

ADVISORY BOARD AGENDA – January 19, 2023

1. Welcome & Open Remarks

A) DECISION ISSUES

- a) Approval of Advisory Board Minutes 11.17.22
- b) Approval of 2023 PIT Methodology
- c) Approval of Emerald Senior Development as #1 Priority for Continuum PSH
- d) Approval of 2023-2027 Cleveland/Cuyahoga Continuum of Care Strategic Plan
- e) Approval of 2023 NOFO Performance Standards

B) Cuyahoga Continuum of Care Strategic Plan Community Forum

C) 2022 PIT/HIC

D) YHDP Update

E) Unsheltered Community Plan

F) Workforce, Income, & Stability Work Presentation

G) 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 2023

OHS Advisory Board Meetings: January 19th, March 16th, May 18th, July 20th, September 21st,
November 16th

Executive Committee Meetings: January 10th, March 7th, May 2nd, June 27th, September 5th,
November 7th

Cleveland/Cuyahoga County Strategic Action Plan for Homelessness

Advancing Pathways to Housing Through Equity

2023 - 2027

Purpose

This strategic **Action Plan** establishes the framework for the Cleveland/Cuyahoga County's Continuum of Care response to homelessness. It defines a system-wide and coordinated response to persons at risk of and those experiencing literal homelessness. The focus is on improving client engagement and access to crisis services, expanding the supply of housing resources dedicated to persons exiting homelessness, connecting clients to income and public benefits that will help to sustain them in housing, and building the capacity of the homelessness system to respond to immediate needs and future challenges.

January 2023

Action Plan Issued by

Cuyahoga County Office of Homeless Services as the designated lead agency for the Continuum of Care, responsible for the development, advocacy, and coordination of community strategies to prevent and end homelessness in Cleveland/Cuyahoga County.

Prepared by

Housing Innovations

Acknowledgements

This **Action Plan** is prepared with substantial support from the Office of Homeless Services HUD Planning Grant funds and the Funders Collaborative on Covid Recovery (FCCR). FCCR grew out of the Greater Cleveland COVID-19 Rapid Response Fund which was established in 2020 to respond to the pressing human service needs exacerbated by the pandemic. Primary contributors to this **Action Plan** include the Cleveland Foundation, Community West Foundation, and Sisters of Charity Foundation of Cleveland.

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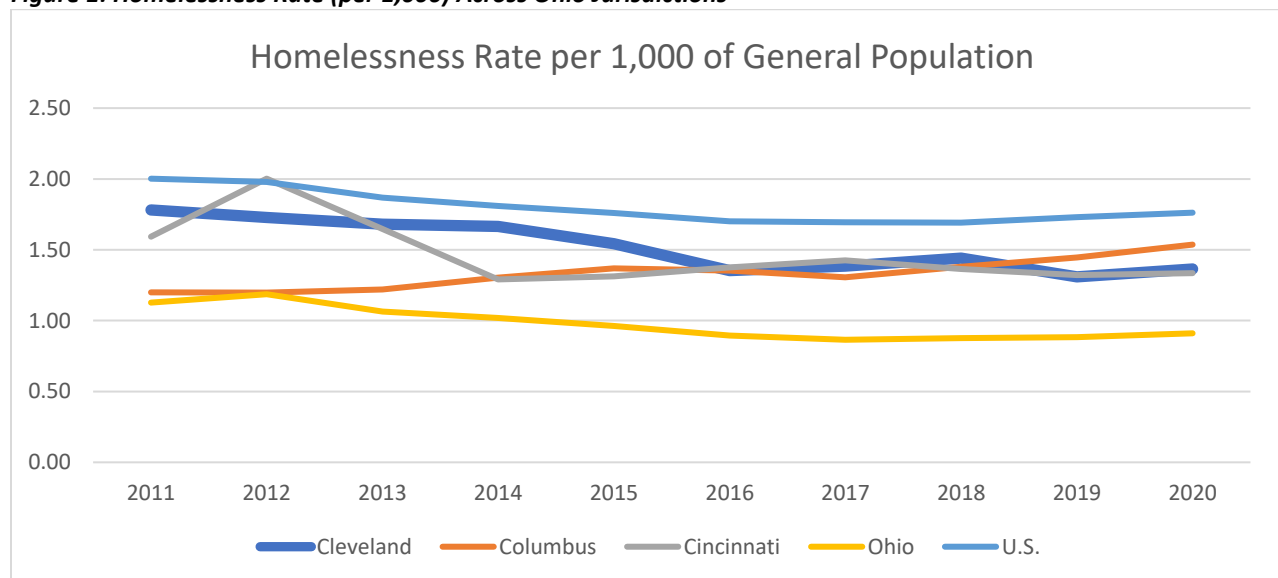
Executive Summary

The Cleveland/Cuyahoga County Strategic **Action Plan** for Homelessness, (“**Action Plan**”) is the result of broad stakeholder input, a thorough review of service utilization data, analysis of resources and investments, and a centering of persons with lived experience of homelessness as the driver for our collective response. This **Action Plan** organizes system improvement strategies around five key system goals:

1. Improve Client Engagement and Access
2. Improve the Experience of Clients in Crisis Housing
3. Expand Housing Stabilization Capacity
4. Connect Clients to Income and Benefits
5. Build System Capacity

Over the past ten years, the Cleveland/Cuyahoga Continuum of Care (CoC) has been largely successful in managing homelessness in the community. Despite significant external challenges – inflation, Coronavirus pandemic, and housing supply shortages, the CoC has kept homelessness from increasing and has been able to achieve small reductions in the number of people experiencing homelessness over the course of the year. However, when rates of homelessness in Cleveland/Cuyahoga are compared to the State of Ohio as a whole, the data reveal that Cleveland/Cuyahoga is not faring as well. The State of Ohio has experienced greater reductions in homelessness and a lower overall rate of homelessness compared to the Cleveland/Cuyahoga region. The fact that Cleveland/Cuyahoga has seen at best a very limited decrease in homelessness indicates that the local homeless response system requires modifications to achieve improved outcomes.

