety of services and approaches that recognize and address the specialized needs of everyone.

Recommendations for Strengthening Pathways to Housing

The following strategies and pathways represent a reconfigured homelessness system where resources, programming, and supports are organized around the goal of ending unsheltered homelessness. Strategies are grouped by four key themes: Expanded Housing Models, Coordinated Outreach, Reimagined Emergency Shelter, and Advancing Social Justice.

Expanded Housing Models

1. **Expand *Direct Cash Transfer* Program**. The ***Direct Cash Transfer*** Program has demonstrated success in supporting rapid exit from emergency shelter for persons who only need modest financial assistance. Piloted models show that an average amount $600 in cash assistance can accelerate exits from homelessness with over 70% of participants retaining housing stability and not returning to homelessness within a year of receiving assistance. The ***Direct Cash Transfer*** program must be accessible to persons who are experiencing unsheltered homelessness and have viable, safe housing options they can pursue if modest financial assistance were available.

2. **Rapid Rehousing Expansion.** Expand RRH capacity by an additional 100 annual service slots and include specialized services (housing-focused case management) for persons exiting unsheltered homelessness. The RRH model is especially effective when paired with strategic identification and recruitment of area rental property owners and managers. Potential rental units must be affordable, accessible, and available in desirable neighborhoods where people exiting unsheltered homelessness want to live. The following features describe expanded RRH capacity for people experiencing unsheltered homelessness:
    a. Specialized RRH services for unsheltered persons with the following characteristics:
        i. Culturally specific programming for persons who identify as LGBTQ+
        ii. Specialized services for older adults (ages 55 and older)
        iii. Income and/or employment supports for persons with no income and limited or no work history
    b. Use of RRH as a bridge to longer-term subsidy projects such as PSH for persons eligible for PSH at RRH entry.
    c. Parent-leasing of units by service providers. Provider agencies rent a block of units and then sublet those units to RRH participants who may transition in place as the primary lease holder upon successful completion of the initial lease term.
    d. Expand the supply of property owners and managers to ensure the necessary supply of rental units are available.

3. **Permanent Supportive Housing**. Expand PSH capacity for the Cuyahoga system with an additional 100-150 annual slots for persons experiencing unsheltered homelessness. Of the expanded capacity the following specialized targeting and service models are recommended.
    a. Project-based PSH with services targeted to older adult population (55+) with chronic health conditions and other comorbidities – 25 units
    b. Project-based PSH with culturally specific services targeted to persons who identify with groups who have historically experienced discrimination (Black/African American, LGBTQ+, and intersectionality among those groups and women) – 25 units
    c. Project-based PSH with specialized service partnerships with providers from Cuyahoga County Board of Developmental Disabilities to ensure participants with intellectual and developmental disabilities are accommodated.

d. Safe Haven model. Very low barrier PSH with onsite service coordination and connection to behavioral health services. – 25 units

Coordinated Outreach

1. **Establish a Coordination Plan**. Design and implement a plan for all direct street-outreach services and providers, including City of Cleveland, Cuyahoga County, Northeast Coalition for the Homeless (NEOCH), Cuyahoga County Office of Homeless Services, and all other collaborators with homelessness services directed to persons experiencing unsheltered homelessness. The plan will clarify roles, establish regular outreach schedules and coverage areas, identify targeted resources available to support unsheltered persons in their pathway to housing, and provide communication and emergency planning guidelines. The Coordination Plan will include the following essential elements:
    a. Maintain frequent (weekly or biweekly) coordination meetings facilitated by NEOCH.
    b. Agreed upon assignments among all outreach providers for geography, specialized response, and follow-up assignments for client engagement
    c. Standardized data capture and case tracking using HMIS

2. **Refine Coordinated Intake Processes**. Address the unique needs and barriers of persons experiencing unsheltered homelessness by refining existing assessment tools and processes in ***Coordinated Entry*** to account for historically lower housing options, referral and success rates among persons experiencing unsheltered homelessness.

