Homelessness in Ohio: Bridging the Gap Between Resources and Results, Phase I

Prepared as a combined effort of the Ohio Development Services Agency and the Ohio Department of Mental Health and Addiction Services, funded by SAMHSA

October 11, 2016

Barbara Poppe and associates
The collective for impact

CSH
The Source for Housing Solutions
# Contents

Preface .................................................................................................................. 1

Housing First ............................................................................................................. 1

Interventions ............................................................................................................. 2

Introduction ............................................................................................................... 3

Definitions ................................................................................................................ 3

KEY FINDINGS/FRAMING QUESTIONS ................................................................ 4

The Current State of Homelessness in Ohio .......................................................... 5

The Current State of Resources Available to Respond to Homelessness in Ohio .......... 11

Gaps Analysis .......................................................................................................... 13

Affordable housing inventory: .............................................................................. 15

Cost Benefit Analysis Overview: .......................................................................... 15

Overview of statewide gaps that prevent persons experiencing homelessness from receiving housing and services .......................................................... 17

Regional issues, challenges, and opportunities ...................................................... 17

  Community Dialogue Summary ...................................................................... 17

  Veterans Dialogue ............................................................................................... 19

    Veterans Dialogue: Possible Policy Actions ....................................................... 20

  Current State/Desired State Exercise ................................................................. 20

  Focus Group Feedback ......................................................................................... 23

National Trends and Best Practices Identification ................................................. 25

Conclusion/Summary: What can be done to prevent and minimize homelessness in Ohio in the next 10 years within the constraints of existing or reasonably attainable resources? ................................................. 27

APPENDICES ......................................................................................................... 29
Ohio Statewide Homelessness Study

Preface

This preface is intended to provide policy makers with some brief background and an overview of key policies, funding, and practices that have been shown to reduce homelessness.

The Corporation for Supportive Housing (CSH) and Barbara Poppe and Associates conducted a study of homelessness in Ohio and identified best practices most likely to reduce the rates of homelessness. The nature of this study was technical and intended to inform a second phase which would be to develop a comprehensive statewide plan to end homelessness. The state plan must align with *Opening Doors: the Federal Strategic Plan to Prevent and End Homelessness* as a condition of a Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant that was received by the Ohio Department of Mental Health and Addiction Services. *Opening Doors* was developed by the US Interagency Council, a federal entity designated in 1987 by Congress and the administration (and reauthorized multiple times since) with responsibility for coordinating the federal response to homelessness and creating a national partnership across its nineteen federal partner agencies, state and local governments, and the private sector. *Opening Doors* seeks to achieve the following goals:

- Prevent and end homelessness among Veterans in 2015;
- Finish the job of ending chronic homelessness in 2017;
- Prevent and end homelessness for families with children and youth in 2020;
- Set a path to ending all types of homelessness.

The *Opening Doors* plan describes proven strategies that have been shown to reduce homelessness and calls for cross-sector partnerships to achieve the goals of the Plan.

In recent years, federal homelessness policy has shifted increasingly towards a data-driven approach that seeks to hold communities accountable for measurable reductions in the numbers of people experiencing homelessness – the intent is to make homelessness rare, brief and one-time. To achieve this, homeless crisis response systems have been organized across the state of Ohio by each of the nine Continua of Care (CoC). The CoC’s are community planning bodies required by the U.S. Department of Housing and Urban Development (HUD) to organize and deliver housing and services to meet the specific needs of people who experience homelessness as they move to stable housing. The CoC is responsible for developing an annual consolidated application to HUD to receive funding for the homeless crisis response system and related programs. Continuum of Care is often used to refer to the system of programs to address and prevent homelessness as well as the body the coordinates such efforts.

In addition, each CoC is responsible for organizing a Coordinated Entry System, operating a Homelessness Management Information System (HMIS) and conducting an annual Point In Time (PIT) Count.

