



OHIO HOUSING
FINANCE AGENCY

CONFRONTING HOMELESSNESS

*Examining the Scope of Ohio's Silent
Crisis and Its Local Solutions*

A WELCOME LETTER FROM OHFA

Eliminating homelessness is one of Ohio's most critical policy imperatives. In the face of this challenge, local governments and private organizations are developing evidence-based investments tailored to the needs of their communities. These efforts dramatically reduced the number of individuals struggling with homelessness: since 2010, there was a 65 percent decline in chronic homelessness, a 34 percent decline in veteran homelessness and a 29 percent decline in family homelessness.

Despite this progress, Ohio still has a large unhoused population. The size of this population is still relatively unknown: While the 2017 Point-In-Time (PIT) count identified 10,095 homeless individuals in the state on a single night that January, PIT counts only capture a small portion of those who experience homelessness each year. By comparison, Ohio Department of Education (ODE) data showed that 20,083 Ohio public school students lacked stable housing at some point during the 2016-2017 school year.

To develop informed and effective strategies to combat homelessness, it is essential that practitioners, policymakers and the public have access to reliable and comprehensive information on the evolving problem before us. However, there are no state or federal databases that provide a full view of homelessness across geographies and social service platforms. To fill this information gap, the Ohio Housing Finance Agency (OHFA), in partnership with the state's Continuum of Care organizations (CoCs), with Ohio Mental Health and Addiction Services (OMHAS) and Development Services Agency (DSA), launched the Ohio Human Services Data Warehouse (OHSDW).

OHSDW's mission is to strengthen collaborative efforts to develop a statewide comprehensive strategy to alleviate the interrelated issues of poverty through the analysis of cross-system data related to homelessness and at-risk populations. OHSDW aggregates information about the homeless population in Ohio to provide a more complete understanding of who experiences homelessness and how this population accesses services throughout the state. OHSDW's work provides the data required to measure existing need and craft practical solutions to meet that demand. The data in this report, for example, show 58,484 unique Ohioans accessed homelessness services in just seven of Ohio's nine CoCs in 2016, covering 86 of the state's 88 counties. OHSDW is a necessary addition to the current conversation on homelessness in Ohio.

OHFA is honored to support ongoing homelessness elimination efforts and is eager to continue collaborations with our peer state agencies to create the most robust data resource possible. In future reports, OHFA will dig deeper into a series of specific topics to give a more complete picture of how homelessness is shaped by other safety net programs. We sincerely thank all the CoCs, our partners at OMHAS and the members of the Housing and Homelessness Collaborative who contributed to the development of this report. We welcome the opportunity to continue exploring innovative approaches to ending homelessness and furthering the impact of this newly developed information source.

Respectfully Submitted,

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HOMELESSNESS HELP

If you or someone you know is homeless or at risk of becoming homeless, contact your regional offices for help:

Cuyahoga County: 216.674.6700

Stark County: 330.452.4363

Franklin County: 888.474.3587

Summit County: 330.615.0577

Hamilton County: 513.381.7233

Youngstown: 330-951-7275

Lucas County: 800.650.4357

Balance of State: 614-466-2285

Montgomery County: 937.225.4695

ACKNOWLEDGMENTS

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- Dayton, Kettering/Montgomery CoC
- Ohio Balance of State CoC
- Toledo/Lucas County CoC
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METHODOLOGY

This inaugural Ohio Human Services Data Warehouse (OHSDW) report provides a first-of-its-kind look at the essential dynamics and demographics of Ohio's homelessness crisis and the homelessness services provided. The OHSDW aggregates data from local Homeless Management Information Systems (HMIS). Data collected from aggregated HMIS records maintained by seven of Ohio's nine Continuums of Care (CoC) serving the following regions: Summit County, Cuyahoga County, Franklin County, Montgomery County, Lucas County, Mahoning County and the area served by the Ohio Balance of State. These cover 86 of Ohio's 88 counties. The two CoCs not reflected in this report experienced technical challenges, but continue to be engaged with OHSDW.

Data in this report cover the period between January 1, 2012, and December 31, 2016. Unless otherwise noted, the data and graphics display cumulative information for services rendered during that five-year time period.

To avoid double-counting individuals, this report will regularly refer to data collected "at first entry" or "for the first time." This means the first time a person appeared in the dataset during the five-year period under consideration. If an individual only obtained homelessness services prior to 2012, any such records are not included.

Clients included in this report accessed one or more of the following services offered by CoC providers: Emergency Shelter, Permanent Supportive Housing, Rapid Re-Housing, Safe Haven and Transitional Housing. This report does not analyze street outreach efforts and other activities conducted by CoCs or their partners. All programmatic terms used in this report are as defined by the U.S. Department of Housing and Urban Development (HUD) unless otherwise noted.

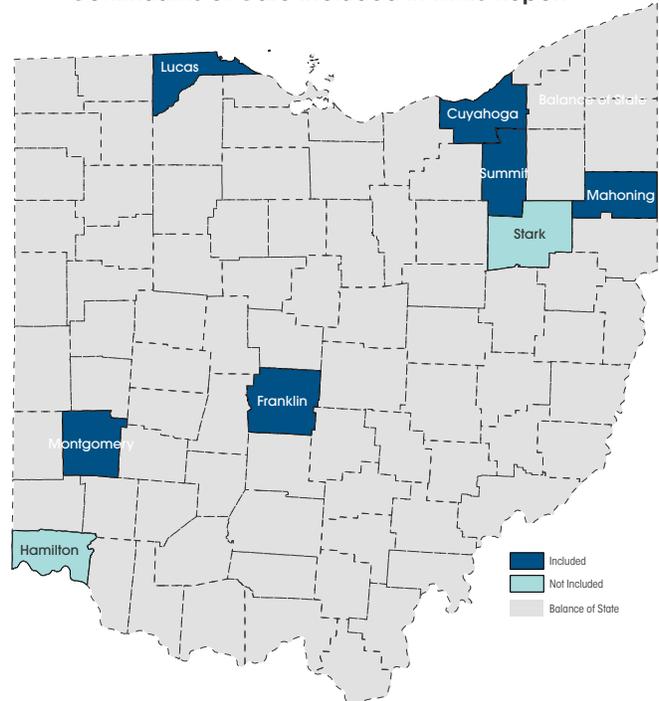
Information in OHSDW reflects self-reported data collected for each client at entry and exit from a specific program. Clients provided information on their demographics, health and living situation prior to entering a program and destination upon exit. Where a particular piece of information was not provided by a client, such records are excluded from analysis; the number of such exclusions is noted in the text or below the relevant graph or table. This report provides descriptive analysis of this data, not statistical testing; findings designated as "significant" should not be construed as having a scientific meaning.

All personal information was encoded by CoCs through a "hashing" procedure that anonymizes individual records using a unique identifier number. This ensures OHFA can connect records for the same people across various sources, but does not have access to any sensitive or identifying client information. Maintaining the privacy of persons who received homelessness services is of paramount importance to OHFA and its project partners.

Data are self-reported from clients and recorded by each local provider. Each CoC uses a HMIS software solution that complies with the HUD's data collection, management and reporting standards. Because of the highly localized nature of the data entry process and the self-reported nature of the data itself, OHSDW contributors and the OHFA staff routinely assess and resolve data integrity and consistency challenges.

At times throughout the report, we compare data for the CoCs with data from Ohio more broadly. This Ohio specific data on race, ethnicity and age comes from the 2012-2016 American Community Survey 5-Year Estimates.