3. **Support existing *Specialized Service Outreach Team***. Expand outreach resources and collaboration among existing care coordination efforts and skilled clinicians capable of addressing the acute chronic health, mental illness, physical health needs, and substance use disorders and barriers that are four times more prevalent among unsheltered persons compared to sheltered peers.
    a. Support multi-disciplinary efforts centered on staff with lived experience of unsheltered homelessness. Include culturally diverse staff with clinical skills in de-escalation and engagement, housing-focused case management expertise, EMS responders, behavioral health treatment staff, and psychiatric nursing care able to support medication management.
    b. Specialized Service Outreach Team negotiates agreements with Auxiliary Shelter operations and Coordinated Entry access points to accommodate accelerated access and after-hours intakes for crisis services and shelter beds.
    c. Specialized Service Outreach Team operates using a Harm Reduction service model where a range of intentional practices are employed to lessen the negative social and/or physical consequences associated with various substance use and mental health behaviors.

4. **Practice Standards**. Establish practice standards for the provision of outreach. Practice Standards define a minimum level of service that participants can expect among all outreach providers, teams, services. Standards should define expectations for the following elements:
    a. An initial contact
    b. Ongoing engagement
    c. Coordinated Entry access
    d. Housing navigation support
    e. Referral and connection to community-based resources

f. Care coordination and case conferencing participation
g. Warm handoffs during service provider transitions
h. Data collection, privacy, and release of information
i. Involvement of peer support and persons with lived experience of unsheltered homelessness
j. Staff training on cultural awareness, LGBTQ+, and other groups experiencing discrimination

Reimagined Emergency Shelter

1. **Navigation Center**. Improve the crisis response for unsheltered and other special needs populations by creating a 50 to 70-bed sheltering facility targeted to the highest barrier individuals who require specialized services and non-congregate sheltering to advance in their pathway to permanent housing. Navigation Center access and enrollment would be available 24/7 and managed in partnership with Coordinated Intake, outreach teams, and law enforcement as designated access providers. These Navigation Center access points ensure people experiencing unsheltered homelessness and others with high-level service needs have accelerated access to crisis response services when existing emergency shelter capacity is insufficient or not accessible to higher need populations. A Navigation Center must include the following essential elements:
    a. System navigation support to manage the complexities of accessing services and housing supports.
    b. Non-congregate and/or semi-private rooms.
    c. Community space to host coordination meetings and meeting space for local non-profits working with persons experiencing homelessness.
    d. Specialized engagement approaches in support of rapid linkage to appropriate services for persons who historically have been unable to access other spaces. This includes persons who identify as LGBTQ+, persons with disabilities, women, elderly and intersectionality among these groups.
    e. Client-centered and relational approaches to all service design and delivery.

2. **Enhance Housing Search and Location Services**. Outreach services and programming must include targeted housing resources for individuals to undertake self-directed housing searches and support for specialized housing services for persons experiencing unsheltered homelessness who require a greater intensity of case management. These specialized housing resources should include a comprehensive, accurate, and up-to-date inventory of rental properties available for rent by persons who may have barriers such as criminal records, past evictions, poor credit, and lack of income. Housing search and location supports must include the following essential elements:
    a. Advocacy and application preparation support for market rate rentals
    b. Identification of rooming houses and worker dorms (available for weekly rental)
    c. SRO-type housing with shared bath and common space
    d. Shared housing – roommate matching and household maintenance support
    e. Reunification with family and friends who serve as lease holders and host persons exiting homelessness
    f. Optional ongoing care coordination and case management post housing placement for people who need additional housing stability supports

Advancing the Housing Justice Movement

With the implementation of a comprehensive strategic plan for unsheltered homelessness, Cuyahoga County continues its commitment to racial equity and justice. The needs of people experiencing unsheltered homelessness must be centered as the foundational element of the Plan. Housing Justice must include continued advocacy for persons disproportionately impacted by unsheltered homelessness including Black/African Americans, persons with disabilities, LGBTQ+, youth and elderly. The Housing Justice movement must include ongoing race equity analysis to understand how system design and operational practices are negatively impacting disadvantaged groups. As we understand and document those inequities, we must work to dismantle them.

The Housing Justice Movement includes the following essential elements:

1. **Advocate for Source of Income Protection Legislation**. State and local jurisdictions across the country are passing legislation to protect renters from discrimination based on the source of income those renters might have. Such laws generally cover many potential sources of income including federal benefits like Social Security and Temporary Assistance for Needy Families (TANF) and Section 8 Housing Choice Voucher programs. These laws make it unlawful to refuse to rent to a household on grounds exclusively based on source of income.