### Housing First - a proven approach

People experiencing homelessness are provided with permanent housing directly and with few to no treatment preconditions, behavioral contingencies, or barriers. Housing First is based on overwhelming evidence that all people experiencing homelessness can achieve stability in permanent housing, regardless of their service needs or challenges, if provided with appropriate levels of services. Study after study has shown that Housing First yields higher housing retention rates, drives significant reductions in the use of crisis services and institutions, and helps people achieve improved health and social outcomes.

Housing First is an approach that can be adopted by housing programs, organizations, and across the housing crisis response system. The approach applies in both short-term interventions, like rapid re-housing, and long-term interventions, like supportive housing. For crisis services like emergency shelter and outreach, the Housing First approach means referring and helping people to obtain permanent housing.

U.S. Interagency Council on Homelessness
• **Coordinated Entry System** is a community-wide process to outreach to and identify households experiencing homelessness, assess their needs, and prioritize access to programs and resources to end their homelessness. An effective coordinated entry process includes prioritization, Housing First orientation, emergency services, standardized assessment, referral to housing, outreach, and use of HMIS.

• **Homelessness Management Information System (HMIS)** is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

• **Point in Time (PIT)** – A snapshot of the homeless population taken on a single day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all people in emergency and transitional beds.

In Ohio, there is one CoC for each major metropolitan area and the Balance of State Continuum of Care (BoSCoC) which represents the 80 rural counties in Ohio. The Ohio Development Services Agency, Office of Community Development (ODSA) and the Coalition on Homelessness and Housing in Ohio (COHHIO) serve as the lead staffing agencies and co-chairs of the Steering Committee for the Ohio BoSCoC. ODSA serves as the Ohio BoSCoC Collaborative Applicant (submits the annual consolidated CoC Application) and as the HMIS Lead Agency.

The homeless crisis response system is an overall system that involves the coordination of programs and services to a Housing First approach, and emphasizes rapid connection to permanent housing, while also mitigating the negative and traumatic effects of homelessness. The system must identify people experiencing or at risk of experiencing homelessness, prevent homelessness whenever possible, provide immediate access through coordinated entry to shelter and crisis services without barriers to entry, as stable housing and supports are being secured, and quickly connect people who experience homelessness to housing assistance and/or services tailored to the unique strengths and needs of households and which enable them to achieve and maintain permanent housing. See the text box for key interventions that are typically part of the homeless crisis response system.

### Interventions

**Diversion** (Targeted Homelessness Prevention) is aimed at helping families or individuals stay safely in current housing or, if that is not possible, move to other housing without requiring a shelter stay first. Priority is given to households who are most likely to be admitted to shelters or be unsheltered if not for this assistance.

**Emergency Shelter** is a facility designed to provide temporary or transitional shelter for people who experience homelessness, typically (but not exclusively) for a period of 90 days or less. Supportive services may or may not be provided in addition to the provision of shelter. HUD encourages average length of stay to be less than thirty (30) days.

**Permanent supportive housing** (PSH) is affordable, community-based rental housing that provides disabled tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are experiencing chronic homelessness.

**Rapid Rehousing** places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program. Time-limited services may include housing identification, rent and move-in assistance, and case management.

**Transitional Housing** is a type of temporary housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months. HUD encourages that this be a limited portion of the community inventory and reserved for specific sub-populations (e.g. youth or domestic violence victims) or for purposes like short-term interim housing.

The State of Ohio has organized the Housing and Homeless Collaborative (the Collaborative) as an interagency
working group to create a comprehensive approach to address housing and homelessness in Ohio, utilizing public and private resources. The Collaborative provides a forum for coordinating funding priorities and strategies, as well as engages local housing and homelessness interest groups. Nine state agencies provide programs, services, and/or funding to address homelessness. Funding includes Federal and state sources that support capital development, operations, services and/or other support to further the objectives the CoCs and providers. The largest funder is the U.S. Department of Housing and Urban Development (HUD), therefore, meeting HUD’s requirements and directives are the most critical. Recent HUD priorities are based on best practices and have encouraged communities to shift away from transitional housing to rapid rehousing and permanent supportive housing which have shown to be more effective and cost-efficient. The State of Ohio will be successful at reducing homelessness if it aligns its efforts with the goal to make homelessness rare, brief, and one time; focuses on housing solutions like rapid rehousing, permanent supportive housing and Housing First practices; uses data to track progress and monitor performance; invests only in proven solutions to homelessness; and directs sufficient resources to “right-size” the local homeless crisis response system, including key programs, to be sufficient to match each community’s unique needs.