Continuums of Care Included in HMIS Report



The following report focuses on the 163,075 individuals that experienced homelessness and received services affiliated with seven of Ohio's Continuums of Care between 2012 and 2016. The information in this document is largely descriptive, but provides new insight into the population of Ohioans experiencing homelessness. In future reports, we will examine the pathways into and out of homelessness with respect to at-risk populations: those who live in poverty or experience loss of work, individuals experiencing unexpected high health costs or those who have suffered other traumatic life events.

OVERVIEW

Between 2012 and 2016, **163,075** unique individuals were served by the 86 counties represented and served by the seven CoCs included.

In 2016 alone, **58,484** Ohioans received housing services through one of the seven CoCs.

The population examined in this report represents one in 10 Ohioans living in poverty.

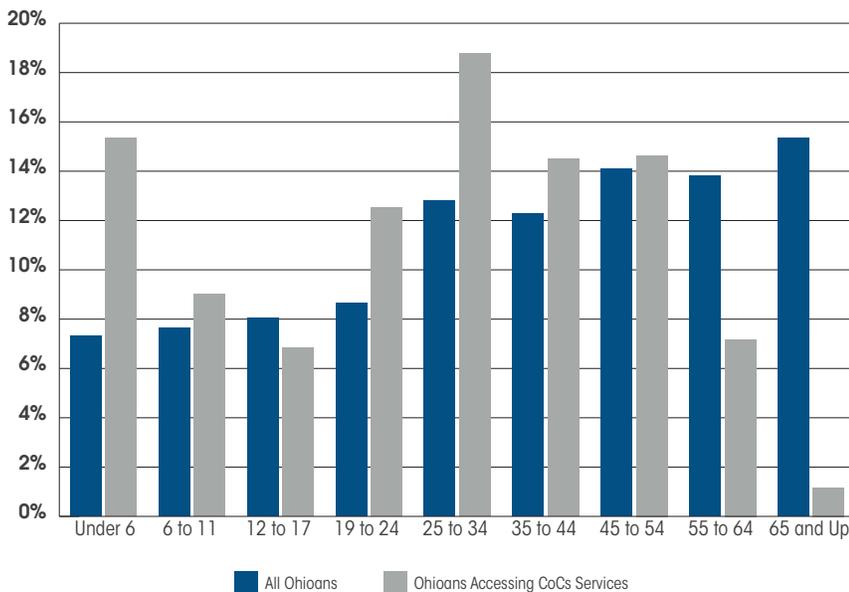
DEMOGRAPHICS

CLIENT AGE

The average person accessing homelessness services was 28 years old. Excluding dependent children, the average head of household was 38 years old. Neither figure varied substantially during the study period. Age at first entry was unknown for 593 clients.

Children: The graph below shows the CoC population compared to the Ohio population as a whole. Overall, 31.2 percent of individuals receiving assistance for the first time were children under 18 years old. Of this subset, nearly half were aged zero to five. In fact, the most common client age among the entire population experiencing homelessness was infancy: 6,257 individuals, or 3.9 percent of all clients served, were less than one year of age. Compared to the state overall, children aged zero to five were highly overrepresented in the homeless population. 15.4 percent of CoC clients fell in this age range, compared with 7.3 percent of Ohioans overall.

Age Distribution of Ohio Compared to CoC Clients



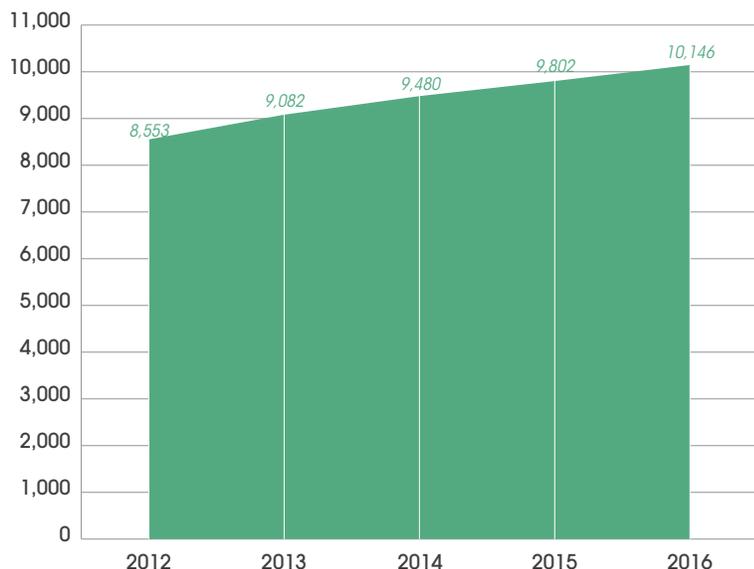
The most common age was less than one year of age:
6,257 infants
entered the system.

Young Adults: One in eight clients were aged 18 to 24 at first entry. Similar to individuals aged zero to five, the young adult population was overrepresented in the CoC system relative to the state as a whole; young adults composed almost 13 percent of clients, compared to only 8.7 percent of the state.

The overrepresentation of young adults may be related to the low number of diversionary resources that are available to this age group that falls between childhood and old age. The conditions leading to homelessness in young adults may be exacerbated by early-life hardships, such as those impacting the 1,369 clients that became homeless immediately after living in foster care.

Older Adults: Individuals aged 50 or older were less likely to enter the CoC system during the study period than their younger counterparts; only 16 percent of clients fell into this age group. Though older adults represented a consistent share of those seeking homelessness services, the gross number of adults aged 50 or older served grew each year.

Number of Persons Aged 50+ Served Per Year



The smaller number of seniors served within the homelessness system may be attributable to the larger availability of social services elsewhere designed to serve older populations. Support through Social Security, Supplemental Security Income, Medicaid and senior-only housing may divert low-income seniors who would otherwise seek homeless interventions into other programming. Moreover, because the average life expectancy of homeless individuals is between 42 and 52 years, the relative lack of older clients may reflect the grim reality that few chronically homeless persons survive to old age.

From 2012 to 2016, the number of **adults aged 50 or older that received services increased 15 percent.**

Spotlight On... YOUTH PROGRAMS

50,745 children and 20,332 young adults obtained homeless services during the study period. **1,369 clients came directly from foster care.** It is unknown how many other foster youth entered the homeless system **indirectly** after other options failed them.

Cuyahoga County is nationally recognized for its comprehensive approach to eradicating youth homelessness, especially youth transitioning out of foster care.

Cuyahoga County launched **A Place 4 Me (AP4M)**, an initiative that harnesses the strengths and resources of more than 30 partners to prevent and end homelessness among young adults age 15 to 24. The AP4M partnership is led by a Youth Action Board, which shares a youth representative with the local CoC Board, to provide consistent direction and a strong voice for those youth with lived experience.

Even in its early stages, the strength and potential of AP4M was clear; Cuyahoga County was selected as one of three communities in the nation to host a "100 Day Challenge to End Youth Homelessness." This challenge addressed the unique needs of youth aging out of foster care and was a resounding success. The county exceeded its 100-day targets and encouraged child welfare and CoC systems to continue prioritizing preventative policies and practices targeted for youth.

To read more, visit AP4M's **website** and read its strategic plan, **Preventing and Ending Youth Homelessness** in Cuyahoga County, which was released in 2015.

Spotlight On...

MOVING THE NEEDLE ON INFANT MORTALITY ISSUES

Homelessness during pregnancy increases the risk of infant death, low birth weights and births that require additional medical services (Health Policy Institute of Ohio, 2017).

According to CelebrateOne, each year in **Columbus**, 150 babies die before reaching their first birthday. Among key drivers for these deaths are premature births, low birth weight and unsafe sleeping conditions. Homelessness during pregnancy dramatically increases the risk of negative birth outcomes. Community Shelter Board's system of care saw more than 350 expectant mothers in homeless shelters in FY 2017.