2. Pass a Comprehensive Homelessness **Bill of Rights.** A Homelessness Bill of Rights combats stigmatization of homelessness, protects homeless people from common rights violations, and lays a legal foundation to end homelessness as a human rights issue. Elements typically included protecting rights for persons experiencing homelessness so that they may freely move about and among public spaces, receive equal treatment by state and municipal authorities, not face discrimination while seeking or maintaining employment, receive emergency medical care, and both register and vote without a physical address requirement.

3. Maintain the commitment to **race equity** in all system planning, service delivery, program investments and evaluation efforts. Our progress in achieving a just, inclusive, equitable, and true community will require personal and institutional self-reflection, humility, honesty and fully embracing the universal intrinsic worth of all human beings.

A Call to Action

First, members of the Cuyahoga County Unsheltered Work Group extend gratitude to persons with lived experience of unsheltered homelessness for their engagement, dialogue and necessary feedback in the form of survey responses and individual discussion which shaped the focus of this Plan. We owe it to these vulnerable neighbors and others who might experience unsheltered homelessness in the future to implement this Strategic Plan that defines a pathway to end unsheltered homelessness in Cuyahoga County.

The pandemic made it crystal clear that stable affordable housing is the foundation of healthy communities. The public health crisis, when combined with a lack of housing for our most vulnerable neighbors, created a sense of urgency and our community responded with resolve and compassion. People residing on the streets, in cars, and in abandoned buildings were offered immediate, safe housing in the form of motels as a temporary response to the public health crisis. We learned through that effort that housing is health care, housing is a fundamental element of personal well-being and stability, and housing is the long-term solution to ending unsheltered homelessness. This Plan charts a pathway to housing for all persons experiencing unsheltered homelessness in Cuyahoga County

We acknowledge that the challenges of homelessness and affordable housing are great but also recognize that Cuyahoga County is a generous and caring community, with the resources and the leadership to be an example to other communities for racial justice and housing equity.

As leaders in the public, philanthropic, and nonprofit sectors, we establish this Plan with both a moral call to action and a keen sense of what is best for Cuyahoga's future. Addressing unsheltered homelessness and investing in deeply affordable housing is a matter of racial equity and social justice, and a matter of efficient use of resources and building a healthy and growing community for all of us. As a result of decades of discrimination and systemic racism, a disproportionately high percentage of Cuyahoga's low-income renters with affordable housing needs are Black and Brown, as are many of Cuyahoga residents facing homelessness. Addressing the housing needs of these residents is a key step to repairing the damage of systemic racism.

October 2023 Data

Young Adult By-Name-List

Total Active Youth – 159

Active on the 1st – 118
New to Shelter – 31
Re-engaged w/Shelter – 10
Returned to Shelter – 0

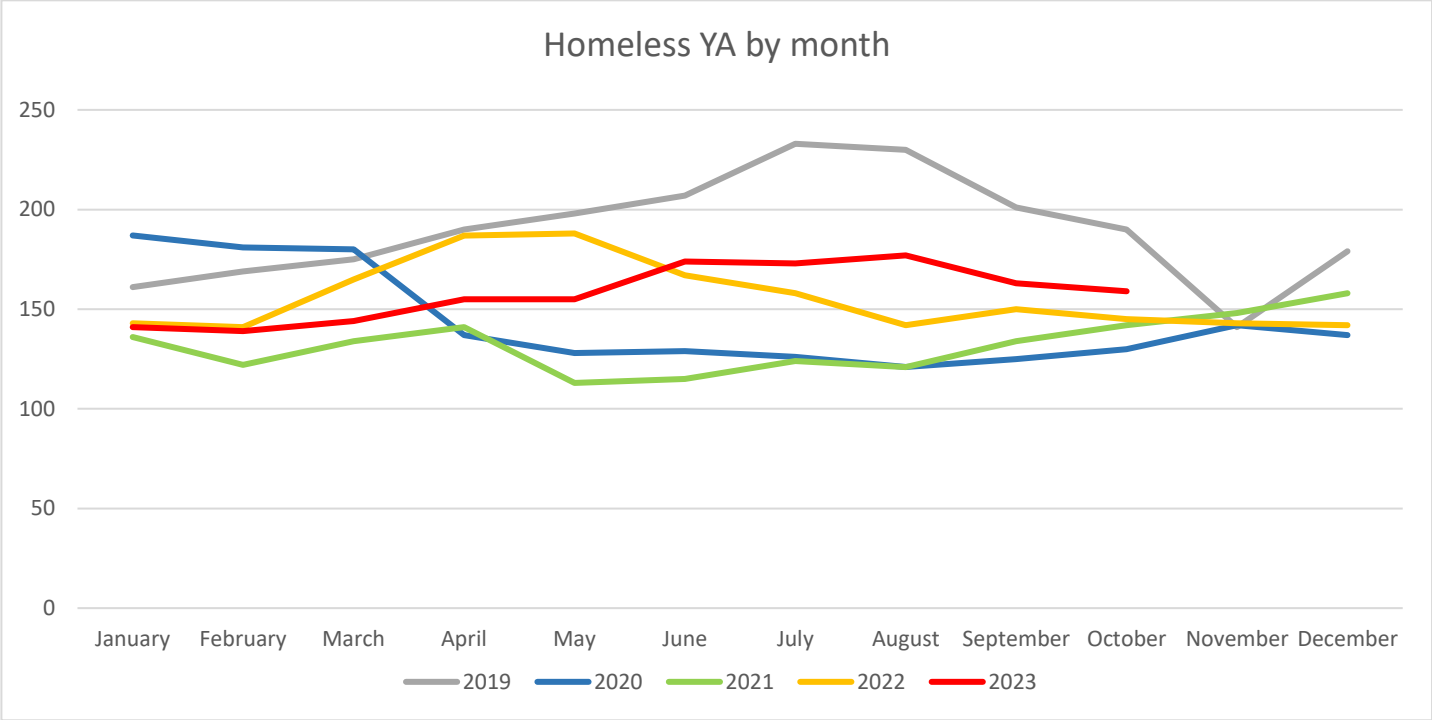
Race:
Black – 114
Hispanic – 11
Multiracial – 11
White – 22
Unknown –1