Purpose
The Ohio Development Services Agency’s Office of Community Development has contracted with the Corporation for Supportive Housing (CSH) and Barbara Poppe and Associates to conduct a comprehensive statewide study that describes the extent and nature of homelessness in Ohio, including the demographic, geographic, and economic conditions which affect homelessness, and examines the statewide delivery system of programs and services to populations at imminent risk or experiencing homelessness.

Introduction
The Ohio Department of Mental Health and Addiction Services (OMHAS) received a Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant in which it committed to develop a set of statewide strategies that will result in short- and long-term gains in ending chronic homelessness and veterans homelessness.

Once developed, Ohio’s Statewide Plan to End Homelessness will be managed by the Ohio’s Housing and Homeless Collaborative (OHHC.)

The following report represents Phase I of the Statewide Plan development. The report includes the collection of a wide array of quantitative and qualitative data to describe the current state of homelessness in Ohio and puts that information in context with other national trends and research. Phase I was guided by a steering committee appointed by DSA and OMHAS to represent both state and local perspectives and facilitated by CSH and Barbara Poppe and Associates. The Steering Committee members are listed in Appendix I.

Phase II will focus on development of a specific set of actionable and achievable strategies to advance Ohio’s objectives to make homelessness rare, brief, and one-time, as called for in Opening Doors: Federal Strategic Plan to Prevent and End Homelessness.

Definitions
In Ohio, “homelessness” is defined by the federal funding source that governs the housing program and services and is incorporated into the State Code as such (Ohio Rev. Code Ann. § 3323.01 (2015)). State Departments follow these definitions, and there have been no known state or local broadening of the definitions. However, state departments, particularly OMHAS and the Ohio Department of Rehabilitation and Corrections (ODRC), provide housing
resources that are more prevention oriented, aimed at preventing homelessness for those served by the Departments who have no other housing resources.

In general, “homelessness” is the condition people experience when they are unsheltered/on the streets, in shelters, or were prior to entry into a homeless housing program. The primary differences come from the Department of Education and Department of Health and Human Services programs who define homelessness to include people who are doubled up, and youth who are unable to reside safely with family but who otherwise do not meet the US Department of Housing and Urban Development (HUD) definition of homeless.

“Chronic homelessness” refers to those who experience continuous homelessness for at least 12 months, (or four or more times in the previous three years, totaling at least 12 months,) and have a disabling condition.

A complete list of the homeless definitions and housing interventions is provided in Appendix II.

**Approach**

CSH and Barbara Poppe and Associates conducted the following activities in preparation for this report:

- Gathered data from the nine Ohio Continua of Care on homeless point in time counts, annual funding amounts, and funding alignment.
- Gathered data from state agencies on the type and level of investments in housing and housing supports designed to end or prevent homelessness.
- Gathered data on the state’s affordable housing inventory.
- Convened over 200 stakeholders across the state in five facilitated Community Dialogue sessions, three addressing the state’s progress in ending homelessness broadly, and two focused specifically on ending veteran homelessness.
- Conducted three focus groups or interviews of people currently experiencing homelessness: one of transition age youth, a second of parents with children, and a third focused on rural homelessness.
- Facilitated meetings of a steering committee that offered guidance into the process and overall approach to the Statewide Study.
- Solicited policy input through written submissions by the Steering Committee and key stakeholders concerning the “Desired State” of Ohio’s approach to ending homelessness.

The consultants applied a critical lens to this assessment, namely to focus on the state’s investments and role, rather than focusing on the decisions of Ohio’s nine local jurisdictions, which operate independently of the state.

