OHIO BALANCE OF STATE CONTINUUM OF CARE
Notes from the Housing Institute on Housing First

INSTITUTE INFORMATION

Date:	Wednesday, April 15, 2015
Time:	9:00am
Location:	COHHIO annual conference, Sheraton Capitol Square, Columbus
Facilitator:	Tom Albanese, Abt Associates
Panel members:	Ed Gemerchack, Frontline Service; James Alexander, Maryhaven; Beth Fetzer-Rice, Salvation Army
Moderator:	Erica Mulryan, COHHIO

NOTES

Opening brainstorm on HF issues and concerns:

1. Recovery Housing and HF- how to make them work together;

2. Terminating participants in a HF program (Expectation of participants);

3. Balancing reducing barriers to entry with meeting program goals;

4. Limited resources and targeting populations;

5. Difficulty in getting buy-in on HF from community stakeholders;

6. Maintaining safe environments for all participants;

7. Balancing participants' desire for sober environments with HF;

8. Bringing HF to Scale at the Regional level;

9. Utilizing HF in shorter length-of-stay programs and helping participants remain stable;

10. Meeting state and federal funding requirements;

11. HF is not the only approach;

12. Seeking better communication/ explanation around HF;

13. Intersection of HF and Harm Reduction;

14. Voluntary services and valuing staff roles and responsibilities;

15. Does voluntary really mean voluntary?

16. Incorporating HF with community processes and systems, program eligibility, etc;

17. More flexibility at the local PHA level;

18. HF in shelters and managing bed utilization.

Breakout group on RRH

Challenges	**Solutions**
Referrals/intake	
1. No-Wrong-Door approach, coordinated Entry/Assessment	1. Counties determine what works. Then, region makes a plan based on county/community needs. Coordinate plan and communicate plan to all participants.
2. Turf wars. Providers may prefer working alone and using locally garnered expertise. The need to overcome "I'm the expert" mentality	2. Regional trainings. Facilitate on-going communication. Discuss differences, and common approaches/solutions. Realize that you can find allies and support. Tap into own "wealth"/resources. Centralized intake works! Intake staff must be well trained and have a HF mentality.
Case management	
3. Staff struggles with new models of case management. Case managers fall back to old models and ways of working.	Staff training. Right-sizing programs to meet program and participant needs.
4. Number of hours available to spend with clients and limited.	4. Bring in additional staff, i.e. interns Break up work with clients into phases.
5. Need more subsidized and affordable housing.	5. Try to get homeless or veteran preference for housing at local level. Advocate! Find new champions. Community is tired of hearing fro Beth and Sr. Jean. Utilize board members. Speak funders' and developers' language.
Assessment/referral	
6. Participants with no income, benefits. Level of sustainability. Trying to be flexible with services. Running out of money because so many need on-going help.	6. Continued assessment and case management to determine needs. Honest assessment and communication with participants. "This isn't working for you. We cannot continue to serve you…"
7. Working with landlords to accept participants who may not work.	7. Maintain relationships with landlords. Be honest with landlords.

	Remind them that your agency is a consistent source of money and is often more consistent than other tenants.
8. Staff brings preconceived notions of who participant is, what will work, etc.	8. Know your staff. Conduct team meetings and trainings. Address problems quickly and head-on.
9. HUD's expectations to serve chronically homeless. Trying to serve individuals with appropriate programs when community resources are not available.	9. Look throughout community for resources that will best fit needs, though they may not be perfect.

Breakout group on PSH

Barriers	(not corresponding) **Challenges**
Substance use. Shortage of landlords. Community views.	Landlord relationships. Substance use. Communication between providers. Burned bridges- mending relationships. Implementing housing stabilization plans. Reducing rents.

Breakout group on Shelter/Outreach

Challenges	(not corresponding) **Solutions**
Necessity of referring sex offenders out of county.	More professional development and training even for staff with
How to evaluate whether staff are doing this, whether tenured staff are doing this at the direct services level.	Negotiating preferences and/or set-asides with MHA.
Limited subsidized housing options- or where available won't accept due to credit issues.	
Limited income/employment access.	Partner with social enterprise.
Housing specialist capacity.	

Breakout group on TH

Challenges	**(**not corresponding) **Solutions**

Struggle between voluntary and mandatory services. Establishing “push” with realistic outcomes. Maintaining relationships with landlords as tenants are lost and tenant barriers rise.	MOU with families to renew COHHIO performance expectations (from perf. goals/perf measures, perf. management plan). Contract outlining expectations for all concerned. Ensure rules are connected to maintaining housing.
Categories:	
Provider buy-in. Limited resources. Tension between shortening length of service and increasing client barriers. CoC Lead not having authority to enforce change/funders. Mandatory vs. voluntary landlord relationships.	Reexamine eligibility criteria. Converting to RRH or PSH. Looking for housing in the first week. Use funders and CoC for leverage. Educate provider boards.
Reliance on referrals. More referrals to RRH instead of TH. Shelters keeping families too long before referring. Quick movement into Section 8. CoC lead doesn’t always have to authority to make change. It’s open to providers and regions. Shortening length of stay from 24 months to 18 months to 7 months, but extending as necessary. Limited resources in rural communities (DV?, employment, etc.) Changing regulations e.g. Safe and Sober with GPD. Harder to serve populations with greater barriers. Changing staff attitudes and behaviors.	Expanding outreach e.g. prison re-entry. Reexamining eligibility criteria. Community/peer response to rule violations. Flow chart to educate board and shelters about HF and policy/procedure changes. CoC need to cajole providers and tie HF to continued funding when needed. Pull funders together.

Having enough time to truly engage clients.	
Lack of client income. Assessment matching services to needs. Preventing exits to homelessness. Entry barriers i.e. evictions while working for sobriety.	HF collaboration in community. Strengthen coordinated assessment/intake. Educate stakeholders including staff and community. Provide program-specific training. Loosen rules while meeting needs. Assess own policies/procedures vs. funder restrictions.