Figure 1: Homelessness Rate (per 1,000) Across Ohio Jurisdictions



Source: HUDHDX PIT Data, U.S. Census

Additionally, analysis shows that homelessness disproportionately impacts certain populations including Blacks, the LGBTQ+ population, and people with disabilities. These groups tend to experience homelessness more often, remain homeless for longer periods of time, and have worse outcomes when they seek housing assistance.

Integrated throughout all strategies is a focus on equity of opportunity, inclusion of everyone, and affirming the broad diversity of our community. For too many years racism has been an ugly agent in repressing persons' rights and well-being. While the Cleveland/Cuyahoga County homelessness system may not be a primary contributor to historical inequities, we all have a collective responsibility in identifying overt and subconscious discrimination and continually working to rectify disparities. We know from research and community engagement efforts associated with development of the Action Plan that persons who identify as Black are not the only groups who experience injustice. Other populations such as LGBTQ+, persons with disabilities, women, youth, elderly, and the intersectionality of these and other groups require that Cleveland redouble efforts to provide equal access to all services and housing supports with targeted engagement, unique service designs, and culturally sensitive staff who can competently address the needs of all persons experiencing a housing crisis regardless of each person's differences.

While past community-level planning to end homelessness has focused on doing the most we could with the limited resources available, this Action Plan outlines more clearly what it would take to actually achieve a 25% reduction in homelessness for Cleveland/Cuyahoga. Managing homelessness is no longer sufficient because it leaves behind – remaining in homelessness – some of our most vulnerable citizens and those who have experienced the greatest levels of discrimination. While we may not be able to assure that no one in Cleveland will experience a housing crisis in the future, this plan does point us toward a future in which ***homelessness, when it does occur, will be rare, brief, and one-time.***

This Action Plan forecasts future rates of housing instability and proposes a range of actions, investments, and policies that will help us substantially reduce homelessness over the next five years, from 2023 through 2027. **This Action Plan establishes the ambitious goal of reducing homelessness by 25% by 2027.**

The **Action Plan** includes a strengthened prevention and diversion response so that people experiencing a housing crisis can obtain immediate assistance and avoid losing their housing. The Action Plan calls for immediate access to quality emergency shelter that is welcoming and appropriate for all people experiencing homelessness. We've also included a focus on helping people rapidly secure new housing and supportive services to assist people in maintaining housing.

Summary of Action Plan Goals and Strategies

Goal 1: Improve Engagement and Access

In accordance with HUD requirements and best practices, Cleveland implemented a system of coordinated entry to homeless services to ensure that available resources are prioritized for those with the greatest needs and longest time homeless. To ensure that the system is effective and not inadvertently advancing racial or other inequities, the CoC needs to establish an ongoing race equity analysis. Additionally, the system for coordinated access including the methodology to assess needs and prioritize people for assistance must be adjusted and refined to assure that inequities are not perpetuated. To ensure that people experiencing homelessness can rapidly access housing, the CoC will establish a centralized housing navigation process that will identify available housing, secure landlord participation, and assist in linking people to housing. One of the greatest challenges is in addressing the specific needs of those living unsheltered and in encampments. We will connect them to housing and other services, and work to eliminate outdoor encampments by assisting unsheltered people to access services and housing more effectively.

In 2022 Cuyahoga/Cleveland succeeded in obtaining funding from HUD's Youth Homelessness Demonstration Program (YHDP). The first task is to work in collaboration with the Youth Action Board to develop a comprehensive plan to address youth homelessness and to use the flexibilities provided by YHDP to systematically prevent and address the needs of youth experiencing homelessness. Ending homelessness is not a 'one size fits all' strategy. Families, seniors, LGBTQ+, and racial/ethnic minorities need solutions to homelessness that meet their specific needs.

There are approximately 6,000 non-profit organizations in greater Cleveland addressing human services needs. One of the key steps in ending homelessness is preventing individuals and families from becoming homeless in the first place. Accomplishing this requires expanding the pool of organizations providing prevention services, ensuring that these new partners reflect the diversity of the homeless population. Finally, despite widespread housing instability among the poorest residents in Cleveland/Cuyahoga County, only a small portion of those who are extremely cost-burdened and/or living in overcrowded or substandard housing actually become homeless. Limited homelessness prevention funds and services must be effectively targeted toward those who are at imminent risk of literal homelessness.

Strategy 1: Undertake ongoing race equity analysis.

Strategy 2: Improve Coordinated Intake assessment tools and practices.

Strategy 3: Strengthen centralized housing navigation process.

Strategy 4: Develop a comprehensive system strategy for unsheltered persons and encampments.

Strategy 5: Develop a coordinated community plan for youth experiencing homelessness.

Strategy 6: Customize engagement approaches and services based on subpopulation.

Strategy 7: Strengthen the network of homelessness prevention partners.

Strategy 8: Improve homelessness prevention targeting.

Goal 2: Improve Experience of Persons in Crisis Housing

Despite coordinated and best efforts to prevent people from becoming homeless, given the finite nature of homelessness prevention resources, some number of people will unfortunately lose their housing. The homeless response system must have in place a safe and appropriate system of temporary and emergency housing so that all have a safe place to go. The CoC needs to establish standards for the operation of temporary and emergency housing to assure that all in need are treated fairly and appropriately and that providers of temporary housing also focus on assisting their residents obtain permanent housing. Providers of temporary and emergency housing must have the resources, capacity, and expertise to assist residents in locating and securing permanent housing.

It is essential that all people who have lost their housing because of a housing crisis have safe and equitable access to short-term emergency shelter and a pathway to permanent housing. Youth should have access to crisis housing that does not require them to share space with adults. Families should not be split up or forced to forgo shelter so they can stay together. All persons should be able to access temporary/crisis housing that corresponds to their self-determined family definition and gender identity. There should be sufficient crisis housing resources so that all people experiencing homelessness can have immediate access and that no people are without shelter because there isn't sufficient capacity.

Strategy 1: Establish Emergency Shelter Practice Standards.

Strategy 2: Centralize and enhance housing search and location services in shelters.

Strategy 3: Ensure all persons have equitable access to crisis housing resources.

Strategy 4: Provide gender affirming crisis housing and supportive services.