Public and private sector leaders joined with CelebrateOne, Community Shelter Board and the Homeless Families Foundation to invest in two new programs that stabilize expectant mothers and their babies with safe housing, employment supports, prenatal care and follow-along support during the infants' first year of life. These programs are aimed at helping more babies reach their first birthdays healthy by stabilizing expectant mothers facing homelessness. Together, the two new programs are projected to serve 70 expectant mothers.

Housing Assistance to Reduce Infant Mortality: The other program is funded in part by a \$991,000 grant from the Ohio Housing Finance Agency and \$250,000 from the CareSource nonprofit managed-care company.

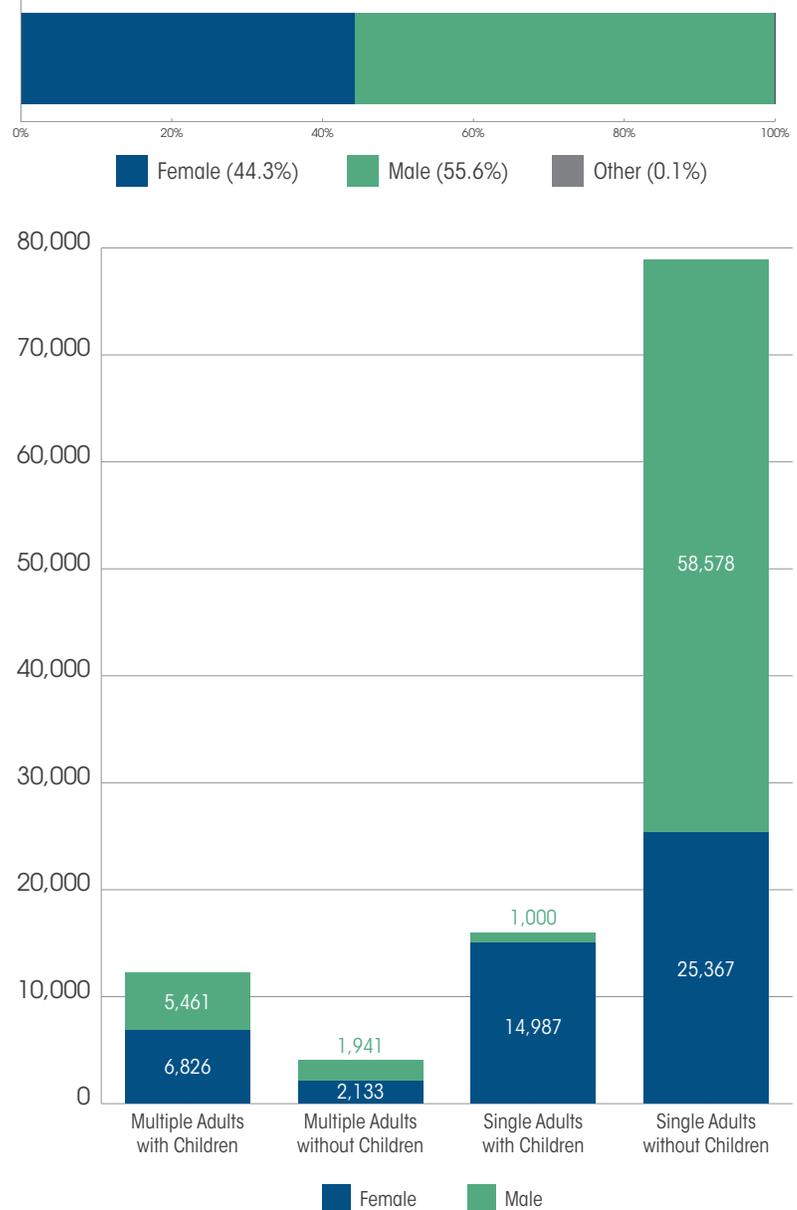
A second program is made possible by a \$200,000 joint investment by Columbus City Council, the Governor's Office of Faith-Based and Community Initiatives, Anthem Foundation, OhioHealth and Safelite AutoGlass.

CLIENT GENDER

Males made up just over half of the adults accessing homeless services. Of the population aged 18 or older, 61,982 clients were male (55.6 percent), 49,313 were female (44.3 percent) and 145 (0.1 percent) were transgender, non-binary or another gender identity. Gender at first entry was unknown for 367 clients.

Despite making up only 44 percent of the population overall, females represented 92.8 percent of the "single adult with children" population. Males, in contrast, made up 67.7 percent of the "single adult without children" population. This suggests that gender and the responsibilities of parenthood play impactful roles in the homeless discussion. The relationship between housing instability and neonatal, maternal and infant health is explored in the figure on Adult by Gender and Household Composition at Entry.

Adult by Gender and Household Composition at Entry



Spotlight On...
LGBTQ PROGRAMS

LGBTQ youth are at risk for entering the homeless system; 40 percent of LGBTQ youth experience homelessness at some point nationally (Cray, Miller, Durso, 2012).

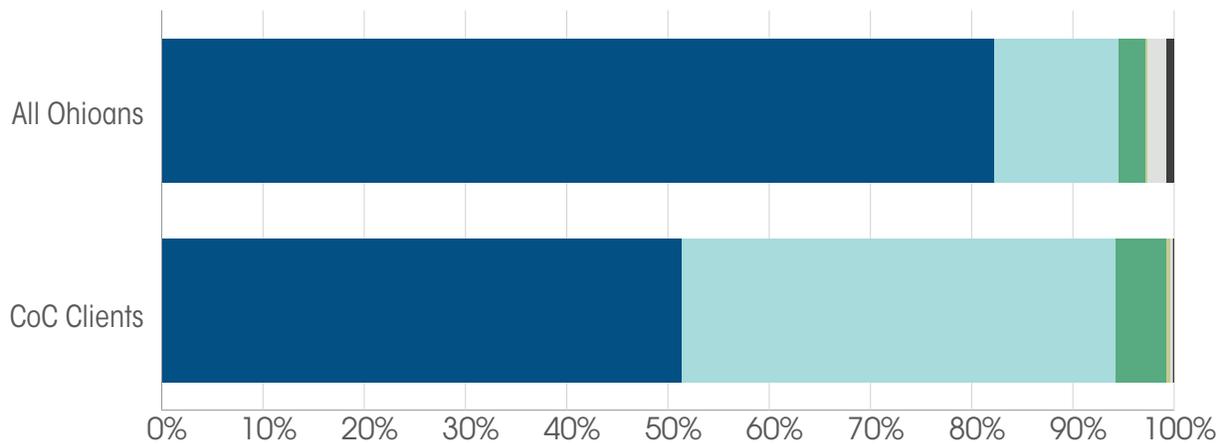
Cuyahoga County is focused on youth who identify as Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ). Cuyahoga County participates in the A Way Home America Community Dashboard to examine outcomes for young adults who identify as LGBTQ and work towards equity in housing resources for this population. A Place 4 Me is also a partner of Cuyahoga County Division of Children and Family Services in implementing a grant from the National Quality Improvement Center and the University of Maryland School of Social Work to improve the experiences of LGBTQ children in foster care.

A Place 4 Me is supporting the creation of a Pride Youth Action Board to ensure youth with lived experience have a voice in grant implementation.

CLIENT RACE AND ETHNICITY

The racial composition of clients differs from those of the state at large. Ohio’s population was 82.2 percent White during the reporting period , but White individuals comprised 51.4 percent of those served at first entry (83,019 clients). Multiracial and Black clients are over-represented within the records. Black individuals represented 12.3 percent of Ohio’s overall population, but made up 42.9 percent of the clients receiving homelessness services (69,162 individuals). Multiracial individuals made up 2.6 percent of Ohio’s population overall, but only five percent of persons receiving services. The remaining 0.8 percent of persons served (1,212 individuals) reported being another race. Race at first entry was unknown for 1,689 clients.