**KEY FINDINGS/FRAMING QUESTIONS**

The State of Ohio has much to be proud of in its decisions to invest in evidence-based solutions to homelessness. State agencies outside of DSA fund housing and services that prevent homelessness; DSA and OMHAS offer training and funding to support known effective strategies such as Housing First, Motivational Interviewing, Supported Employment, SOAR, Assertive Community Treatment, and Critical Time Intervention. The Ohio Housing Finance Agency has a dedicated pool to promote development of permanent supportive housing, and there is an infrastructure in place (OHHC) to work across agencies to maximize coordination and impact of state funding. These factors combined with the vitally important system of local CoCs and housing and service providers have resulted in significant progress including positioning most of the state to achieve a functional end to chronic and veteran homelessness in 2017.

With some key investments and actions, the state of Ohio could be a national leader in preventing and ending homelessness, setting an example for other states across the country. Based on the robust quantitative and qualitative data collected during Phase I, the consultants have identified several key questions to be used in framing the Statewide
Plan in Phase II.

1. What can the state do to help local Continua maximize the effectiveness of the Crisis Response System across Ohio? (E.g. investments in Rapid Rehousing and Diversion, Coordinated Entry System supports and training, etc.)
2. How can mainstream services be leveraged to prevent or limit the duration of homeless episodes in Ohio?
3. With an end to chronic and veteran homelessness in sight, how will turnover units be used to house other vulnerable populations that might otherwise become chronically homeless?
4. What types of interventions should be scaled up, scaled down or phased out? How can funding be shifted to accomplish this? Will additional funding be needed? What are the recommended interventions, by type and number, needed to achieve the remaining unmet goals of Opening Doors:
   a. an end to youth homelessness,
   b. an end to family homelessness, and
   c. a path out of homelessness for all?
5. What can the state do to improve the availability and use of data to measure, track, and drive performance outcomes and ensure that its investments are made to the maximum effectiveness possible?
6. How can the State capitalize on its leadership potential to build momentum, cross-sector partnerships, and enhance communication so that a broad coalition of stakeholders across Ohio are motivated to engage in the core strategies identified in the Statewide Plan to End Homelessness?

The Current State of Homelessness in Ohio

CSH and Barbara Poppe and Associates were asked to respond to several key questions. The first is “What is the current state of homelessness in Ohio by type, target population, and geographic area?”

The basics: Using the state’s annual Point In Time (PIT) count, which is a one day enumeration of all people experiencing homelessness within the jurisdiction that takes place each winter, there are 11,182 people who were homeless on one day in January. Over the course of a year, more than 40,648 people experience homelessness in Ohio, according to annualized reports from the Homeless Management Information System (HMIS)\(^1\). However, the annualized data does not include shelter or other housing programs that do not contribute data to the HMIS system and excludes many unsheltered persons who are frequently undercounted. Using USICH’s estimator for determining annual numbers, Ohio could expect that 44,728 people experience homelessness in the state each year.\(^2\)

The single largest subpopulation of people experiencing homelessness is single adults. This group represents 57% of the total in Ohio and based on national research, most are expected to leave homelessness after a brief episode in shelter (Culhane: 1999)\(^3\). The next largest category is people in families, which represents nearly one-third of all people who experience homelessness in Ohio. Those who are chronically homeless, meaning individuals or families with disabilities and who experience long-term or repeated homeless episodes, are about 12% of the total. Most people who are long-term homeless are single adults without accompanying children, but 115 of the 1,275 are people in chronically homeless families. There were 721 homeless unaccompanied young adults counted in 2015, and 237 parenting youth in the state. Youth, those age 18-24, represent nearly 9% of the state’s homeless population. Of the 11,182 people in Ohio counted as homeless in January of 2015, approximately 11% (1,183) were identified as

---

\(^1\)The calculation of annual homelessness is derived from AHAR reports generated by 8 of the 9 CoCs in Ohio to CSH/BPA for the purpose of this report. An estimate for the CoC that did not respond was generated based on the USICH multiplier.