Goal 3: Expand Housing Stabilization Capacity

Access to long-term housing that is affordable and accepting of people with histories of housing instability is essential to ending homelessness. While a significant percentage of people who become homeless will be able to secure replacement housing independently or with minimal support, many others will need access to affordable housing and services to increase their income and address underlying disabilities. This includes expanding the amount of rapid rehousing resources (time limited housing assistance and supportive services) and targeting of permanent supportive housing to those with significant disabilities that would prevent them from otherwise maintaining housing.

The primary CoC-funded interventions to assist people who have become homeless to regain housing are **rapid rehousing** and **permanent supportive housing**. For both interventions, the CoC needs to examine and update practice standards to ensure that providers are focused on maintaining housing stability, using the right level of assistance to end homelessness, and employing and keeping staff trained on **Evidence-Based Practices**. Cleveland/Cuyahoga relies on private landlords to provide much of the housing assisted by the CoC. Frequently this housing is in scattered locations with just one or a limited number of program participants in multi-family buildings. To ensure that these participants are effectively served and to minimize possible loss of housing, the CoC needs to establish specialized service teams that can engage with participants living in scatter-site settings and assist to maintain their housing and program participation.

Because of the complex reasons that lead families to lose housing, housing resources supported by the CoC include both affordable housing and supportive services. For the majority of people who have experienced homelessness, their need for continuing services is limited and once they have obtained housing, they may no longer need intensive supportive services to maintain housing. In these instances, the CoC needs to develop increased **‘moving on’** resources that allow people to transition from CoC assistance without being excessively rent-burdened and therefore at risk of returning to homelessness. Although there are many reasons why people lose their housing and become homeless, virtually everyone experiencing homelessness has extremely low incomes and very limited family resources. Therefore, the CoC needs to advocate for measures to increase the income of extremely low-income families through advocacy for **income equity legislation** that would bar discrimination against families using public subsidies for housing, and an expansion of direct cash transfer programming.

Strategy 1: Expand Rapid Rehousing capacity.

Strategy 2: Expand Permanent Supportive Housing capacity.

Strategy 3: Update Rapid Rehousing and Permanent Supportive Housing Practice Standards.

Strategy 4: Establish specialized service teams for RRH and PSH in tenant-based settings.

Strategy 5: Expand direct cash transfer (i.e. cash incentive payment) programming.

Strategy 6: Advocate for source of income equity legislation.

Strategy 7: Expand moving on strategies and services.

Goal 4: Connect Clients to Income and Benefits

A significant percentage of people experiencing homelessness have long-term disabilities and their ability to sustain themselves will be limited without access to benefit income or specialized employment supports. SSI/SSDI Outreach, Access, and Recovery (SOAR) expedites access to Social Security Disability through a structured application process. These services need to be expanded so that all participants with disabilities in CoC programs can access this assistance. Accessible and affordable childcare is essential for very low-income families seeking employment and the CoC needs to assist families in securing this assistance. For those participants with behavioral health needs (substance use and/or mental health rehabilitation services), the CoC needs to assure that participants can access these services.

Strategy 1: Enhance economic security of persons experiencing a housing crisis.

Strategy 2: Enhance SOAR throughout the homeless system, with emphasis on all entry points.

Strategy 3: Connect clients to childcare and behavioral health supports.

Goal 5: Build System Capacity

Preventing and ending homelessness in Cleveland/Cuyahoga requires human as well as financial resources. The **Cuyahoga County Office of Homeless Services** (OHS) is the lead agency for the CoC and manages this complex process with very limited staffing. An updated assessment needs to be conducted to document true staffing needs required to implement this **Action Plan**. If staff expansion continues to be warranted based on that assessment, the CoC must prioritize advocacy efforts and existing and new funding to build the capacity of OHS. Similarly, the nonprofit organizations that form the core of the CoC need increased staffing to align with current labor market and training to meet the complex needs of those experiencing homelessness. There is considerable turnover of staff and continuing education is needed to ensure that new workers have appropriate supervision and training.

The CoC relies overwhelmingly on private landlords to provide housing to formerly homeless persons. Accessing private market housing is increasingly challenging as rents have increased, vacancies decreased, and property owners can be reluctant to rent to those with challenging housing histories and reliant on subsidies to afford housing. Centralized landlord recruitment and retention can help to address these issues.

Racial discrimination has led to a disproportionate representation of racial minorities among people experiencing homelessness. To address this, the CoC needs to adopt a **race equity plan** for people experiencing a housing crisis so that traditional patterns of discrimination are not repeated. To effectively serve people experiencing homelessness, service providers need to have staff that have lived experience of homelessness and reflect the population served. Race equity needs to be promoted among all levels of CoC system staff from front line services to executive management and board representation.

Strategy 1: Expand staffing capacity of Office of Homeless Services.

Strategy 2: Build staff capacity and expertise of all CoC system providers.

Strategy 3: Enhance available centralized landlord recruitment and retention services.

Strategy 4: Prepare a Race Equity Plan for persons experiencing a housing crisis.

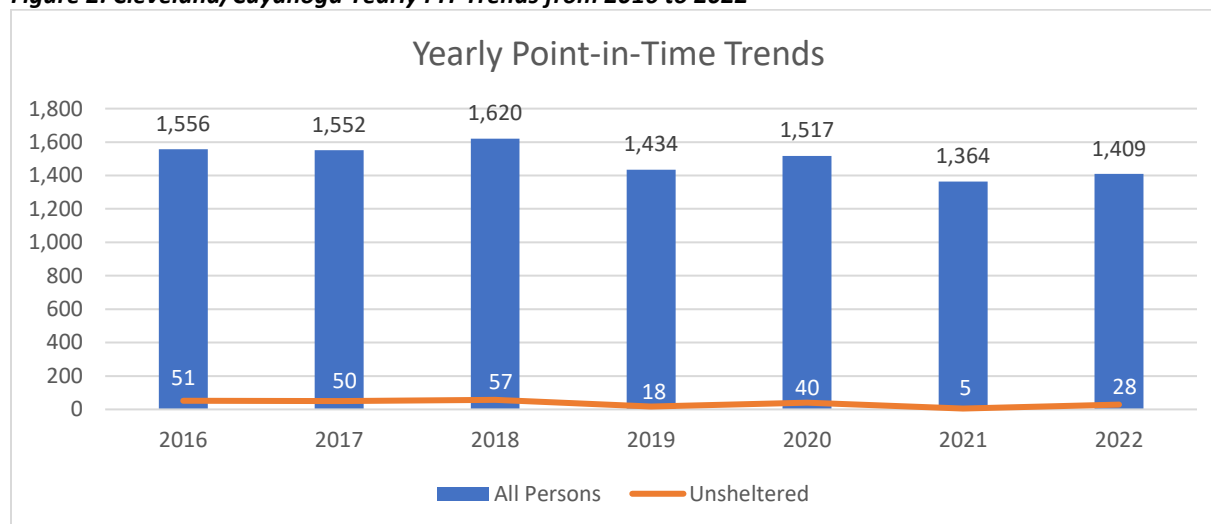
Strategy 5: Promote race equity among CoC system staff at all levels from front line to management.