Race of Individuals Served Relative to State Population



	CoC Clients	All Ohioans
White	51.4%	82.2%
Black	42.9%	12.3%
Multiracial	5.0%	2.6%
American Indian or Alaska Native	0.4%	0.2%
Asian	0.2%	1.9%
Native Hawaiian or Pacific Islander	0.1%	0.03%
Some other race	0.1%	0.8%

Additionally, 7,000 clients (4.3 percent) reported that they were of Hispanic or Latino ancestry. Ohio's population is 3.5 percent Hispanic or Latino, indicating a slight overrepresentation. Ethnicity at first entry was unknown for 1,600 clients.

ETHNICITY OF INDIVIDUALS SERVED RELATIVE TO STATE POPULATION			
Race	Count of Individuals Served	As Percentage of Individuals Served	As Percentage of Ohio Population
Hispanic or Latino	7,000	4.3%	3.5%
Not Hispanic or Latino	154,475	95.7%	96.5%

Spotlight On...

SPARC: CONNECTING RACISM AND HOMELESSNESS

Even controlling for poverty, homelessness disproportionately impacts Black families. SPARC's report finds more than two-thirds (67.6 percent) of individuals over the age of 25 experiencing homelessness were Black. These disparities speak to deep inequalities and structural disadvantage in the housing sphere. Many of Ohio's organizations are working to address these issues.

Franklin County's Community Shelter Board joined the Center for Social Innovation's Supporting Partnerships for Anti-Racist Communities (SPARC) and six other communities to launch a national research project using mixed-methodologies and structured dialogue to understand how people experience systemic racism in relation to homelessness. This project evolved from the overwhelming evidence that people of color were dramatically overrepresented in the nation's homeless population, a phenomenon that is replicated in jurisdictions across the country and throughout every city in Ohio. When better understood, this knowledge can be used to leverage system-wide transformation.

In the **Phase One findings**, the Columbus-focused research confirmed that Black individuals are disproportionately represented in the homeless population (64.9 percent) compared to their proportion of the general population (22.3 percent), the population in poverty (39.9 percent) and the population in deep poverty (39.3 percent).

A group of local service-providing agencies undertook a momentous effort to deepen this important conversation at the grassroots level among their colleagues in the homeless system. They are developing areas of focus for anti-racist strategies and initiatives. For example, Community Shelter Board is currently developing a new strategic plan to articulate our community's vision for making sure everyone has a safe place to call home. Being built with input from voices across the community, the plan is being developed through an equity lens to assure people disproportionately represented among those who experience homelessness have access to responsive, equitable assistance to offset structural barriers and biases.

The SPARC project is further supported by partnerships the United Way of Central Ohio, Community Shelter Board and Columbus Urban League. To learn more about SPARC, visit [their website](#).

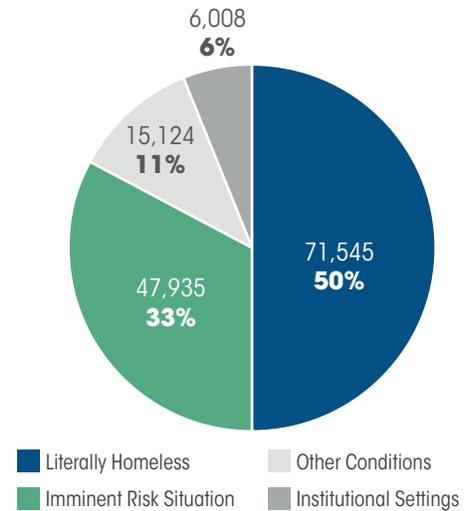
HOUSING BEFORE AND AFTER SERVICES

PRIOR LIVING CONDITIONS

Upon initial entry into a CoC-affiliated housing program, clients report their most recent housing situation. HUD characterizes prior residence into four categories, detailed below. More detail can be found in the Appendix.

- 1. Literally Homeless:** Persons who have a primary nighttime residence that is not designed for permanent living. This includes places not meant for habitation and various temporary shelters.
- 2. Imminent Risk Situation:** Individuals whose nighttime residence is a place where they face an elevated risk of losing shelter in the coming weeks. This includes motels or staying with friends.
- 3. Institutional Settings:** Persons living in foster care, jails, prisons, hospitals, long-term psychiatric care, substance abuse facilities or similar locations.
- 4. Other Prior Conditions:** Includes examples such as rental or ownership with varying levels of subsidy or unidentified locations.

Prior Living Conditions



16% of people were living in places not fit for habitation when they entered the homelessness system.

Prior residence varied substantially between clients. Half of clients reported being literally homeless prior to first entry. Most of these individuals reported an emergency shelter as their most recent residence. Nearly 23,000 clients reported being in a place not fit for habitation before receiving services. Prior residence was not collected from over 19,000 instances.

One in three individuals reported being in an imminent risk situation prior to first entry. The vast majority of these clients had been staying or living with a family member or friend.

Eleven percent of individuals entered the system from a residence, nearly all of whom were renting a house or apartment in their own name.

Finally, six percent of initial entrants came from an institutional setting. Over a third of these clients had previously been in jail, prison or a juvenile detention facility with another quarter coming from substance abuse facilities.

EXIT DESTINATION

Exit destination refers to the immediate residence individuals go to following their last contact with CoC services. Frequently, this destination is only the first step on a longer path to housing stability. Exit destination was unavailable for nearly 45,000 clients. For those with recorded exit destinations, the majority went to stay with friends or family or went to an unsubsidized housing unit.

Forty-one percent moved into an unsubsidized home of their own; nearly all of these clients moved into rentals. Thirty percent moved in with family or friends, either on a temporary or permanent basis. Another 13 percent moved into a subsidized home, again almost entirely rental.

Unfortunately, 3,513 individuals exited the program to a place not fit for habitation, including 210 people in households with children.

Spotlight On...

CHRONIC HOMELESSNESS IN TOLEDO / LUCAS COUNTY

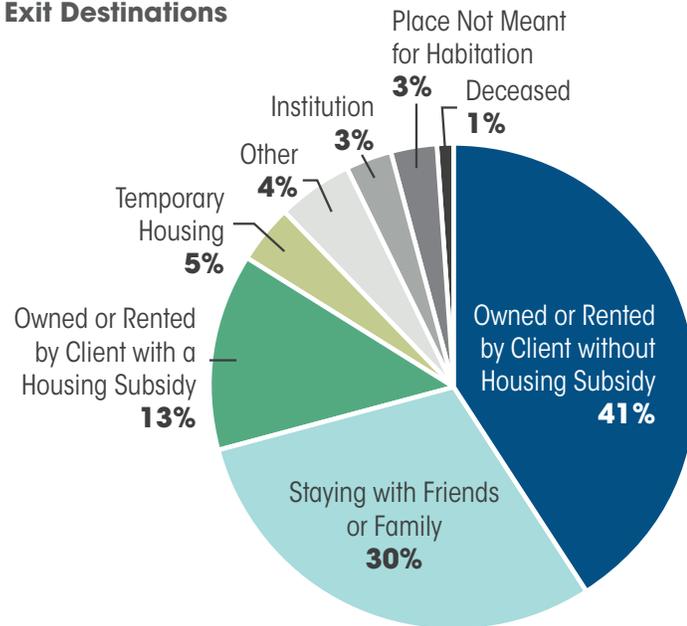
According to HUD, in order for an individual to be "Chronically Homeless," they must have a documented disability and must have been homeless for twelve months continuously or more than three times in three years.