\(^2\) The PIT/census multiplier calculation was developed by USICH. This multiplier is a default number for communities based on USICH’s estimates. However, as a default, there may be limitations to this multiplier. USICH mentions in the tool’s instructions that communities can override this default multiplier if they “have reliable inflow and undercount data,” which means there are potentially more representative multipliers within communities should they have this reliable data. The tool is based on analysis of PIT and Housing Inventory Chart (HIC) data.
veterans. Further analysis into the typology of those experiencing homelessness (e.g. prevalence rates of mental health or substance use disorders, HIV status, domestic violence, and physical disabilities) using data from the local HMIS systems is not recommended as the data is widely regarded as unreliable.

The pie chart in Figure 1 sets forth the primary categories of homelessness in Ohio as of the 2015 Point In Time (PIT) count.

**Figure 1: Homelessness by broad category per Point In Time Count**

<table>
<thead>
<tr>
<th>Homeless Populations in Ohio: 2015 Point In Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chرقally Homeless</strong> 12%</td>
</tr>
<tr>
<td><strong>People in families</strong> 31%</td>
</tr>
<tr>
<td><strong>Single adults</strong> 57%</td>
</tr>
</tbody>
</table>

**Geographic Differences:** There are 88 counties in Ohio, 80 of which are represented by the Balance of State Continuum of Care (CoC), which therefore has the largest single share of the homeless population in the state. The Balance of State includes rural and suburban communities, and smaller cities. The other eight CoCs are single county jurisdictions. Cuyahoga County, home to the state’s largest metro area, Cleveland, has the second largest share and the other Continua have levels of homelessness consistent with the population in the County.

**Figure 2: Breakout of homeless PIT count by Continuum of Care**

Ohio has a similar rate of homelessness to the rest of the country, and it is reducing homelessness at the same rate as the rest of the nation.

Looking at data from the annual point in time counts, the data sets used by HUD to determine progress in reducing homelessness, Ohio’s homelessness per capita is well under the national average of 18, with the state’s rate of 9.6 per 10,000 individuals. (See Figure 3.) Overall, homelessness has fallen nationally at the same rate between 2010 and 2015 as it has fallen in Ohio.

While there is clearly a wide variation in performance across different states, (See Figure 2) when population growth is factored in, one could expect Ohio’s homeless numbers to fall slightly more than it has.

Ohio Could Achieve an End to Chronic and Veteran Homelessness in 2017

There is more encouraging news with respect to progress in ending chronic and veteran homelessness. Two of the state’s nine Continua of Care are likely to achieve an end to chronic homelessness this year (Cincinnati and Balance of State) and several more are making significant progress in ending veteran homelessness as of the preliminary 2016 PIT data provided to CSH/Barbara Poppe and Associates (BPA). The trend information for each of the CoCs in ending chronic and veteran homelessness is provided in Appendix III.
Fewer than half of all PSH beds are dedicated to the Chronically Homeless

The 2015 HIC indicates that just 37% of all PSH beds in Ohio are dedicated to serving chronically homeless individuals and only 30% of the non-designated units are committed to prioritizing this population as vacancies arise. Most PSH units (81%) are reserved for single individuals without accompanying children. There are significant differences by Continuum of Care, but as this has been identified as a priority strategy to end chronic homelessness, it merits further discussion.

What does it mean to end chronic or veteran homelessness? Within this past year, the US Interagency Council on Homelessness released “Achieving the Goal of Ending Veteran Homelessness: Criteria and Benchmarks” and “Criteria and Benchmark for Achieving the Goal of Ending Chronic Homelessness. The chronic homelessness guidance establishes 32 criteria that communities must reach in order to affirm that it has ended chronic homelessness. These criteria include determining how well the community 1) uses a Housing First orientation (low or no barriers to housing), 2) conducts a comprehensive outreach approach to identify and quickly house those who are chronically homeless, and 3) performs basic computations on the number of people identified as chronically homeless and the units or bridge subsidies made available to house them quickly.