Background and Process

In the spring of 2022, the Cleveland/Cuyahoga CoC undertook a strategic planning process to identify system improvement strategies for the homelessness system and the related system of care for persons at risk of homelessness. The Cuyahoga County Office of Homeless Services led the effort in partnership with the Homeless Services Taskforce (HST) of the Funders Collaborative on COVID Recovery (previously the Greater Cleveland COVID- Rapid Response Fund). The OHS-HST partnership engaged Housing Innovations to facilitate the strategic planning effort. Housing Innovations completed key stakeholder interviews, comprehensive system performance analysis from 2018 through 2022 using Homeless Management Information System (HMIS) data, surveys of persons with lived experience, and community engagement workshops with over 60 total participants. Preliminary findings and emerging recommendations were shared with system stakeholders for further refinement and adjustment, leading to the set of key goals and action strategies included in this Action Plan.

Homelessness Trends

Figure 2: Cleveland/Cuyahoga Yearly PIT Trends from 2016 to 2022

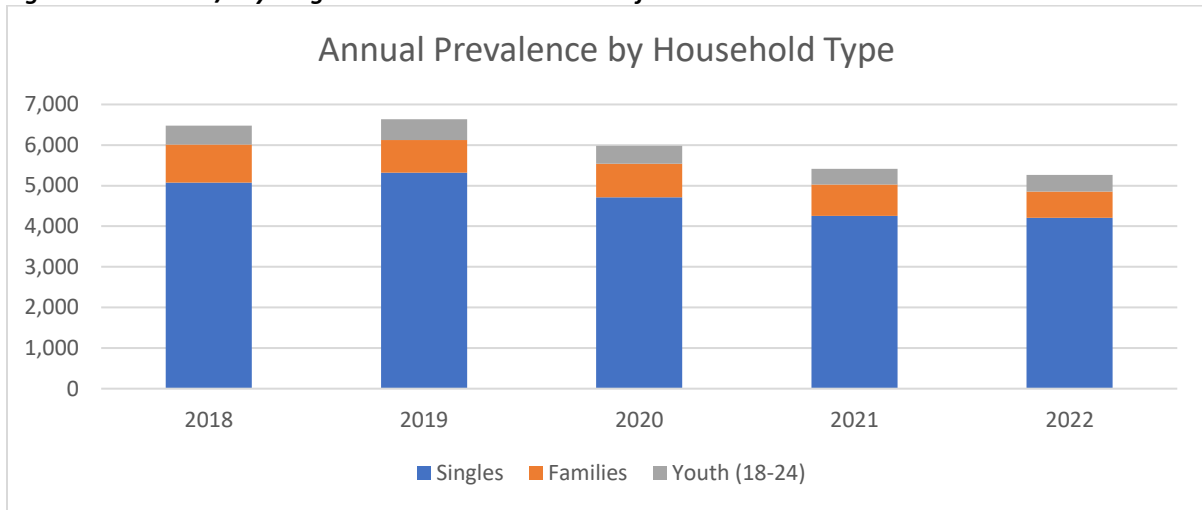


Source: PIT Counts

Since 2016 the count of persons experiencing homelessness at a single point in time in Cleveland has remained constant. The percentage of persons who are experiencing unsheltered homelessness (i.e., staying outside or in a place not intended for continued habitation) has also held relatively constant. Homelessness system partners expected rates of homelessness to increase substantially because of the economic impacts of the Covid pandemic, but homelessness did not increase. This indicates that the CoC has succeeded in managing homelessness to date – having a sufficiently responsive system to prevent a spike in homelessness.

Cleveland and Cuyahoga County responded to the Covid-19 public health crisis by investing substantial additional Cares Act and American Recovery Act funding into expanded crisis housing capacity through non-congregate sheltering in area hotels and extended stays in Rapid Rehousing. These investments offset the expected increase in homelessness resulting from the pandemic and its economic effects and demonstrated that targeted resources are effective in limiting homelessness

Figure 3: Cleveland/Cuyahoga Annual Prevalence Trends from 2018 to 2022

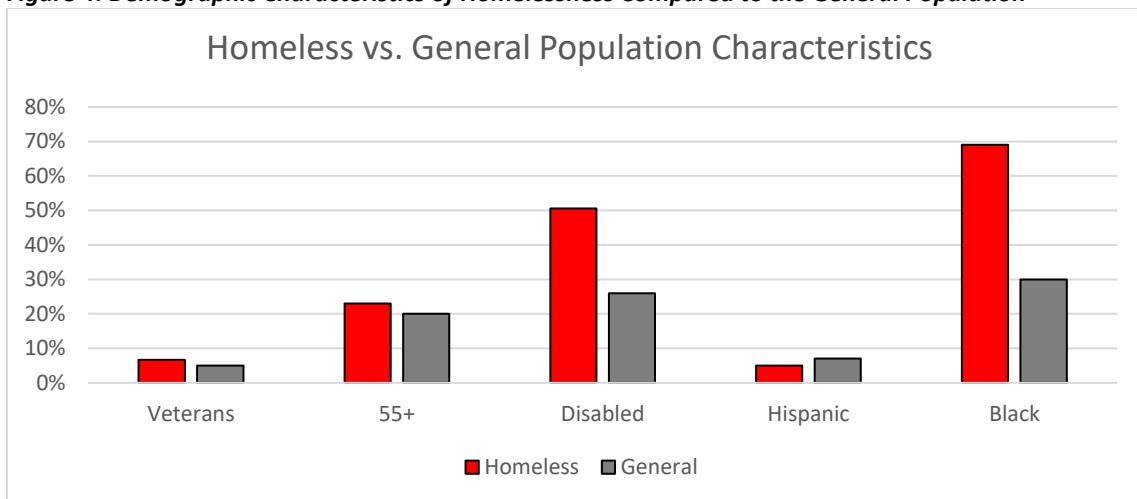


Source: HMIS data in StellaP

Overall homeless prevalence is on a slight decreasing trend from 2018 through 2022. The majority of people experiencing homelessness are single adults, representing about 80% of the total homeless population. The decreases in homelessness were among this population. Families comprise 12% and youth comprise 8% of all people who experience homelessness. Homelessness among these populations has been low but stable.