The chronically homeless are hard to serve for many reasons. Many come from families that were previously homeless. Many have disabilities or health challenges that reduce their ability to carry out daily activities. They are also more likely to avoid shelters and outreach workers, who are the front line of identification and mobilization for entry into the homeless and housing system.

The Toledo/Lucas County CoC has been working on ending chronic homelessness for over two years. To address the unique needs of this population, they work with a coalition of city and county leaders, service providers, public housing authority, hospital systems, mental health board and providers, business organizations and others to focus on four challenges:

- 1. Streamlining procedures** to quickly identify and document chronic status. This helps engage consistent outreach for those individuals who avoid shelters;
- 2. Creating a flexible process and funding** to move individuals quickly to temporary and/or permanent housing when individuals lose shelter;
- 3. Building Permanent Supportive Housing** unit availability;
- 4. Ensure individuals maintain permanent housing** by offering individualized, voluntary and intensive case management focused on maintaining their housing.

Exit Destinations



The most common exit destination varied by household type. Households with children, including unaccompanied minors, were most likely to exit to an unsubsidized home or apartment (50 percent), while adult-only households were most likely to leave the CoC system to stay with friends or family (34 percent).

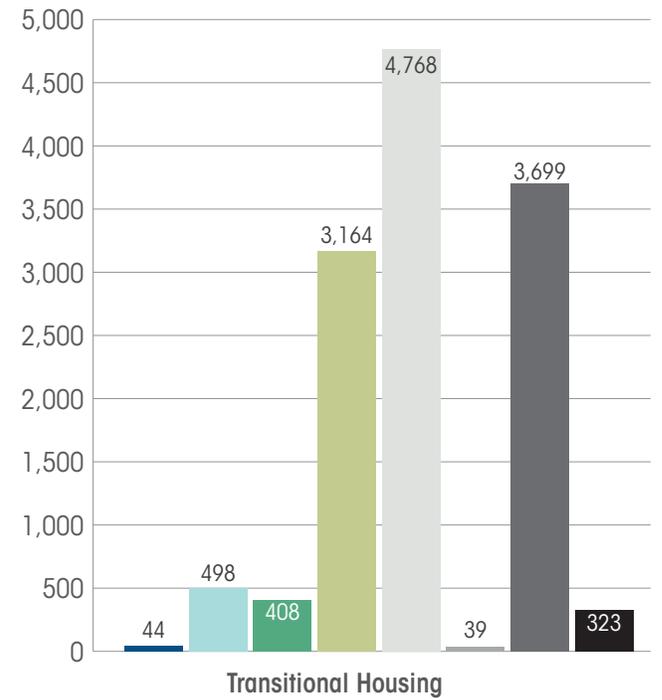
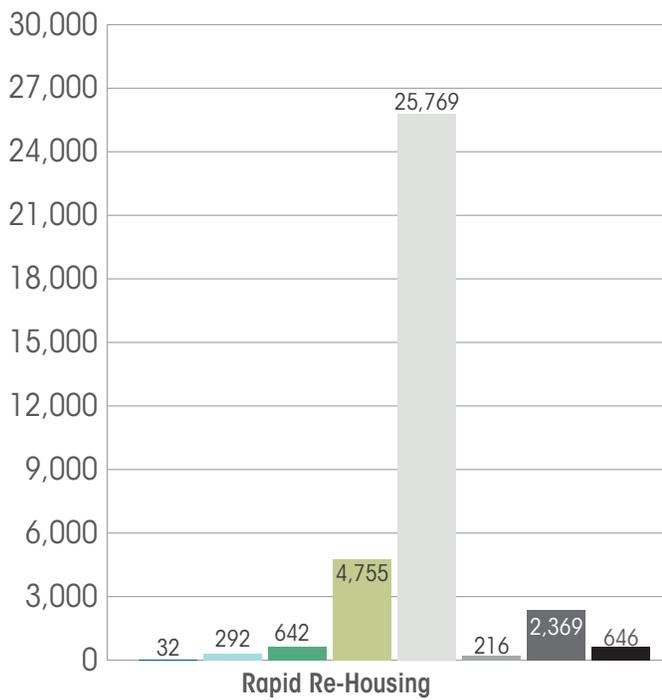
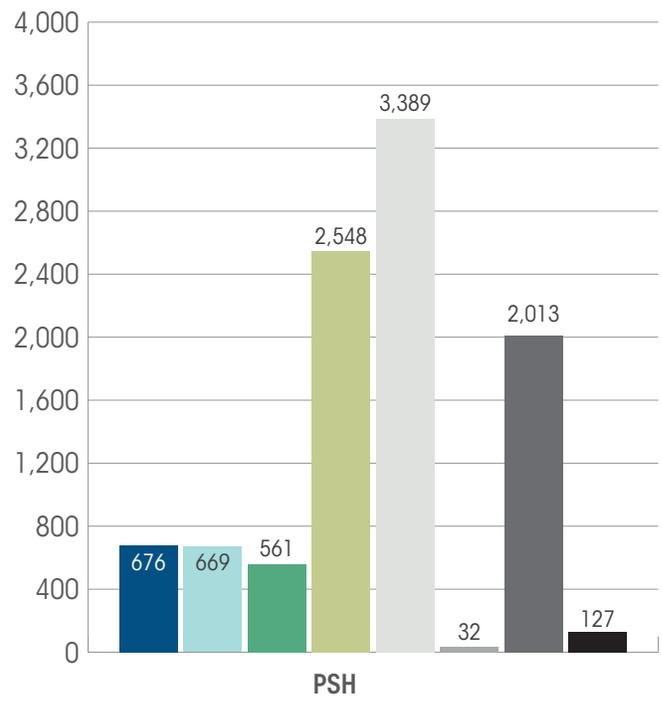
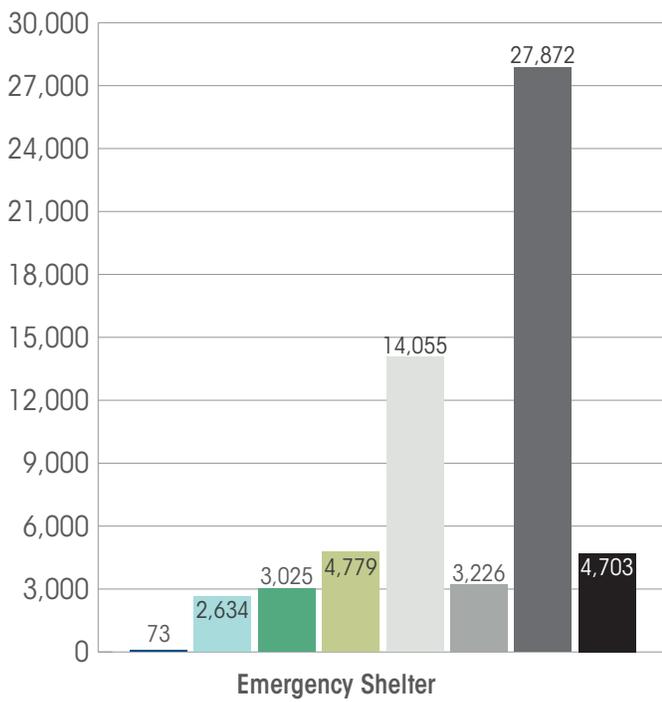
"Deceased" was listed as the exit destination for 825 clients. Their average age at entry was 46; eleven infants that died before they reached their first birthday were included in this number.

There is also sizable variation in exit destination related to the type of service received. For clients that exited from an emergency shelter, the most common destination (46 percent) was to stay with family or friends. Clients that received Rapid Re-Housing, on the other hand, were more likely to exit to an unsubsidized home or apartment paid for by the client.

