



**Addressing Family Homelessness in Cleveland, OH**  
**April 12, 2016**

# Agenda

- Angeline Sulak, Frontline Services, Coordinated Intake Program Manager
- Lehman Busbee, Cleveland Mediation Center, Diversion Program Manager
- Jen Pfleiderer, EDEN, Director of Housing Programs
- Anne Dennstedt, EDEN, Supervisor of Housing Locators
- Q&A

# Core Components of Rapid Re-Housing

Housing Identification

Rent and Move-In Assistance (Financial)

Rapid Re-housing Case Management and Services

# Rapid Re-Housing Webinar Series

- Core Components –
  - Housing Identification Strategies (12/14)
  - Financial Assistance (1/15)
  - Rapid Re-housing Case Management and Services (2/15)
- Ramping Up Rapid Re-housing
  - Los Angeles, CA & Mercer County (3/15)
  - Virginia (4/15)
  - Houston, TX and Hamilton Family Center, San Francisco, CA (5/15)
- Targeted Populations/Partnerships
  - Single Adults (6/15)
  - Serving Youth and Young Adults (7/15)
- Transforming Homeless Systems Using Rapid Re-Housing
  - Transforming Homeless Service Systems in Spokane, Wash. (10/15)
  - Transforming Homeless Service Systems in Pierce County, Wash. (2/9)
  - Transforming Homeless Service Systems in Jacksonville, Florida (3/8)

Available at: <http://www.endhomelessness.org/library/entry/rapid-re-housing-webinars>

# ADDRESSING AND ENDING FAMILY HOMELESSNESS IN CLEVELAND



Angeline Sulak, LISW-S, Frontline Service

Lehman Busbee, Cleveland Mediation Center

Anne Dennstedt, QMHS, EDEN, Inc.

Jen Pfleiderer, EDEN, Inc.

# Overview/Agenda

1. Overview of Cleveland
2. Coordinated Intake
3. Diversion
4. Progressive Engagement Model
5. Process of Housing Families
6. Challenging Families
7. Questions/Comments

# Overview of Cleveland

## HOMELESSNESS in CLEVELAND:

Newly Homeless 2015:	2922 Singles	374 Families
PIT Count 2013:	2052 Sheltered	77 Unsheltered
PIT Count 2014:	2075 Sheltered	28 Unsheltered
CIA Intakes 2015:	6,236	


- **LITERALLY HOMELESS VS. DOUBLED UP**
- **GUARANTEED SHELTER**
- **HOUSING FIRST APPROACH**
- **PROGRESSIVE ENGAGEMENT APPROACH**

# Why Coordinated Intake?

- We care about the homeless person/family getting the best service possible and ending or preventing their homelessness as soon as possible.
- We care about getting the right intervention, at the right level of intensity, to the right person.
- We care that people may be turned away for being hard to serve
- We care about continually working on ways of reducing and ending homelessness



# Coordinated Intake Goals


- Respond to the 'emergency of homelessness' by getting the right intervention, at the right level of intensity, to the right person
  - Reduce number of individuals and families entering shelter
  - Expedite exits from shelter to housing
  - Use limited resources efficiently, effectively, fairly.
  - Facilitate coordination/communication among service providers
  - Standardize Data Entry for tracking, reporting, coordination
  - Crisis assessment and linkage
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# Background

- Old system was no system, 20+ shelters working independently, multiple intakes, 'creaming'
- Informal Coordinated Intake: 2010
- Formalized CI/A: 2012
- Single Point of Entry for Homeless Services
- 1736 Superior Ave (Cosgrove Bldg.)
- Hours: 8am-8pm, Monday-Friday
  - Weekends: On call system for families
- Staff: 7 staff, 1 Manager
- FrontLine Service contracted by Cleveland/Cuyahoga County (CoC)
- HUD mandated

# How Does CI/A Work

## FIVE STEPS

- 1) Intake & Assessment
  - 2) Diversion
  - 3) Housing Plan (if needed)
  - 4) Linkage to Shelter + Crisis Services, if needed
  - 5) Coordinated Exit
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# Intake & Assessment

## Intake

### Homeless Management Information System (HMIS)

- - Demographic Information used for tracking, reporting
- - Shared, with permission, with other providers
- - Referrals made to providers through HMIS

## Assessment

- Housing Barrier Assessment
- Housing Barrier Score
- Income, Work History, Housing History, Homeless History, Health, Mental Health, AOD, Family Status, Legal, Other