Although five-year counts of annual prevalence are trending downward and point-in-time counts are holding steady, homelessness continues to impact a disproportionate share of persons who are disabled and/or Black. A Cleveland/Cuyahoga neighbor who is disabled is twice as likely to experience homelessness. Black persons represent nearly 70% of the homeless population, but only 30% of the general population. Cleveland needs to understand why persons of color and persons living with a disability are so much more likely to experience homelessness, and after understanding what contributes to these inequities work to resolve them.

Figure 4: Demographic Characteristics of Homelessness Compared to the General Population



System Gaps Analysis

System analyses and need projections included in this **Action Plan** are derived from system modeling, an analytical process that models what an optimal system looks like for Cleveland/Cuyahoga County and what changes we would need to make to our current system to achieve that optimized status. An optimized system is one in which **all** people experiencing a housing crisis are offered a housing strategy to resolve their crisis. The responses will be titrated so that people receive the level of assistance needed to address the crisis and prevent its recurrence.

The most comprehensive data on homelessness comes from the annual Point-in-Time (PIT) Count of unsheltered and sheltered people experiencing homelessness, and annualized counts of homelessness and system performance captured in Cleveland’s homeless management information system (HMIS). The PIT data are just a snapshot of people experiencing homelessness on a given night. However, these data can be compared to a full year of homeless service utilization data from HMIS to estimate the number and characteristics of people experiencing homelessness on an annual basis, including those who may not have accessed services. The Cleveland 2022 PIT count documented 1,409 people experiencing homelessness (in shelters, transitional housing, or on the streets or other places not meant for human habitation) on a given night, and we estimate that just over 5,000 people experience homelessness annually in Cuyahoga County.

This annualized estimate serves as a base number from which we developed a simple but dynamic inflow and outflow model of homelessness. The model analyzes the current configuration of crisis beds and housing units available to help people resolve their housing crisis. By applying a set of optimization assumptions we can determine if the current supply of crisis beds and dedicated housing resources are sufficient to meet the demand, and if not, the number of additional beds and service slots to meet the demand.

Figure 5: Current Gaps for Single Adults

Project Types [based on estimated 4,300 annual prevalence]	Current Annualized System for Individuals (Units)	Estimated Optimized System for Individuals (Units)	Estimated Unmet Need (negative number = gap)
Prevention	537	537	0
Diversion	41	41	0
Emergency Shelter	878	876	2
Transitional Housing	75	21	54
Rapid Re-Housing	198	826	-628
Permanent Supportive Housing	373	706	-333

Source: PIT, HIC and HMIS-based modeling analysis

An optimized homelessness response system for single adults will retain existing capacity to prevent homelessness and divert persons from extended emergency shelter stays. All persons experiencing homelessness will be offered solutions to end their crisis. The length of time people still in emergency shelter will be dramatically reduced. If these optimization strategies are realized existing emergency

shelter capacity is sufficient. However, Cleveland requires nearly 1,000 additional housing placements in either RRH or PSH to address the current shortfall and expected future demand among single adults for rehousing assistance. The preference is to increase resources on the back end of the system so that the front end, the shelter beds and crisis response resources, do not have to be increased. Expanding emergency housing rather than increasing permanent housing resources, risks increasing the total number homeless and the length of time that people spend without housing. Given how traumatic and destabilizing homelessness is, our goal is to increase housing resources, prevent new homelessness, and shorten the duration of homelessness.

Figure 6: Current Gaps for Youth

Project Types [based on estimated 500 annual prevalence]	Current Annualized System for Youth (Units)	Estimated Optimized System for Youth (Units)	Estimated Unmet Need (negative number = gap)
Prevention	43	43	0
Diversion	43	43	0
Emergency Shelter	71	99	-28
Transitional Housing	7	11	-4
Rapid Re-Housing	0	146	-146
Permanent Supportive Housing	0	6	-6

Source: PIT, HIC and HMIS-based modeling analysis

An optimized system for youth experiencing homelessness will retain the existing capacity for homelessness prevention and diversion, but emergency shelter capacity needs to increase by an estimated 28 beds. Transitional housing and permanent supportive housing require modest expansion, but rapid re-housing capacity needs to increase by an estimated 146 annual slots.

Figure 7: Current Gaps for Families

Project Types [based on estimated 430 annual household prevalence]	Current Annualized System for Fam (Units)	Optimized System for Fam (Units)	Estimated Unmet Need (negative number = gap)
Prevention	86	86	0
Diversion	86	86	0
Emergency Shelter	95	66	29
Transitional Housing	5	2	3
Rapid Re-Housing	141	197	-56
Permanent Supportive Housing	104	13	91

Source: PIT, HIC and HMIS-based modeling analysis

Current resources for families experiencing homelessness may be sufficient if the Cleveland/ Cuyahoga homelessness system optimized current resources. Optimization requires effective engagement, prevention, and diversion of targeted families at the initial identification of a housing crisis. Length of time in shelters needs to decrease and housing placements out of shelter accelerated. Even with all these system improvements an additional 56 slots of rapid rehousing are required to meet the estimated demand. Since it appears that there may be an ‘over-supply’ of permanent supportive

housing for families, as part of the CoC's annual process, it should assess whether these resources should be allocated to rapid rehousing, addressing the unmet need.

