More than 20% of the homeless recorded in Toledo/Lucas County in 2007 were under the age of 18.

To assess the status of hunger and homelessness in America's cities during 2007, the U.S. Conference of Mayors surveyed 23 major cities. *(December 2007)* Lack of affordable housing was cited by 20 cities as a primary cause of family homelessness. The next most commonly reported cause was poverty, followed by domestic violence. Cities reported mental illness as the most common cause of homelessness for singles, closely followed by substance abuse.

NATURE AND EXTENT OF HOMELESSNESS IN TOLEDO/LUCAS COUNTY:
According to Toledo HMIS with no fewer than 20 agencies reporting, **12,062 unduplicated clients** have been served in the Toledo Lucas County Homeless Service network from 11/1/03 – 6/30/08.

An average of 2,400 clients have been documented by HMIS each year.
In 2007 those served included:

Gender	#
Male	1,820
Female	939
Age Range	#
Under 18	581
18-30	570
31-50	1,062
51-61	342
62+	33
No *Date of Birth*	171
Households	299
Average HH size	3.07
Veteran	8%
Mental Illness	22%
Substance Abuse	17%

*2007 Needs Assessment

HUD requires a mandatory *Point-In-Time* count of sheltered and unsheltered homeless every other year during the last week of January. Toledo/Lucas County C o C conducts an annual *Point-In-Time* each January. In the past three years the *Point-In-Time* has averaged 775. On July 29, 2008 TAAEH and TLCHB conducted its first annual mid-year summer *Point-In-Time* count of sheltered and unsheltered homeless to better inform the Continuum of Care of the status of our local homeless status and needs.

July 29, 2008

Homeless Population	Sheltered / Emergency	Sheltered/ Transitional	Unsheltered/ Streets / Other
Persons in HH w/children	147	167	15
Persons in HH w/out children	252	136	159

Inventory of Available Beds - Continuum of Care – 2007

	Emergency Shelter	Transitional Housing	Permanent Supportive
Individuals	247 *(167 male only)*	180 *(67 women only)*	82
Families	197 *(69 units)*	209 *(69 units)*	123 *(54 units)*

HOUSING AFFORDABILITY:

According to an August 2008 report by the U.S. Census Bureau, the 2007 median income for a household in the city of Toledo is $35,216; for Lucas County, $44,704. It determined 17.9% of the households in Lucas County and 23% in the City of Toledo are living below the federal poverty level. Of the total people living in poverty, 30% are under the age of 18 and 10.5% are 65 or older. The *2004 Homelessness in Toledo and Lucas County:*

A Comprehensive Community Needs Assessment and Action Plan, noting an independent research market study, reported that the average two-bedroom apartment, which makes up 44% of the total rental market, rents for $515.

According to the HUD's housing affordability index, a household's total housing costs (rent or mortgage and utilities) should not exceed 30% of the total household income. In order for the average two-bedroom apartment to meet the housing affordability index, the household renting the unit must have an annual income of $20,604, or $9.98/hour for 40 hours a week. Not having so can easily put the household at risk for maintaining permanent housing. More than 70% of homeless adults are unemployed and of those who are working, more than half are either working part time or working at minimum wage, currently $7 in the State of Ohio.

The Federal Housing Choice Voucher Program, also known as Section 8, and other subsidized housing payment programs are successful in helping families exit homelessness and can protect low-income families from becoming homeless. The idea that adequate amounts of affordable rental housing would prevent and end family homelessness is intuitive. It is also firmly grounded in the research literature on the causes of homelessness for individual families. Those who leave homelessness with a rental subsidy are much less likely to become homeless again than those who have no subsidy.