Gender:
Male – 62
Single Fem – 56
Parent Fem - 37
Transgender/
Non-binary – 4

Orientation:
LGBTQ – 31
Non- LGBTQ – 111
Unknown – 16
Refused – 1

Current Youth Location

Sheltered – 123
Unsheltered – 26
Unknown location – 5
Referred to shelter - 5



YA Re-engaging with Shelter in October – 10

Returned from:

Family/Friends: 8
Psych Hospital: 1
Jail: 1

YA Returning to Shelter in October – 0

Returned from:

Group Home
Rental

As of November 7, 2023

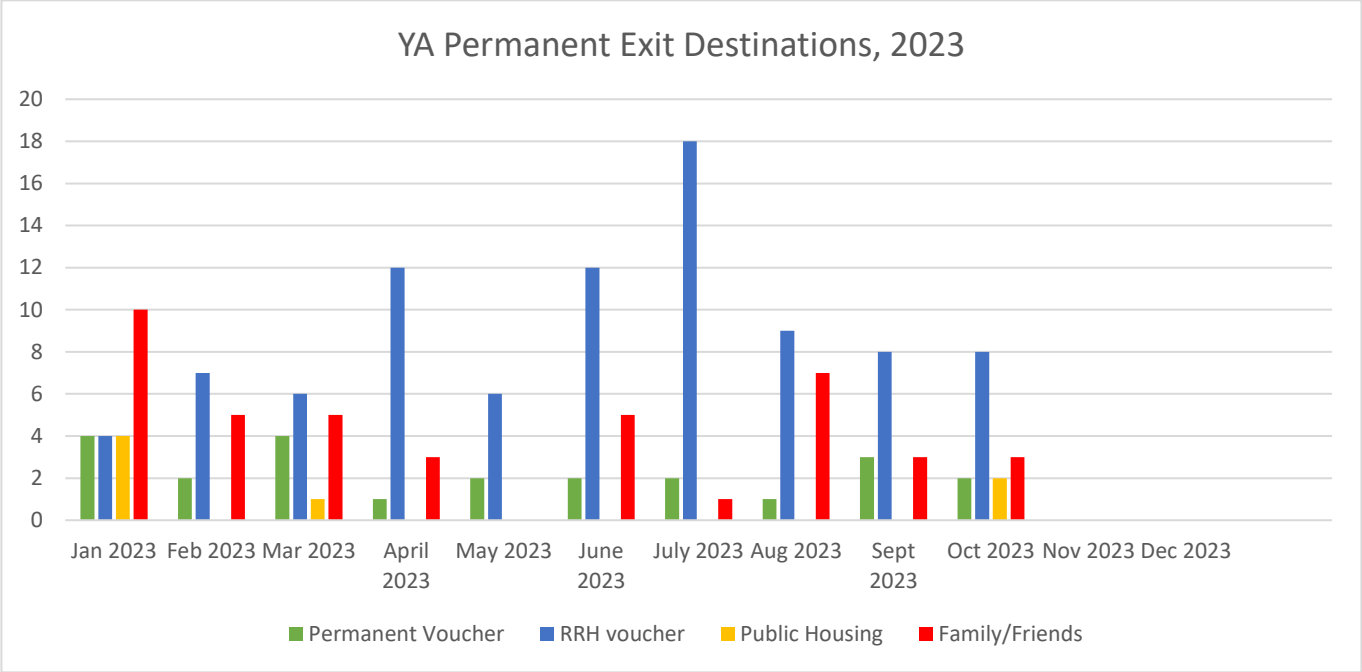
October Shelter Exits – 31

Total Permanent Exits—18

RRH: **8**
Family/friends: **3**
Perm Voucher: **2**
Public housing: **2**
Rental: **2**
Group Home: **1**

Total Non-Permanent Exits – 13

WA-Unknown: **12**
Jail: **1**



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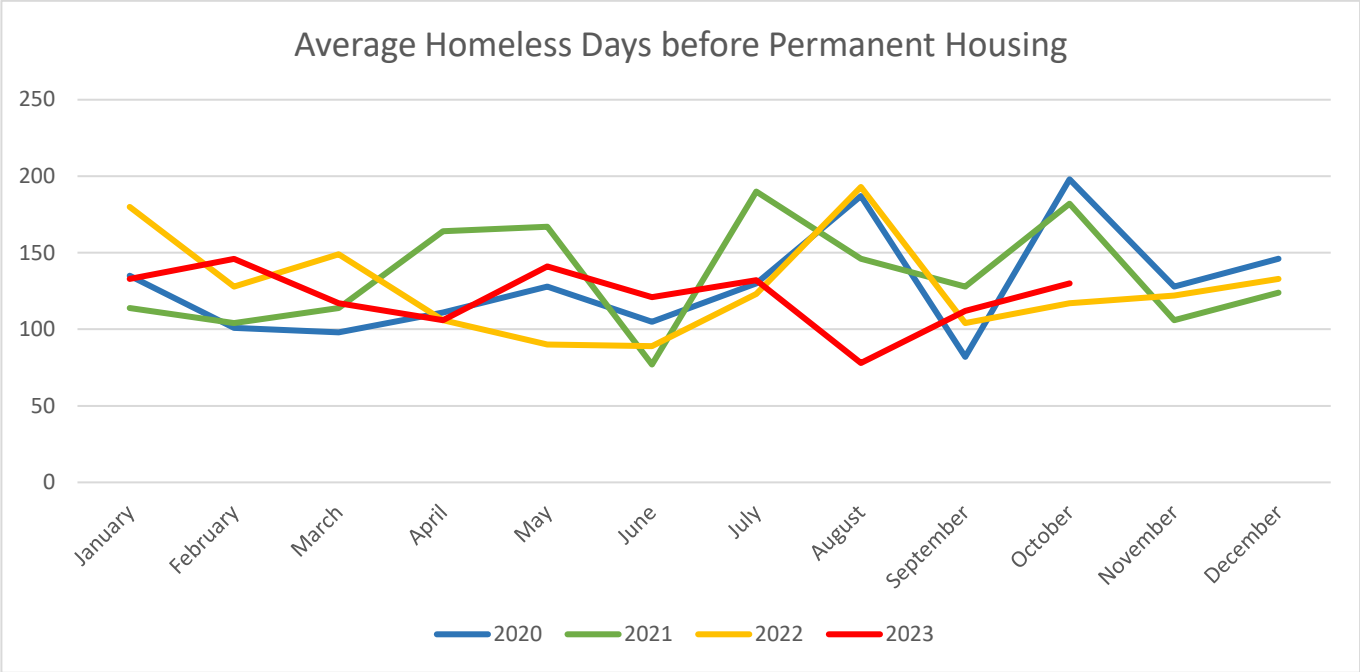

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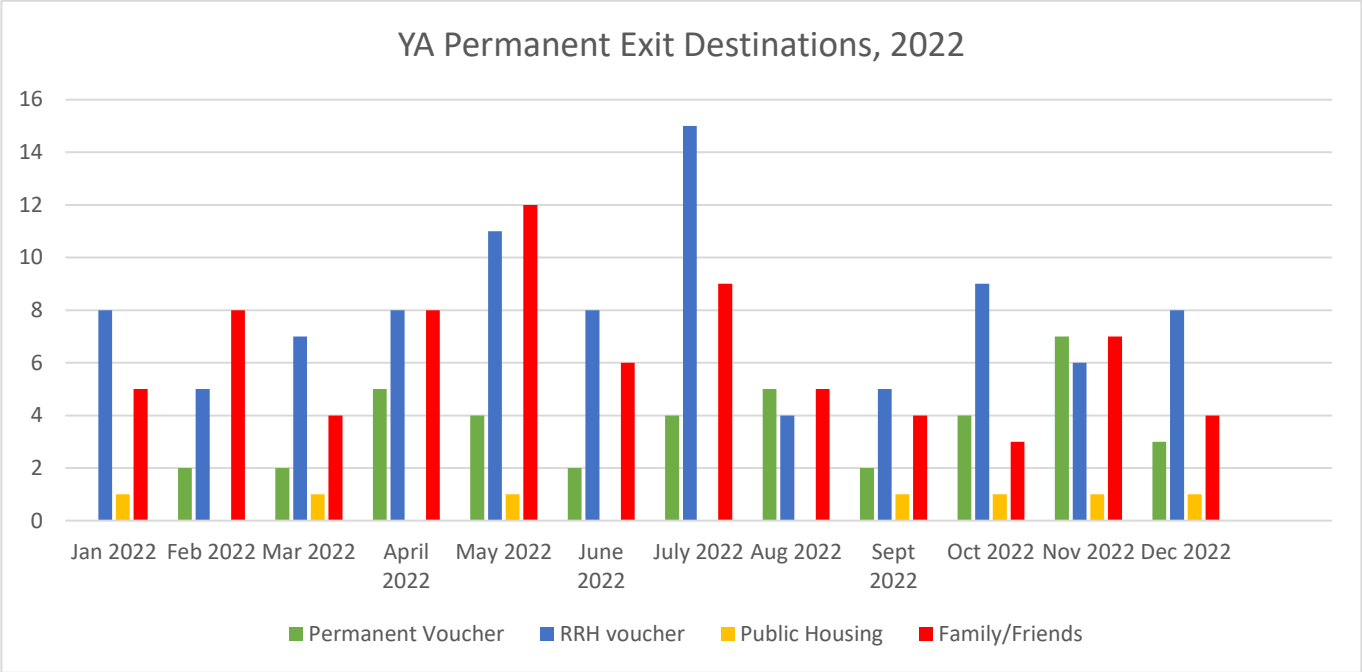