Goal 1: Improve Engagement and Access

Improving access to crisis resources for persons experiencing literal homelessness, recently homeless and at risk of homelessness is essential for making homelessness a rare occurrence. The homelessness system must strengthen efforts to identify, engage, and help persons resolve their housing crisis as quickly as possible.

In early 2022 the Funders Collaborative on Covid Recovery (FCCR) initiated an assessment of nonprofit capacity and reach to address the human service and public health needs laid bare by the pandemic. FCCR grew out of the Greater Cleveland COVID-19 Rapid Response Fund which was established in 2020 to respond to the pressing human service needs exacerbated by the pandemic. Because Cleveland area nonprofits make up a significant portion of the critical engagement infrastructure for households experiencing a housing crisis, this Action Plan looks at their role and capacity to identify households at the earliest stages of a housing crisis and assist with the transition to safe, stable housing.

In Cuyahoga County, nearly 6,000 nonprofits provide human services, community and economic support, and health services to the County's population of nearly 1.3 million people. These nonprofits represent the first line of engagement for families and individuals experiencing extreme poverty and at risk of losing their housing. The key to a successful homelessness prevention strategy is to intervene before a household in crisis becomes literally homeless. The challenge is that thousands of households are experiencing "severe housing cost burden", meaning the household pays more than 50% of their income toward housing, yet only a small fraction of these households end up homeless. The Census Bureau's American Community Survey Microdata from 2021 show that 10% of Cuyahoga households are contributing more than 90% of their monthly income to rent. While this figure is astounding, it's even more astounding that only a small portion (about 21%) of these households become homeless. Directing limited homelessness prevention resources to each severely housing cost burdened household is not feasible and would likely not reduce the inflow into the homelessness system. To be impactful, homelessness prevention resources must be directed to strategically targeted candidates. Based on national research those candidates for prevention resources are most likely to be the following:

- ✓ non-lease holders living in doubled up situations,
- ✓ previous users of homelessness resources and those recently exited from the system,
- ✓ persons who have zero income, and
- ✓ persons lacking social connections and family ties to support them through a housing crisis.

As a front line of defense Cleveland area nonprofits who interact with clients who meet this profile must be skilled at identifying the risk factors for homelessness and linking eligible households to available crisis resources.

To accomplish the goal of improving engagement and access CoC partners will pursue the following strategies:

Strategy 1: Undertake ongoing race equity analysis. Analyze access to system resources, effectiveness of assessment practices, prioritization and referral to housing supports, and retention of housing. Identify strategies for promoting race equity in coordinated intake (CI) decisions and treating all persons with grace, dignity and kindness.

Strategy 2: Improve Coordinated Intake assessment tools and practices. Identify programmatic and operational strategies to improve system access for persons with the greatest barriers and most resistance to engagement. Ensure access to Coordinated Intake is flexible through walk-ins, phone, and outreach-based assessments. Ensure Coordinated Intake staff mirror the race, ethnicity and cultural make up of clients accessing CI. Ensure that assessment tools used for CI are not inadvertently leading to discrimination and disparate results among cultural and racial minorities.

Strategy 3: Strengthen centralized housing navigation process. Implement a centralized housing identification, application, and navigation process to improve access to private housing and unit acquisition for system-wide use. Identify housing resources in the private sector that can be rapidly accessed for persons able to sign a lease and bypass shelter as part of a more comprehensive Diversion approach. Centralize the application forms and processes for CoC-funded housing resources.

Strategy 4: Develop a comprehensive system strategy for unsheltered persons and encampments. Engage outreach service providers, behavior health systems, hospitals, law enforcement, faith community, philanthropy, and government departments 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.

Strategy 5: Develop a coordinated community plan for youth experiencing homelessness. Center youth as the drivers of a new set of strategies and approaches to address the unique needs of youth who are experiencing a housing crisis. Deploy the resources available through the Youth Homeless Demonstration Program to implement the plan.

Strategy 6: Customize engagement approaches and services based on subpopulation. Consider how access, engagement, assessment, and connection approaches may need to be different and respond differently to persons who have traditionally experienced the greatest barriers to access.

Strategy 7: Strengthen the network of homelessness prevention partners. Identify service partners, faith-based providers, and community service organizations most likely to encounter persons at imminent risk of homelessness. Provide training on high risk factors most closely aligned with literal homelessness, targeting and engagement strategies, and effective prevention program models.

Strategy 8: Improve homelessness prevention targeting. Target homelessness prevention resources to geographically impacted neighborhoods, persons recently placed in permanent housing through CoC resources, and other households most likely to experience literal homelessness based on researched correlates for literal homelessness.

Goal 2: Improve the Experience of Clients in Crisis Housing

Crisis shelter, both congregate and non-congregate settings, provide temporary but critical refuge for people who have no other safe, accessible, or appropriate housing options. Shelter must operate with as few barriers as possible and assist persons to quickly regain housing stability with culturally appropriate, gender affirming, client-focused, strengths-based, and housing-focused services. These crisis shelter services must be organized around rapid exits back to permanent housing.

To accomplish the goal of improving the experience of clients in crisis housing CoC partners will pursue the following strategies:

Strategy 1: Establish Emergency Shelter Practice Standards. Strengthen case management services within shelters to promote rapid exit out of homelessness using a housing-focused intervention based on the Critical Time Intervention (CTI) evidence-based model. In what is considered the pre-CTI phase, shelter residents will be educated on tenancy requirements, will determine their preferences for housing, and will assemble all documentation and materials needed to be able to execute a lease. Incorporate human-centered design aspects into standards for case management services and the physical spaces in all emergency shelters.

Strategy 2: Centralize and enhance housing search and location services in shelters. Establish dedicated staffing resources to support the housing identification and application processes at area emergency shelters.

Strategy 3: Ensure all persons have equitable access to crisis housing resources. Identify strategies for and promote equitable access to crisis shelter for persons in special population groups such as Black, LGBTQIA+, persons with disabilities, women, and intersectionality among subgroups.

Strategy 4: Provide gender affirming crisis housing and supportive services. Provide reasonable accommodation to access crisis housing resources that match clients' gender identity. Ensure service design and delivery affirms the gender identity of all persons.