The *Homeless Family Program*, a joint effort of the Robert Woods Johnson Foundation and HUD, was implemented in nine cities across the nation and targeted families that were both homeless and high risk (e.g., mother younger than 21 years of age, history of homelessness, no experience renting, chronic physical or mental illness). The Homeless Family Program demonstrated that, despite years of instability, at 18 months after entering the program more than 85% were still stably housed. Another demonstration project, the *Family Reunification Program*, provided housing vouchers to homeless families and others for whom lack of affordable housing was a primary factor in out-of home placement of children. In addition to the voucher, families received such services as housing search assistance, adult and family counseling, and mental health services. Eighty-eight percent of the families who were literally homeless (on the street or in shelter) when they received a voucher remained stably housed and intact as a family after one year.
(Research Matters, January 2008, National Alliance to End Homelessness)

IMPACT OF SUBSTANCE ABUSE AND MENTAL ILLNESS ON HOUSING STABILITY:

A universal or absolute description of the "typical" homeless person is not possible. The current homeless population in Toledo/Lucas County is heterogeneous, consisting of single men, single women, families and unaccompanied youth. Each of these groups has different needs according to a variety of individual strengths and challenges. Although each person experiencing a housing crisis has individual experiences that lead him or her to a current situation, categorizing these specific experiences by subgroups within the general homeless population can be useful.

In the November 2007 *Needs Assessment* update prepared for the first annual Community Alliance and Strategic Efforts (CASE) Community Wide Meeting (11/8/07), 22% of homeless services consumers reported having a mental health problem and 17% reported substance abuse issues. The July 29, 2008 *Point-In-Time* survey indicated 26% are experiencing mental illness and 25% reported chronic substance abuse. More than 50% surveyed from the sheltered and unsheltered populations indicated they were chronically homeless, that is, single and unaccompanied homeless adults with a disabling condition identified most often as either mental illness or substance or a combination of both.

IMPACT OF LOCAL EMPLOYMENT AND WAGE STRUCTURE:

On August 15, 2008 the Ohio Department of Job and Family Services released statistics on Ohio's current employment situation. The unemployment rate for Lucas County in July 2008 was 9.2%; the City of Toledo recorded 10% unemployment. The August 24, 2008 editorial in The Blade stated that *"these are frightening numbers but they don't tell the whole story. First, they don't include the unemployed who've been discouraged and are no longer actively seeking work. Nor do they include the underemployed – people who have jobs but work so few hours as such low pay that their wages are barely enough to pay for the gasoline it takes to get to work. The impact doesn't stop there. Rising jobless rates lead to more homeless individuals and families; increased demands on services such as food banks, homeless shelters, and indigent medical care; higher rates of domestic violence and abuse, reduced revenues for local businesses and taxing agencies, and spikes in crime."*

Fewer than 10% of clients entering the homeless services network reported earned income in the past year.

Employability and employment opportunities greatly impact a homeless person's ability to achieve self-sufficiency and permanent housing through earned income alone.

IMPLEMENTATION – *Where do we go from here?*

SEPTEMBER 08 – SEPTEMBER 09:

TLCHB shall establish a standing committee made up of TLCHB board members, TAAEH members and other interested non-board members for each of the **CASE Plan** goals.

The main charge of the committees will be to develop and execute implementation strategies, identify responsible parties/process, action steps, tangible outcome measurements, time-lines, evaluation process, and resource development. Any efforts currently in operation and/or planning will be incorporated in this process (e.g. *Standards adoption by providers, Centralized Intake implementation*)

BEGINNING SEPTEMBER 09: TLCHB will assess the need for continuation of standing committees and establish new ones as warranted. Goals and action steps will be revised as deemed appropriate and necessary and authorized by TLCBH.

ASSESSMENT REPORT: Annually, the TLCHB will report results against the **CASE Plan** and seek community input and advice as the **CASE Plan** moves forward*.*

ANNUAL COMMUNITY WIDE CASE MEETING: The TLCHB will host an annual meeting for the broader community as the primary means to receive and react to the CASE Plan Annual Assessment Report.

Note: The following goals are to be comprehensive in nature and incorporate strategies that improve consumer input in case plans and outcome measurements, as well as over-all service satisfaction.

Goal #1 – Homeless Prevention
Homeless Prevention provides both financial and support services deemed necessary for people to obtain and maintain permanent housing. Homeless Prevention actions will focus on:

Objectives:

1 *Those households at imminent risk of losing housing.*

    a) Develop broad outreach strategies to inform general public about available community homeless prevention resources and services.

    b) Develop assessment tools for first responders to best identify needs to maintain and sustain housing.

    c) Increase financial resources to households so that they are able to afford the cost of housing

    d) Provide comprehensive case management services to ensure sustainability and access community resources, such as, employment guidance, mental health, medical, child-care and transportation.

    e) Identify and educate the community about legal and structural causes of homelessness and legal and structural barriers to becoming *homed*.

2 *Those persons exiting shelter/transitional housing.*

    a) Develop tools for homeless service providers to assess clients' existing strengths and supports required for them to obtain and sustain housing.

    b) Develop a client-driven service plan to address and support financial stability including employment, education, benefits, child-care and transportation.

    c) Develop a client-driven service plan to manage household well being in the areas of mental and physical health, social interaction and accessing community resources.

    d) Assist households to secure safe and stable permanent housing.

    e) Ensure households are adequately furnished.

    f) Provide comprehensive follow-up services for a minimum of six months after permanent housing placement.

3 *Those persons released by public institutions without permanent housing placement*.

    a) Advocate for changes in discharge policies from the criminal justice, medical and behavioral health systems that contribute to homelessness.

    b) Develop a discharge-planning model that provides for follow-up and flexibility in individual housing plans.

4 *Adequate community response in the areas of housing, education and employment*.

    a) Secure funding, including local and other non-federal resources, for homelessness prevention activities such as short- and long-term financial assistance as needed.

    b) Build a network of landlords providing affordable housing units to those leaving homelessness.

    c) Partner with United Way 2-1-1 to make its resource database readily available to service providers and consumers.

    d) Ensure that the necessary supportive services are available to address social, medical, and behavioral health care needs.

    e) Ensure that job placement and training assistance are available to support individuals who need assistance in securing employment.

    f) Identify and ensure that resources are available to assist individuals achieve General Education Development (GED) certification, higher education and /or skilled trades training.

    g) Enhance community-wide efforts in identifying homeless youth and those young adults at-risk of becoming homeless exiting foster care to ensure that they have access to public education and other resources.

Goal #2 - Coordinated Homeless Services

Services provided within the Toledo/Lucas County Continuum of Care will address all basic needs *(food, shelter, basic healthcare, public benefits)*, and the particular needs of special sub-populations *(e.g., safe houses, group homes, addiction services)*. Services will be coordinated and delivered seamlessly to eliminate homelessness effectively and permanently for individuals and families.

Objectives:

a) Develop, adopt, and monitor Standards for Homeless Service Providers, Case Management, Housing Placement and Homeless Prevention programs.

b) Develop and implement a Centralized Intake System to gather consistent verifiable information, assess stabilization needs, determine special population service needs, and identify temporary and permanent housing needs.

c) Incorporate the value and practice of including consumer decision-making and service evaluation in all homeless services provided by the Toledo/Lucas County Continuum of Care.

d) Assure that every homeless consumer is able to access the Ohio Benefit Bank in order to maximize the availability of public resources.

e) Explore feasibility of centralized case management services.

f) Implement HMIS data collection in all organizations serving homeless persons and families.

g) Provide regular staff training opportunities to achieve best practices throughout the homeless service network.

h) Develop and implement housing strategies and support services that move homeless persons into permanent housing rapidly.

Goal #3 – Sufficient Affordable Housing

Homeless households and those precariously housed will be able to access housing options that are safe, affordable and accessible. Community housing strategies will target persons who are experiencing homelessness or are at imminent risk of becoming homeless.

Objectives:

a) Encourage and support the improvement of current rental housing stock so as to make it affordable and accessible.

b) Advocate that Lucas Metropolitan Housing Authority preserve and expand current numbers of public and federally assisted housing units in Lucas County.

c) Advocate and assist in securing additional public and private housing subsidy for those homeless households most at risk of remaining homeless.

d) Encourage and support the Toledo Housing Trust Fund to create *communities of choice* in which affordable housing units are included.

e) Advocate for a broad range of opportunities for residents to achieve the level of income required to sustain the household.

> *"I don't know where we'd be or what we'd be doing if it weren't for the transitional housing help we received. It saved our lives."*   - D.T.