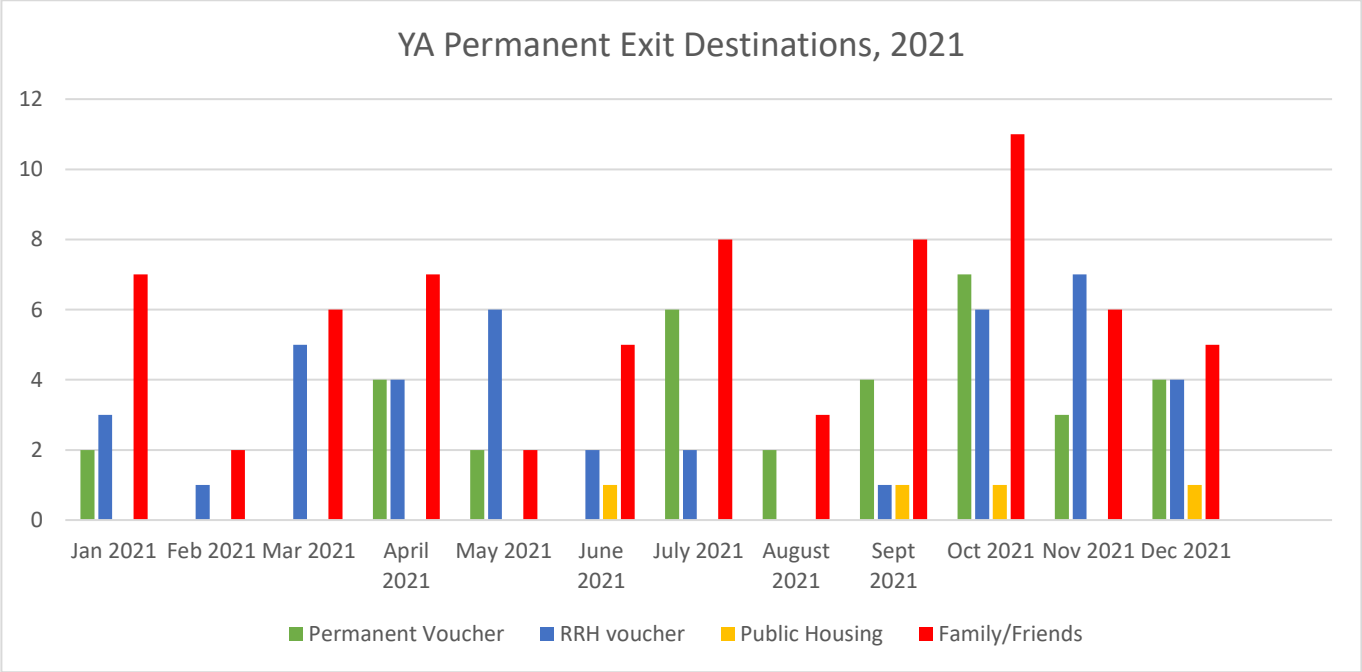

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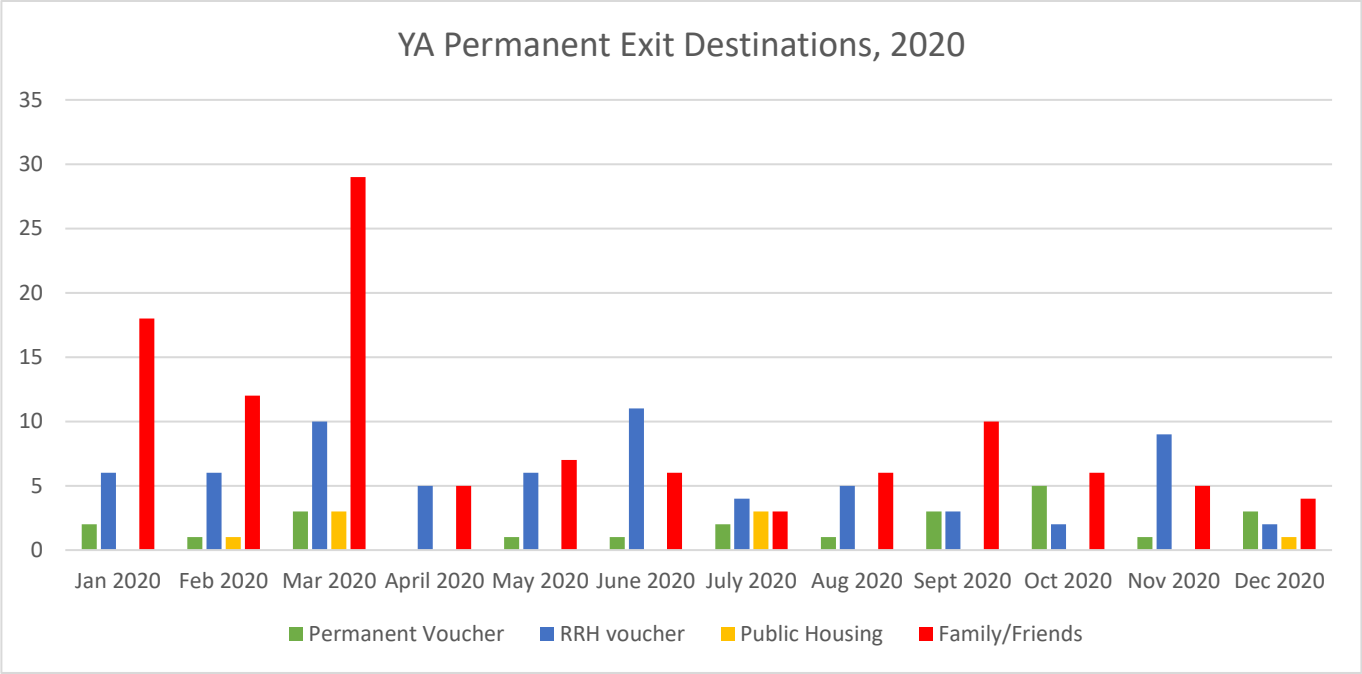

As of November 7, 2023