Not all exit destinations provide stability and safety for all those who exit. For example, sleeping on a friend's couch may provide temporary shelter, but may not be an effective, long-term solution to prevent re-entry into the homeless system. Similarly, rental homes with high rents may ultimately be unsustainable for some. It is important to find targeted solutions to help ensure that as individuals exit the homelessness system, they are in a sustainable situation.

825 clients died while receiving services. Their average age was 46. **11 infants died before they reached their first birthday.**

Exit Destinations by Program



- Deceased
- Institution
- Other
- Owned/Rented by Client with a Housing Subsidy
- Owned/Rented by Client without Housing Subsidy
- Place Not Meant for Habitation
- Stay with Friends or Family
- Temporary Housing

VETERANS

Over the entire study period, where veteran status was disclosed, more than seven percent of all clients (11,740 individuals) reported that they were military veterans. Veteran status at first entry was unknown for 6,084 clients, suggesting that this number may be an undercount of the total number of veterans who entered the system. During the study period,

- The average age for veterans entering the CoC system during the study period was 48.
- 976 veteran households included children at entry.
- Fifty-five percent of veterans were literally homeless prior to entry.
- The most common exit destinations were an unsubsidized home (36 percent), a subsidized home (24 percent) or moving with friends or family (19 percent). Over half of those receiving subsidies had a veteran-specific HUD-VASH voucher.
- In 2016 alone, CoCs served 4,429 veterans.

DOMESTIC VIOLENCE SURVIVORS

Twenty-two percent of adult clients (21,008 individuals) reported surviving domestic violence at some point in their lives, including 38 percent of women and eight percent of men. Survivor status was not disclosed for 17,464 adults. During the study period,

- The average age for domestic violence survivors at first recorded entry was 36.
- 5,879 domestic violence survivors entered the homelessness system as single adults with children, of which 98 percent were women.
- Fifty-five percent of domestic violence survivors were literally homeless prior to entry.
- The most common exit destinations were an unsubsidized home (38 percent), moving with friends or family (30 percent) or a subsidized home (15 percent).
- In 2016 alone, CoC served 9,333 adults who reported being a domestic violence survivor.

However, estimating the number of domestic violence survivors experiencing homelessness exclusively through HMIS records is challenging. Many cities and regions have dedicated facilities that provide emergency services to those fleeing immediate danger. Because these shelters are outside the CoC system, counts of those client are omitted from this report. The figures presented here represent only a portion of the challenge Ohio faces.

Spotlight On...

VETERAN SERVICES IN SUMMIT COUNTY

One of the important roles that CoC organizations play is connecting individuals to health, housing, and employment services that can help address some of the large challenges that lead to homelessness. In October 2017, Social Services for Veteran Families (SSVF) received a referral for a chronically homeless veteran. To maintain his privacy, we will give him the pseudonym Joseph. Before Joseph was first screened for SSVF, he was staying in an outdoor tent community. He had a number of health challenges, including a history with drug use, a mental health diagnosis, and severe physical medical problems. With the help of his SSVF case manager, Joseph learned he was eligible for Veterans Affairs services and was able to register with the VA, which connected him with Veteran Safe Haven, a transitional home for veterans. While at the Veteran's Safe Haven, Joseph was able to work towards obtaining permanent subsidized housing through the local housing authority. Joseph was able to transition out of Veteran Safe Haven into a unit at a senior/disabled building owned by the housing authority. Through his unit, he was connected to programs that help chronically homeless individuals adjust to their new apartment and living situation. Joseph was able to obtain all necessary furniture for his apartment and even purchased a new car. He continues to work on his recovery and living a mentally and physically healthy life.

Written by: Laura Murray, SSVF Outreach Worker for Community Support Services, Inc. since 2016.

In 2016 alone, at least **4,429 veterans** and **9,333 adult survivors of domestic violence** received CoC services.

Spotlight On... **STREET LINK: RESPONDING TO THE OPIOID EPIDEMIC**

Ending homelessness requires addressing the underlying addiction crisis. A survey by the United States Conference of Mayors found that 68 percent of cities reported that substance abuse was the largest cause of homelessness for single adults.

In 2017, Montgomery County led the nation in per capita overdose deaths. The Dayton and Montgomery County Alcohol, Drug Addiction & Mental Health Services (ADAMHS) and Public Health lead the local effort to combat the epidemic, providing backbone support to the Community Overdose Action Team (COAT). Specific teams are working on prevention, treatment, law enforcement, the court system, opioid prescription guidelines, education and outreach.

As part of the COAT Initiative, the Montgomery County CoC convened a meeting with the emergency shelters, ADAMHS and Public Health to talk about ways to respond to an increase in opioid overdoses and substance abuse in the gateway shelters. As a result, the Street Link program was established. ADAMHS funding added a staff person to the PATH outreach team to serve as a primary point of contact in shelter, at community meal sites and in unsheltered locations for persons struggling with addiction and homelessness.

The Street Link outreach worker is knowledgeable about the treatment options in the community and how clients can rapidly access services. In addition, the PATH Outreach Director participates in bi-weekly Crisis Response Roundtable meetings with Dayton Police Department, Crisis Care and other supporting agencies.

This synchronized and holistic approach to case management and homelessness intervention proved successful. The numbers of accidental overdose went from 80 in May 2017 to 33 in September 2017. Officials are giving credit, in part, to organizations like those joining with COAT to work on prevention and education.

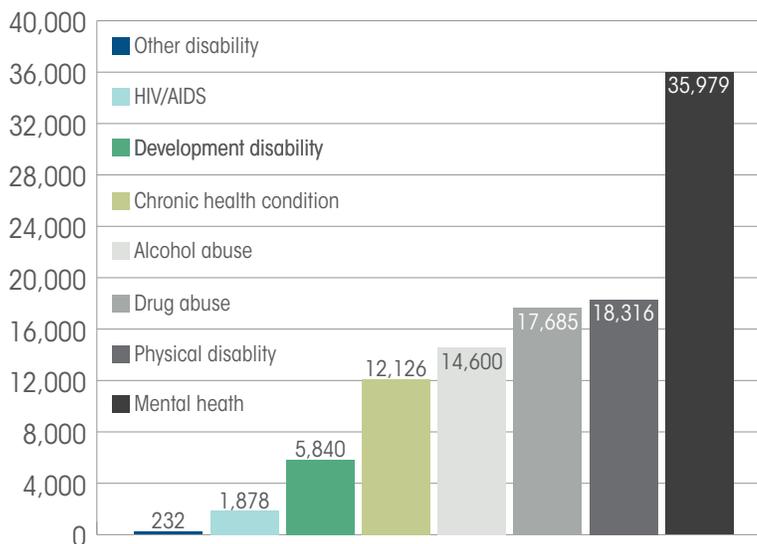
NEXT REPORT: HEALTH AND HOMELESSNESS EXAMINATION

This report provides an unprecedented look at homelessness across Ohio jurisdictions. In a series of forthcoming reports using data from OHSDW, OHFA will explore relationships between health, age, race and homelessness. These will showcase the capabilities of OHSDW by aligning HMIS records with other previously unavailable information, such as medical service data from the Ohio Mental Health and Addiction Services, to generate new insights about Ohioans accessing homelessness services.

A preliminary review of CoC data reveals that people experiencing homelessness disclosed a wide array of health challenges. Thirty-four percent of all adults and children receiving services self-reported at least one health issue at some point while in the CoC system; 17 percent presented with two or more serious health conditions. Over 5,000 persons became homeless immediately following a stay in a mental health facility or similar institution.

These early findings indicate that many conditions may be more prevalent in people experiencing homelessness than in Ohio as a whole. For example, in 2016, 0.2 percent of Ohioans lived with HIV/AIDS (23,169 individuals), while 956 clients with HIV/AIDS accessed the homelessness system in 2016, which is 1.6 percent of homelessness service recipients. HIV/AIDS is eight times more prevalent among this population than the state at large.