Goal 3: Expand Housing Stabilization Capacity

The ultimate answer to homelessness is more housing; housing that is decent, accessible, safe, and affordable. Throughout this strategic planning process providers of homelessness assistance, public officials, funders, faith leaders and persons experiencing homelessness themselves all agreed that more housing is the fundamental solution. When housing is paired with the right level of voluntary and accessible services, when the process of searching for housing is supported, and when individual needs and preferences are addressed, anyone experiencing homelessness can successfully end their crisis. This Action Plan calls for significant expansion of the housing capacity dedicated to persons attempting to end their homelessness. After people acquire housing, they need income support, both through employment and public benefits, to maintain that housing. This Plan also calls for new and innovative approaches to support rapid resolution of homelessness through testing of strategies that incentivize and support service engagement, rapid exits out of shelter, and public policies that protect the most vulnerable among us who often encounter housing discrimination when trying to use their public benefits in the private rental market.

To accomplish the goal of expanding housing stabilization capacity CoC partners will pursue the following strategies:

Strategy 1: Expand Rapid Rehousing capacity. Increase RRH service slots for single adults, families, and youth by 830 annually to achieve greater system impact and equity. Expanded RRH capacity should occur incrementally over the next five years.

Strategy 2: Expand Permanent Supportive Housing capacity. Increase PSH for single adults and youth, inclusive of both project-based and scattered site configurations, by 340 annual enrollment slots over the next five years.

Strategy 3: Update Rapid Rehousing and Permanent Supportive Housing Practice Standards. Refine programmatic metrics for caseloads and case management performance related to accelerated access to housing, housing retention, increased income, and client well-being based on resources available for RRH and PSH.

Strategy 4: Establish specialized service teams for RRH and PSH in tenant-based settings. Provide specialized services to clients with more intensive service needs in scattered site housing settings; some clients may require specialized services for more acute physical health needs, behavioral health challenges, employment supports, and other types of more intensive case management needs.

Strategy 5: Expand *direct cash transfer* (i.e. cash incentive payment) programming. Explore expansion of direct cash transfer program for clients able to access private housing but who require financial assistance to obtain housing.

Strategy 6: Advocate for *source of income equity* legislation. Pursue legislative strategies to protect clients with government-funded rental subsidies to ensure those clients are not rejected for available housing based on their source of income or subsidy.

Strategy 7: Expand moving on strategies and services. Promote more independent housing options for persons stabilized in PSH who are able to retain permanent housing with an ongoing subsidy but no longer require the intensive services associated with PSH project-based units or in scattered site settings.

Goal 4: Connect Clients to Income and Benefits

Numerous studies find that increased income is a strong predictor of a person exiting homelessness and retaining their permanent housing placement. Interviews and focus groups with persons with lived experience of homelessness also reveal that most persons can and want to work but need supports to secure a job. Supports include navigating application processes, transportation to jobs, coaching while on the job, and childcare to ensure workers can retain their jobs. Employment doesn't just improve the economic situation for people, it also helps to promote dignity and build self-worth. That's why it's critically important that all persons, regardless of ability, are afforded supportive services and behavioral health linkages to ensure that employment is a viable option for everyone.

To accomplish the goal of connecting clients to income and benefits CoC partners will pursue the following strategies:

Strategy 1: Enhance economic security of persons experiencing a housing crisis. Strengthen workforce development connections and employment services for persons experiencing homelessness, applying clinical therapeutic methods to support employment outcomes.

Strategy 2: Enhance SOAR. SOAR is a national program designed to increase access to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. Ensure all clients eligible for SSI and SSDI are supported in initiating applications for those benefits while residing in emergency shelter.

Strategy 3: Connect clients to childcare and behavioral health supports. While housing and increased income represent the most pressing immediate needs for clients, many households also require reliable and affordable childcare so they can pursue housing and employment goals. In addition, more accessible and targeted behavioral health supports help to stabilize families by addressing mental health issues and substance use disorders that exacerbate housing insecurity.

Goal 5: Build System Capacity

Homelessness has unfortunately become a complicated national issue that requires a system-wide local strategy that is more than just the sum of its parts. Individual homelessness assistance providers of the highest quality and evidence-based programs no matter how individually impactful can no longer fix the problem on their own. The solution to homelessness requires a comprehensive, system-wide approach where all sectors are working collaboratively and aligning investments in a set of focused strategies. Managing this system requires a skilled team of leaders who can leverage public investments with private resources, inform transparent decision-making with reliable data, continuously advance the quality-of-service design and programming, and align all stakeholders around a set of proven system improvement strategies.

To accomplish the goal of building system capacity CoC partners will pursue the following strategies:

Strategy 1: Expand staffing capacity of Office of Homeless Services. OHS requires additional staff to align with the growth of the CoC and engage more directly and comprehensively in system planning, monitoring, and enhancing program performance, promoting strategic system partnerships, and leveraging data for system improvement efforts. Analyze the most effective use of HUD or county resources to address staff needs.

Strategy 2: Build staff capacity and expertise of all CoC system providers. Invest in a system-wide training and capacity-building initiative to attract and retain high quality staff. Provide opportunities to build direct service skills of front-line staff and promote the advancement of staff into management and supervisory roles with a focus on race equity.

Strategy 3: Enhance available centralized landlord recruitment and retention services. Enhance access to private rental market housing for use by all area shelters and housing providers.

Strategy 4: Prepare a Race Equity plan for persons experiencing a housing crisis. Document existing inequities in the ways in which persons experiencing a housing crisis are first engaged,

assessed, prioritized for housing and services. Establish a uniform process to track inequities to better resolve them. Ensure people with lived experience who are engaged in system planning and oversight efforts are compensated for their efforts.

Strategy 5: Promote equity and advance diversity among CoC system staff at all levels from front line to management. Target employment opportunities to persons with lived experience of homelessness. Provide employment advancement pathways for front line staff from historically disadvantaged or underrepresented groups.

Call to Action

This multi-year road map identifies the system changes and programmatic improvements needed to reduce homelessness by 25% in Cleveland and Cuyahoga County. Progress will require the coordinated efforts of all critical CoC stakeholders. Resources are not currently identified to implement all strategies immediately, but as progress is made and the community demonstrates momentum in reducing homelessness, additional investment in the community's success will be forthcoming.