## Coordinated Intake - Housing Barrier Guide

Client Name: \_\_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_

TOTAL BARRIER SCORE: \_\_\_\_\_

**BARRIER LEVEL** – Based on score and Coordinated Intake assessment

- ☐ Lower to Moderate Barriers (0-40)    ☐ Moderate to Higher Barriers (40+)

**ASSESSOR COMMENT:** \_\_\_\_\_

<b><u>1. Non-Employment Income</u></b> <input type="checkbox"/> 1. Unable to work, has low non-employment income (eg. 1 SSI check) <input type="checkbox"/> 2. Unable to work, no income, but has applied or intends to apply for non-employment income (eg., SSI) <input type="checkbox"/> 5. Unable to work, no income, not eligible for non-employment income (eg., SSI)	<b><u>6. Mental Health</u></b> <input type="checkbox"/> 1. Mental illness, slight impairment in functioning (eg., able to work, care children, etc.) <input type="checkbox"/> 5. Severe Mental Illness-receiving treatment/meds, Significant impairment, persistent problems with functioning <input type="checkbox"/> 10. Severe Mental Illness – untreated, or exhibiting psychotic symptoms, high difficulty in functioning
<b><u>2. Work History</u></b> <input type="checkbox"/> 1. Has part-time work, insufficient to pay rent <input type="checkbox"/> 2. Able to work, Unemployed for less than 1 year <input type="checkbox"/> 5. Able to work, Unemployed for more than 1 yr. <input type="checkbox"/> 10. Able to work, but has never worked	<b><u>7. Drugs / Alcohol</u></b> <input type="checkbox"/> 1. Moderate use - weekly intoxication or in recovery (< 6 mos) <input type="checkbox"/> 5. Regular use to extent that causes social, income or housing issues <input type="checkbox"/> 10. Chronically addicted, daily intoxication or currently in detox.
<b><u>3. Housing History</u></b> <input type="checkbox"/> 1. No rental history or new to area <input type="checkbox"/> 5. 2-3 evictions – or lost EDEN Permanent Voucher – or Evicted from Public Housing <input type="checkbox"/> 10. 4+ evictions – or has been through Rapid Re-Housing 2+ times.	<b><u>8. Family Status (max 20 pts)</u></b> <input type="checkbox"/> 1. HOH pregnant <input type="checkbox"/> 2. Has 1-4 children in custody <input type="checkbox"/> 5. Custody of 5+ children <input type="checkbox"/> 5. HOH under 25 yrs. <input type="checkbox"/> 5. HOH 'aged-out' of foster care <input type="checkbox"/> 5. Open DCFS case <input type="checkbox"/> 5. Pregnant 3rd-trimester or high-risk pregnancy <input type="checkbox"/> 10. Domestic violence survivor
<b><u>4. Homeless History</u></b> <input type="checkbox"/> 1. Homeless 1 or 2 times previously <input type="checkbox"/> 5. 3 times homeless in past 3 years <input type="checkbox"/> 10. 4+ times homeless in past 3 years, or 1+year continuously homeless	<b><u>9. Legal Issues</u></b> <input type="checkbox"/> 2. Convicted of a felony, parole or probation <input type="checkbox"/> 5. Multiple Felonies, or recently released from prison, or active warrant (non-traffic) <input type="checkbox"/> 10. Convicted of sexual oriented offense, child endangerment, arson, violent felony in last 7 yrs
<b><u>5. Health</u></b> <input type="checkbox"/> 1. HOH has physical disability – or child with physical disability or special needs <input type="checkbox"/> 5. HOH has developmental disability <input type="checkbox"/> 5. Child(ren) has significant special needs <input type="checkbox"/> 10. HOH has physical or developmental disability, unable to live independently or care for children	<b><u>10. Other Barriers</u></b> <input type="checkbox"/> 1. Limited English proficiency <input type="checkbox"/> 2. Undocumented immigrant <input type="checkbox"/> 2. Utility debt over \$1K <input type="checkbox"/> 2. Pays Child support <input type="checkbox"/> 5. Multiple discharges from shelter <input type="checkbox"/> 5. HOH attending High School <input type="checkbox"/> _____

# WHAT IS DIVERSION?

- Diversion is helping persons determine if it is possible for them to stay anywhere else that's safe, other than a shelter. This could be temporary or permanent.
- Persons chart their own way out of shelter and back into housing – we follow their lead, providing the minimum amount of assistance (and therefore intervention into their lives) to help them get housed.



# TYPES OF DIVERSIONS

Diversion should always be safe and appropriate for the client.

- **Helping persons go back where they have recently stayed** – mediation + food or utility assistance. Sometimes back rent.
- **Relocate to a stable home out of town** – phone facilitation + greyhound fare.
- **Own (new) housing** – temp place to stay during housing search. We order inspection and pay first month's rent and deposit.
- **Return to their own residence** – Previous places they have lived are options, non DV relationship issues



## CURRENT WORK IN SHELTERS

- Help persons determine if it's possible for them to stay anywhere else that's safe, other than a shelter. This could be temporary or permanent.
- We have funds for local and Greyhound bus tickets, food, grocery & gas station gift cards, or utility assistance that can be used to help persons stay with friends or family.
- Use ESG funds for back rent or 1<sup>st</sup> month's rent & deposit.
- Most persons we see have been *doubled up* – staying *temporarily* with friends or family.





# CONFLICT RESOLUTION APPROACH

- Based on Transformative Mediation Theory
- *Homelessness is a crisis* –like in *conflict*, persons in *crisis* are less able to clearly think through problems & and advocate for themselves than they are when *not in crisis*.
- So as in conflict, we first *listen* and *validate* their experience – as our mission says, *honoring all people, building their capacity to act*.
- *Client-centered*. We don't assume what people need, we help them articulate their needs.
- We use a *strength-based approach* – helping clients identify and mine strengths, successes and resources they've used in the past to help them with this bout of homelessness.
- We support and trust that persons want to succeed, have done so previously and help them tap into their own strengths and past successes to help them with their current situation.



# Progressive Engagement Model

## Housing Plan

- Short-Term Plan - Tonight
- Interim Plan – Place to stay while working on Plan
- Long-Term Plan – Permanent Placement

### **RESOURCE MATCHING:**

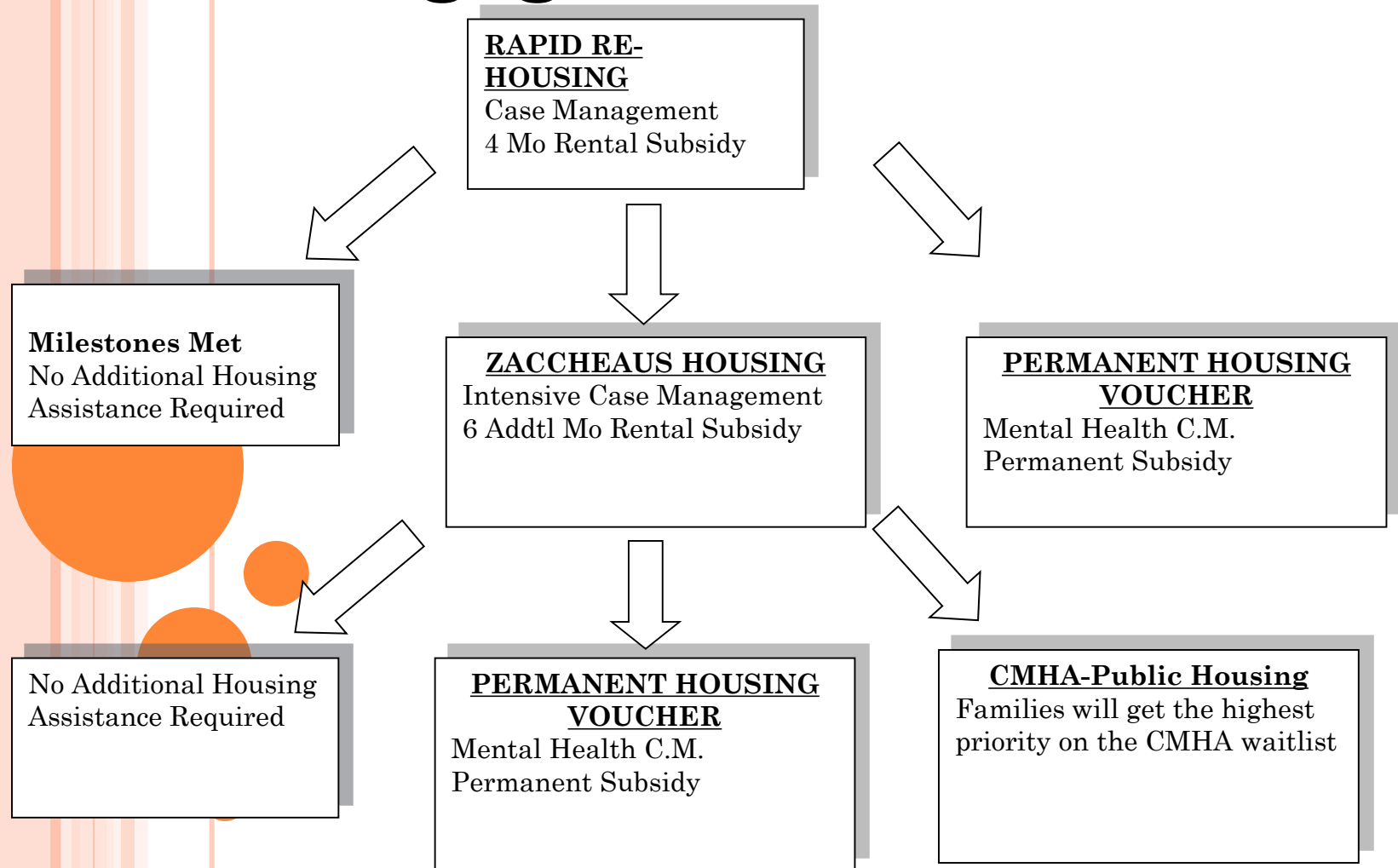
Getting the Right Intervention, at the Right Level, According to One's Housing barriers

Low-Moderate Housing Barriers:  Shelter/ Rapid Re-housing

Higher Housing Barriers:  Transition in Place

Very High Barriers:  Permanent Supportive Housing, Perm. Vouchers

# Coordinated Exit using Progressive Engagement Model



# Family Housing Options

- **Rapid Rehousing (RRH)**
- Most families are referred to RRH from Coordinated Intake.
- Assistance consists of a SD and 4 months of rental assistance.
- Case management is attached.
- Families can be bridged to Zacchaeus Housing and/or a permanent voucher if the family has extremely high barriers and needs further assistance.
- Families can only receive RRH twice.

# Family Housing Options

## **Zacchaeus Housing**

- In order to be eligible for ZHS, the family needs to be in the RRH program.
- Every month, there are several spots open to bridge. Families are selected on the highest need, not “first come, first serve”.
- Assistance consists of 6 more months of rental assistance. This includes a rental subsidy (clients pay 30% of their income) and case management.

## **EDEN voucher**

- Families that need further assistance and have a MH DX, can apply for an EDEN administered subsidy.
- These vouchers are permanent
- Families are again selected on the highest need, not “first come, first serve”.

## **Other housing resources**

- Laura's Home transitional program
  - Maggie's Place (reopening in the fall)
  - HM Life
- Cleveland Housing Network  
CMHA-Public Housing

# OUR RRH PROGRAM

1. Referred from Shelter
2. Housing Locator works with client
3. Ongoing Case Management from Partner Agency

Security Deposit and 4 months of Rental Assistance  
Provided

## Housing Locator

- HQS Certified
- Fills Out Application with Family and discusses barriers
- Sends Housing Leads to Family weekly
- Coordination With Shelter Staff / Weekly Meetings

# DEVELOPING LANDLORD RELATIONSHIPS

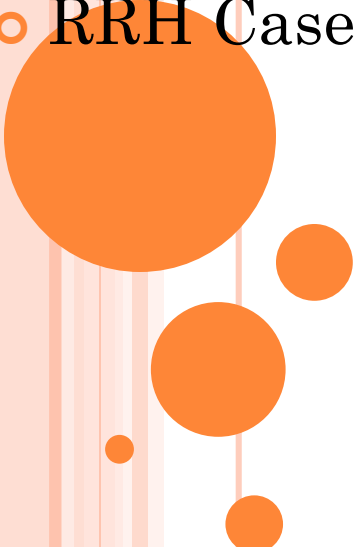
- Landlord Forums
- Referrals from Current landlords
- Using Existing Landlord Base from Permanent Programs
- On Time Payments
- Explain Advantages
  - Case Management
  - Helping a Family
  - No Eviction Goal

# HOUSING BARRIERS FOR RRH CLIENTS

- Chronically Homeless
- Large Family Size
- Large Utility Balances
- Extremely Low-Very Low Income
- Poor Housing/Credit History/Evictions
- Criminal Background/Legal Issues
- Pregnant or High Risk Pregnancy
- Language Barriers



# STRATEGIES TO OVERCOME BARRIERS

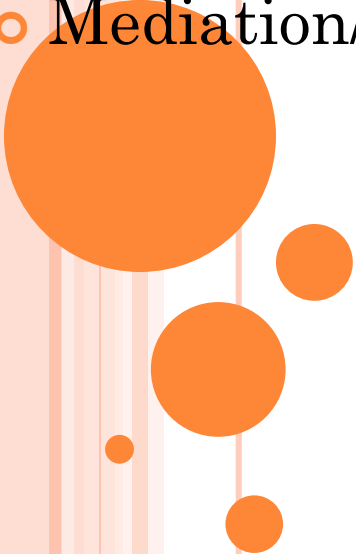
- Know Your Landlord Pool
  - Using other Community Resources (PRC, Furniture Bank)
  - Shelter Milestones
  - RRH Case Management Milestones
- 

# PARTNERSHIP AT SHELTER LEVEL

## ○ Milestones

- Refer Families within 7 Days of Entry into Shelter
- Enroll Client in Employment/Income Effort
- Link Client with Housing Locator, assist with Locating Housing
- Determine Utility, ID, and Furniture Needs
- Coordinate with Central Intake re: Shelter Terminations
- Provide a list of Discharged Clients at Weekly Meetings
- Attend Weekly Housing Locator/Shelter Staff Meetings
- Family move out within 48 Hours of Passed Inspection
- Unit Cleaned and Ready for New Family within 24 hours of move out

# NON COMPLIANT/CHALLENGING FAMILIES AT SHELTER LEVEL

- Failure to Locate Housing By Deadline
  - Families that Cannot Function in Shelter Environment
  - Shelter Discharges
  - Mediation/Behavioral Contract
- 
- A decorative graphic in the bottom-left corner consisting of several orange circles of varying sizes and vertical lines of varying heights, all in shades of orange.

# PARTNERSHIP AT CASE MANAGEMENT LEVEL

## ○ Milestones

- Visit Client at least 1x per Month
- Submit Case Management documentation as required
- Reviews Lease with client and provides education re: tenant/landlord responsibilities
- Link Client to Childcare Assistance if needed
- Address Income Needs with Family
- Link with Community Case Management for support
- Complete Eviction Prevention Plan
- Attend RRH CM Meetings twice per month
- Bring Milestone Notes to RRH CM Meetings

# Determining Additional Assistance Needs (ZHS, Permanent Voucher)


- Previous failed RRH Enrollments
- Review Family Barriers and Updated Barrier Score
- Ability of Family to Pay Rent
- Discuss Additional Temporary Assistance vs. Permanent Assistance
- Families with significant mental health needs and/or AoD issues
- Compliance with Case Management Services and assessment of Milestones
- Timelines for Transition to Additional Program

# OLD PROCESS VS. NEW PROCESS

## Old Process

- S/D and 2 months of assistance, extended up 2x's for a total of 6 months
- Families Returning to Shelter

## New Process

- Progressive Engagement – all initially go through RRH and are screened for more intensive services
  - Focus on No Eviction Policy
  - Continual Assessment and Programmatic Changes
- 

# OUTCOMES/SUCSESSES

- Days from approval to moving into housing are decreasing –
  - Old Process: 60 Days
  - New Process: 42 Days
  - HUD Goal: 30 Days

- Returns to Shelter after receiving RRH decreased from 23% to 17%

Only 1 Family Returned to Shelter that went through ZHS and 0 families returned that have received a Permanent Voucher

- 72 Hour Turnaround for Shelter Space and Placements
- Standardizing Services provided by Shelter Providers and RRH Case Managers

# Questions/Comments

## Contact Information

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# Questions?

A recording of this webinar and presentation slides will be available at  
[www.endhomelessness.org](http://www.endhomelessness.org)

***Sign up for our Rapid Re-Housing Newsletter***  
([www.naeh.org](http://www.naeh.org))

***Upcoming Rapid Re-Housing Webinars:***

- **April 27 at 1 pm (ET):** Closing a Case: Knowing When to End Rapid Re-Housing Assistance
- **May 10 at 1 pm (ET):** Transforming Homeless Services in West Virginia