Exploring health analysis will require substantial analytical work focused on reducing data inconsistency and establishing a more robust examination of data. That work is already underway and will serve as the focus of the next report in this series.

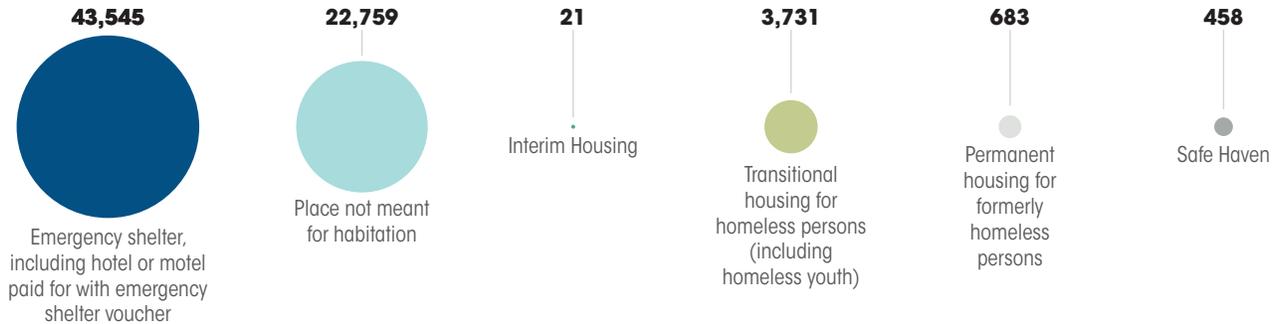


Sign up [here](#) to receive updates about this project and notifications when future reports are released.

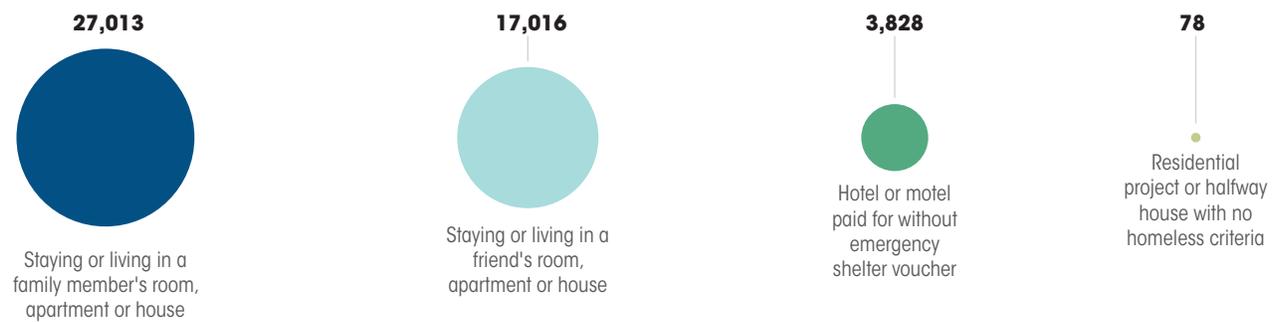
APPENDIX 1:

PRIOR LIVING ARRANGEMENT CATEGORIES

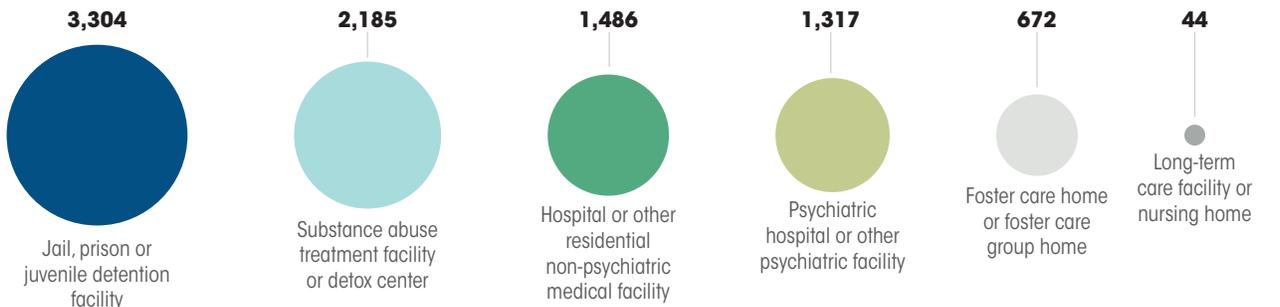
Literally Homeless: 71,545



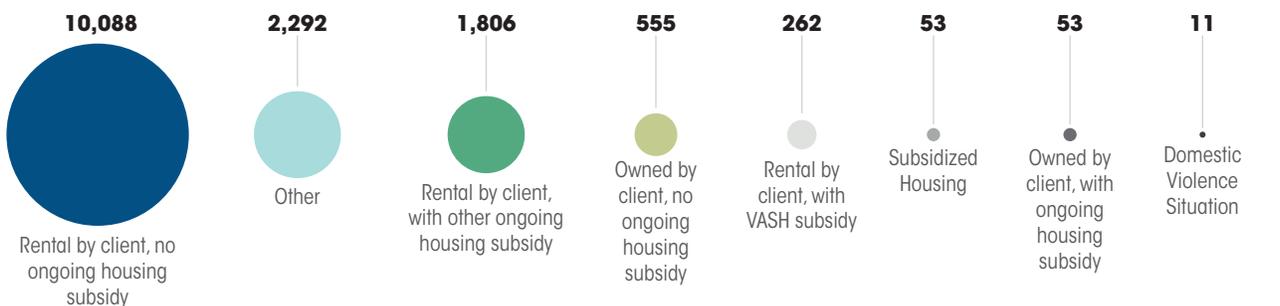
Imminent Risk Situation: 47,935



Institutional Setting: 9,008



Other: 15,124



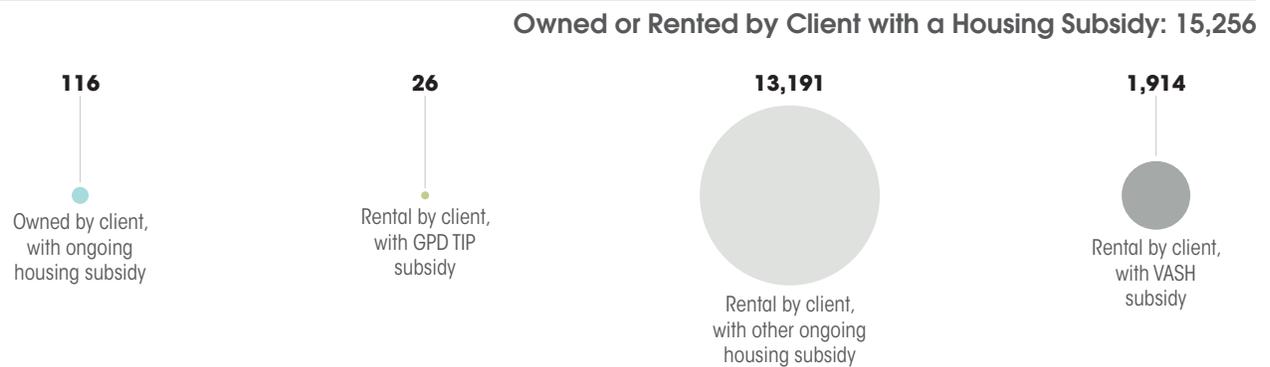
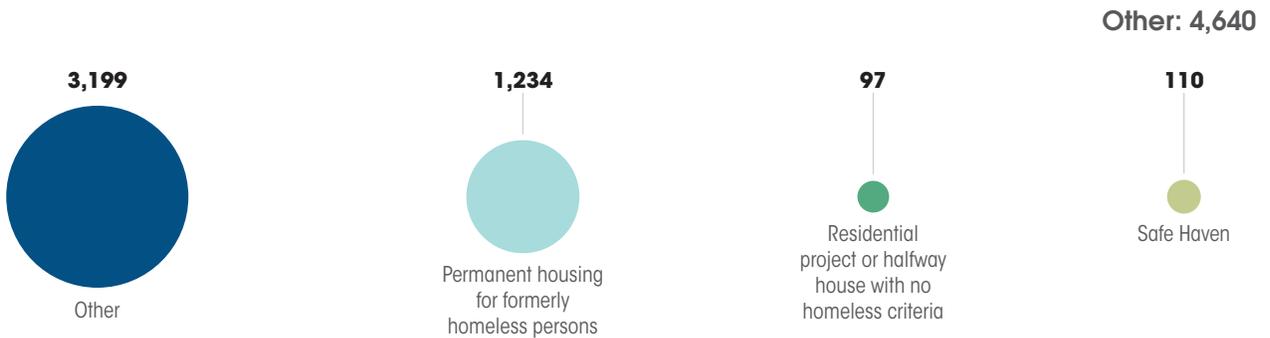
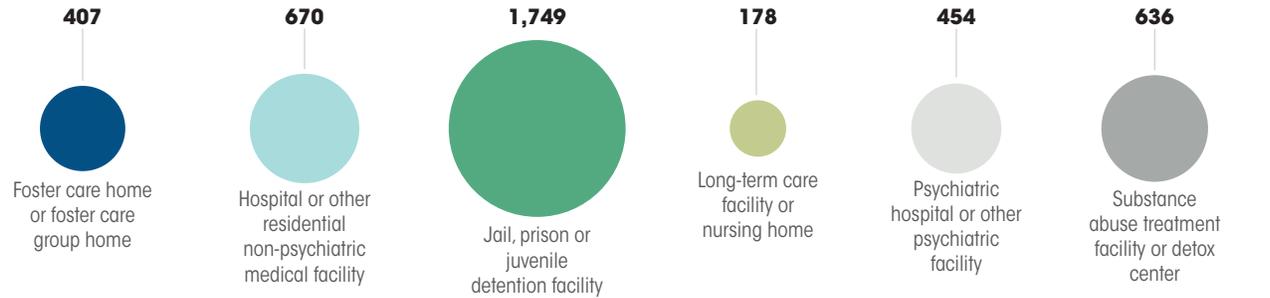
Grand Total: 143,612

APPENDIX 2:

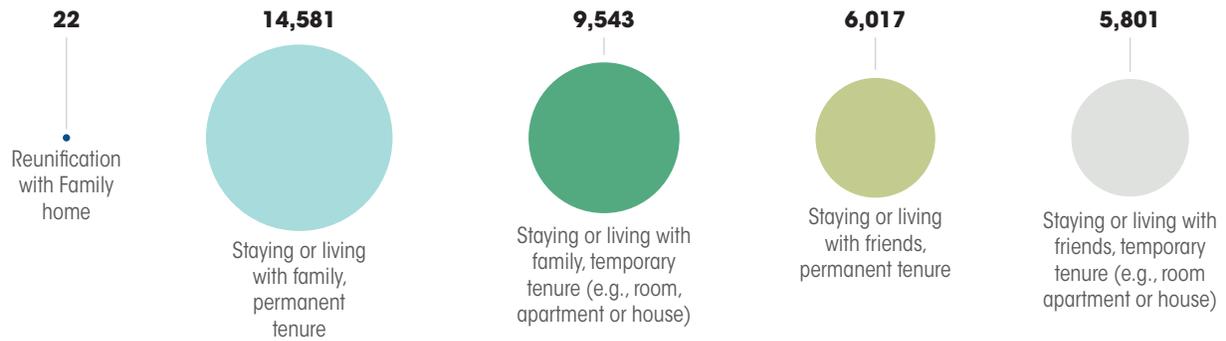
EXIT DESTINATION CATEGORIES

Deceased: 945

Place Not Meant for Habitation: 3,513



Staying with Friends or Family: 35,964



Temporary Housing: 5,802



Grand Total: 118,117

REFERENCES

1. Blueprint for Change report
2. U.S. Department of Housing and Urban Development. Point in Time Estimates. 2017 <https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/>
3. Ohio Department of Education. (2018). Enrollment by Student Demographic [Data file]. Retrieved from <http://reportcard.education.ohio.gov/Pages/Power-User-Reports.aspx>.
4. American Community Survey 2012-2016 5 year Estimates. Age by Ratio of Income to Poverty Level in The Past 12 Months. https://factfinder.census.gov/bkkm/table/1.0/en/ACS/16_5YR/B17024/0400000US39
5. Cray, Andrew, Katie Miller, and Laura E. Durso. 2013. Seeking Shelter: The Experiences and Unmet Needs of LGBT Homeless Youth. Washington, DC: Center for American Progress.
6. National Coalition for the Homeless. "Health Care and Homelessness", July 2009. <http://www.nationalhomeless.org/factsheets/health.html>
7. American Community Survey 2012-2016 5 year Estimates. Age by Ratio of Income to Poverty Level in The Past 12 Months. https://factfinder.census.gov/bkkm/table/1.0/en/ACS/16_5YR/B03001/0400000US39
8. Ohio Department of Health. "State of Ohio HIV Infections Annual Surveillance Statistics: Current HIV Infection Annual Surveillance Data". September, 2017. <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health-statistics--disease--hiv-aids/2016/Ohio2016.pdf?la=en>
9. 1A. Cray, Miller, and Durso. "A practitioner's resource guide: Helping families to support their LGBT children". Journal of LGBT Youth. 2012

COST EFFECTIVENESS OF PERMANENT SUPPORTIVE HOUSING

- Bakke, E., Burnett, P., Hanka, M., Opatrny, M., Phillips, I., Reynolds, E., & Head, S.C. (2013). Impact of Indiana Permanent Supportive Housing Initiative. https://secure.in.gov/myihcda/files/IPSHI_Study.pdf.
- Culhane, D.P., Metraux, S., & Hadley, T. (2002). Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate* 13(1), 107-163.
- Mondello, M., McLaughlin, T., & Bradley, J. (2009). The Effectiveness of Permanent Supportive Housing in Maine. <http://www.mainehousing.org/docs/default-source/housing-reports/the-effectiveness-of-permanent-supportive-housing-in-maine-10-2009.pdf>.
- Shinn, G.A. (2014). The Cost of Long-Term Homelessness in Central Florida. Central Florida Commission on Homelessness. <http://shnny.org/uploads/Florida-Homelessness-Report-2014.pdf>.
- Speiglmán, R. & Green, R.S. (1999). Homeless and non-homeless arrestees: Distinctions in prevalence and in sociodemographic, drug use, and arrest characteristics across DJF sites. Public Health Institute, Berkeley, California. <https://www.ncjrs.gov/pdffiles1/nij/grants/193805.pdf>.
- Thomas, M.L., Priester, M.A., Shears, J.K., & Pate, M.C. (2015). Moore Place Permanent Supportive Housing Evaluation Study Final Report. http://www.urbanministrycenter.org/wp-content/uploads/2014/04/Moore-Place-Evaluation-Project_Final-Report_4-28-15.pdf.
- Wright, B.J., Vartanian, K.B., Li, H.-F., Royal, N., & Matson, J. (2016). Formerly Homeless People Had Lower Overall Health Care Expenditures After Moving Into Supportive Housing. *Health Affairs* 35(1), 20-27.