In the coming months CoC-convened work groups will identify implementation strategies, task leads, mechanisms for reporting on progress, and an overall investment strategy that ensures needed resources are identified. This work will include hard choices about setting priorities, retiring programmatic approaches and system strategies that only have historical relevance but no longer demonstrate desired impact, and testing new and innovative solutions that are still in formative stages of development. In spite of this difficult work, we are committed to partnering with and incorporating regular input from people with lived expertise and stakeholders representing a broad range of groups and perspectives. Together, we will ensure that fewer people will experience a housing crisis in Cleveland and Cuyahoga County, and of those who do experience homelessness their crisis will be short with a quick transition back to successful housing.

Cuyahoga Continuum of Care

2023 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:

HUD Notice CPD-22-12: <https://www.hud.gov/sites/dfiles/OCHCO/documents/2022-12cpdn.pdf>

2022 Housing Inventory Count and Point-in-Time Count of Homeless Persons: Data Submission Guidance: <https://files.hudexchange.info/resources/documents/2022-HIC-and-PIT-Count-Data-Submission-Guidance.pdf>

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 include 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 (1/24/2023).

2b. Applicable Project Types

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

- i. Emergency Shelter
- ii. Transitional Housing
- iii. Safe Haven
- iv. Permanent Supportive Housing
- v. 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 1/20/2023**. 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 1/20/2023**.
- 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 1/20/2023**. The PIT count number needed will need to be provided after the PIT Date (1/24/2023) has passed.

2. 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 1/24/2023.**

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. Data Required

All data on sheltered clients within any project should be only for the night of 1/24/2023. All data on unsheltered clients should be only for the night of 1/24/2023 and by 8am on 1/25/2023. 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, ethnicity, race, 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, ethnicity, race, 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, ethnicity, race, 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 persons by gender, ethnicity, race, 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, ethnicity, race, 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, ethnicity, race, 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, ethnicity, race, 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

3d. 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 **2/6/2023**.

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

3e. 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 **2/6/2023**.

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

3f. Unsheltered Count Data Collection Process

Prior to the PIT date, OHS 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.

Starting at 8p on the PIT date (1/24/2023) and ending at 8am on the following date, the unsheltered count will be conducted. Each unsheltered person will have a PIT Street Card (see Appendix A) filled out with their information. These cards will be submitted to OHS following the 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

ONE FORM PER PERSON

2023 UNSHELTERED

➤ Have you already completed one of these cards? Yes No

PM Survey (night of 1/24), Where are you staying tonight? / AM Survey (morning of 1/25), Where did you stay last night?		
<input type="radio"/> Street/Abandoned Building/Vehicle/Camp	<input type="radio"/> Staying at Family/Friends <u>Residence</u>	
<input type="radio"/> Shelter	<input type="radio"/> Motel/Hotel	<input type="radio"/> Other _____

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

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

Individual/Household Information <i>(Please complete a separate survey for each HH member)</i>	
Are you single or part of a family? <input type="radio"/> Single <input type="radio"/> 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: Under 18 _____ 18-24 _____ 25-34 _____ 35-44 _____ 45-54 _____ 55-64 _____ 65+ _____	
Veteran? <input type="radio"/> Yes <input type="radio"/> No	
Gender? <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Doesn't Identify as M, F, or TG <input type="radio"/> Refused	
Race? <input type="radio"/> Black/AA <input type="radio"/> White/CA <input type="radio"/> Asian <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Multiple Races <input type="radio"/> Other	
Ethnicity? <input type="radio"/> Non-Hispanic/Latino <input type="radio"/> Hispanic/Latino Are you <i>fleeing</i> Domestic Violence? <input type="radio"/> Yes <input type="radio"/> No	

Disabilities <i>(Circle all that apply or "None Apply")</i>				
NONE APPLY	Substance Abuse	Physical Disability	Mental Health Problem	HIV/AIDS

Emerald Senior Supportive Housing

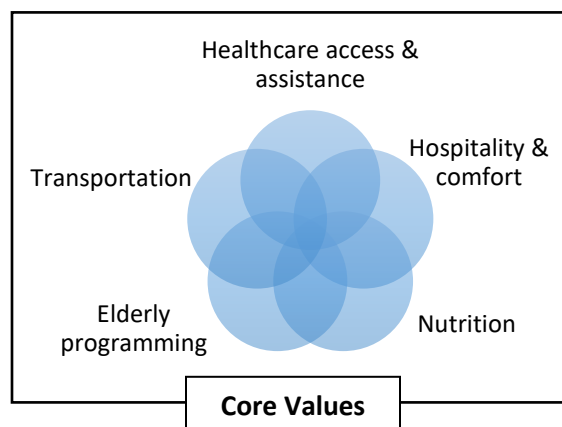
Enterprise Community Partners, CHN Housing Partners, EDEN, Inc., Benjamin Rose Institute on Aging, and the Veterans Administration are collaborating to develop new supportive housing for chronically homeless older adults in Cuyahoga County. Our process combines the expertise of elderly persons with lived experience of homelessness and the skills of established housing partners to create new homes for individuals aged 55 and older who are living with a disability and exiting homelessness.

Development Details:

- A new construction apartment building with approximately 62 one-bedroom residential units.
- Location: 11100 Superior Ave., Cleveland, Ohio 44106; with strong access to transit and healthcare options.
- The building will include dedicated space for the provision of supportive services and for community use.
- Units and common space will be designed with an “aging in place” mindset.

Supportive Services:

- Supportive Services will be coordinated by Benjamin Rose Institute on Aging and the Veterans Administration.
- The housing will provide space for recovery from the trauma of homelessness, providing necessary healthcare linkages and a range of educational, social, and recreational programming. The Emerald Senior supportive housing development will provide tenants with support and an environment to age in place.



Target Population:

- Ages 55+; all single-person households; older adults and elderly veterans.
- Experiencing homelessness per HUD definition:
 - Older adults will come through Coordinated Intake/By-name list.
 - Older adults will have a disability

Proposed Development Financing:

- 9% LIHTC application going in to OHFA in the 2023 round. Awards will be announced May 2023.
- Applications to be submitted for City and County HOME funds.
- Application to be submitted for FHLB AHP funds.

Timeline:

