***The Problem:***

**Hamilton County Stats:**

**802,374** Total Population (2010)

*(2.1 million in greater Cincinnati region)*

**1,275** Homeless People Counted in 2011

**95%** (1,209) Sheltered

**5%** (66) Unsheltered

* Homeless families needing shelter had to navigate through different criteria specific to different shelters:
  + Phone numbers/access points
  + Intake criteria
  + Staffing patterns
* Shelters had little or no information on who was being turned away and why.
* There was no way to identify those not being served.

***The Challenges:***

* Shelters had to specifically define and describe admissions policies
  + Some were explicit, some were “ad hoc”
  + Consistent criteria not feasible, agreed to “different but fair” criteria
* Defining parameters for “Bed Finder” function in HMIS
* Funding
* Central intake and common assessment
* Serves all homeless & at risk people
* **4,816** calls in 2012
* **988** homeless referrals in 2012:
  + ***285*** *to individual shelters*
  + ***500*** *to family shelters*
  + ***122*** *to transitional housing*
  + ***81*** *to SSVF*

***The Solution:***

* Creation of the Central Access Point (CAP)
  + CAP staff primary job is to find shelter(s) that meet the needs of the family
  + Single phone number, available 24/7
* Assessment over phone by CAP staff
  + Verifies homeless status
  + Conversation on family needs
* CAP staff determines eligibility for prevention/diversion
* CAP staff makes bed reservation through Bed Finder at shelter that best meets needs
* Started with family shelters in 2008, added prevention and individual shelters in 2009.

***The Impacts:***

* 100% of callers to CAP screened for prevention/diversion
* Decreased average LOS in family shelters from 41 days to 35 days over 2 years
* Shelters operating at higher occupancy – fewer empty beds
* Streamlined access to shelters for families and individuals in need