Goal #4 – Community Engagement, Coordination and Oversight

Efforts undertaken will be both responsive to community needs and designed to embrace broad community participation. Everyone in Toledo and Lucas County can play a role in preventing, reducing and eliminating homelessness. Four key groups will provide broad and comprehensive engagement.

Objectives:

1   *Toledo Lucas County Homelessness Board*

TLCHB will serve as the steward of the process, oversee coordination, implementation and evaluation of the CASE Plan, monitor and report on results, lead process for review and revision, and engage stakeholders in the implementation of the CASE Plan. Four areas of particular emphasis for the board are:

a)   Continuum of Care

1)   Develop and monitor standards for homeless service delivery, prevention and permanent housing to ensure accountability to the Continuum and the community at large.

2)   Develop and encourage broad community partnerships.

3)   Serve as lead agency of the Toledo/Lucas County Continuum of Care.

4)   Submit the annual Consolidated SHP/HUD Grant Application.

5)   Submit other local, state and federal collaborative grants.

b)   Resource Development

1)   Broaden TLCBH influence on current and future homeless service funding streams.

2)   Seek out and assist its partners in acquiring resources necessary to implement plans, as warranted and possible.

3)   Secure resources for project activities and efforts under the administration of TLCHB.

c) Performance Measurements and Data Management

    1) Ensure the soundness and reliability of Toledo/Lucas County Homeless Management Information System in a manner that encourages broad participation and data quality.

    2) Expand and maximize HMIS capacity in data element collection and analysis.

    3) Analyze and use the data on a regular basis to continually strengthen and improve the *CASE Plan* and action steps.

d) Facilitate Stakeholder Collaboration

    1) Engage the community to increase understanding of homelessness in Toledo and Lucas County and the community's response and efforts to address it. Includes but is not limited to:

- Actively participate in local and statewide advocacy efforts.

- Engage local business and community leaders to champion and offer broad base support of the *CASE Plan.*

- Facilitate an annual *CASE to Care to End Homelessness* Community Meeting for review and comment on the status of the *CASE Plan*, and solicit recommendations for revision and improvement.

- Prepare and distribute an *Annual Report to the Community* listing achievements and adjustments to the *CASE Plan.*

- Create and maintain a Web-site and other media mechanisms to keep the community at large informed and engaged in issues affecting the homeless of our community and the progress and evolution of the *CASE Plan.*

    2) Create the atmosphere and opportunity for collaboration among providers, business community, stakeholders and others.

2 *Toledo Area Alliance to End Homelessness (TAAEH)*

TAAEH's mission is to bring together supportive networks in which member organizations work collaboratively to serve people at risk of or experiencing homelessness by providing leadership and advocacy. Its particular areas of emphasis are:

a) Conduct an annual Point-in-Time (and frequently twice a year) count of both sheltered and unsheltered homeless people in Toledo.

b) Utilizing the community's analysis of gaps in service delivery (based on HMIS data and other sources), TAAEH will address those gaps in service delivery and numbers of beds needed to meet the needs of the homeless population.

c) Develop standard exit strategy steps to improve permanent housing outcomes.

d) Provide Refer 7 training to TAAEH members so providers and consumers can readily access 2-1-1 database for community resources.

e) Use the central intake to develop an effective placement process for newly homeless individuals and families.

f) Implement strategies to utilize homeless prevention funding through the current emergency shelter system.

g) Expand TAAEH membership to broaden the network of providers.

h) Provide training opportunities for TAAEH agency staff to expand and improve skills.

3. *Public, Government and other Stakeholder entities*

a) Incorporate key elements of **CASE Plan** as deemed appropriate and relevant within stakeholders' plans.

b) Commit to a solution-oriented planning process that takes responsibility for developing the most efficient and effective homeless system possible

c) Revisit **CASE Plan** goals and objectives on an annual basis and assist in the review and adjustment of **CASE Plan** goals.

d) Use **CASE Plan** outcome data and progress to inform their own planning processes.

4. *Consumer Groups*

Encourage broad participation of consumers and accountable consumer advocacy groups in all elements of the **CASE Plan.**