Chronic Homelessness: Ohio has been a national leader in creating permanent supportive housing (SH) units to serve homeless populations and those with serious mental illness. Beginning in the late 1980s, the state received grants from the Robert Wood Johnson Foundation to increase its number of PSH units and has had a dedicated (PSH) pool within the Low Income Housing Tax Credit program since 2010. Today, there are 11,697 units of permanent supportive housing in Ohio’s Continua of Care. (Source: HUD Housing Inventory Chart report 2007-2015.) As a result, even with no additional units added, the state could reach functional zero by 2017 through its existing PSH resources as new units that are already in the development pipeline become operational, and/or if CoCs increase the percentage of dedicated units or turnover units to those who are chronically homeless. The Supportive Housing Opportunities Planner (SHOP) tool developed by the US Interagency Council on Homelessness is recreated in Figure 5.

Figure 5: USICH Supportive Housing Opportunities Planner (SHOP) Tool

Opportunities Planner (SHOP) tool developed by the US Interagency Council on Homelessness is recreated in Figure 5.
Ohio is getting closer to these goals as a result of new units being brought on line in 2016 through reallocation of CoC grants from transitional and supportive services only to permanent housing, and new PSH units developed with support from the Ohio Housing Finance. However, the criterion for ending chronic homelessness includes numerous other systems-level requirements that Ohio does not have sufficient information to analyze. Further, the PSH units currently operating and coming on line must offer the appropriate levels of service, and those who no longer need this more intensive intervention must be able to access other affordable housing and exit PSH. From the Community Dialogue input, focus group responses, and written submissions from stakeholders, we understand there is still room for improvement in these areas.

**Veteran Homelessness:** Each of the nine CoCs is in position to end veteran homelessness within the next year if each CoC takes the necessary steps to effectively target Federal resources and deploys other resources to meet the needs of Veterans who are not eligible for VA services. The 2016 preliminary count data shows many communities have seen double digit decreases just in the last year alone. Abt Associates, under a HUD Technical Assistance contract, has been working with several Continua in Ohio to assist them in reaching this important milestone. Similar to the findings around chronic homelessness, there remain key systems level challenges to be addressed in order to sustain this strong progress and reach the federal benchmark.

**Family homelessness is back to pre-recession levels and falling**
Family homelessness appears to be the subpopulation most directly impacted by larger economic trends. Ohio, as was the case in most other states, experienced significant increases in family homelessness during the recession of 2008-2012. Families with a one parent low wage earner, which represents the majority of homeless families, are highly vulnerable to job losses and underemployment. The state’s decrease in family homelessness of 25% across the state could be attributable to the 61% increase in Rapid Rehousing efforts over the past two years, and simultaneous improvements in the economy.

**Homelessness in schools:** As noted in the Definitions section of this report, the US and Ohio Departments of Education identify a broader group of children and families than most HUD homeless assistance programs. As depicted in Figure 7, at most, 14% of those served by the Department of Education program meet HUD’s literal homelessness definition. This most recent school year’s data provided by the Ohio Department of Education shows a similar decrease in children identified as homeless to that of the HUD count -- 15,698 in 2015 vs 19,103 in 2010.
Youth Are Significantly Impacted By Homelessness in Ohio

HUD began focusing on data collection for homeless youth and young adults in 2015, therefore, we do not have trend information for this particular subpopulation (HUD intends that the 2017 PIT count will be the baseline year for counting homeless youth). Assertive efforts were made in 2016 across the country to improve the point in time count methodology and accuracy for youth, and this data has not yet been published. However, the 2015 PIT data does point out that youth are significantly impacted by homelessness. In Ohio, there were 772 unaccompanied youth and another 237 parenting youth with 325 accompanying children identified during the 2015 count. This translates to youth age 18-24 making up nearly 9% of the total homeless population. Insights gained through the Community Dialogues, Focus Groups, and feedback in the Desired State exercise point to particularly acute challenges faced by this subpopulation that merit attention and are further explored in other sections of this report.

Figure 7: Housing status of students enrolled in Dept. of Ed. Homeless Assistance Services

Figure 8: Sheltered Status of Unaccompanied Youth in 2015

The Current State of Resources Available to Respond to Homelessness in Ohio

A Second Question posed was: What resources are currently available in Ohio to provide housing and other assistance to persons experiencing or imminently at-risk of homelessness?

According to the 2015 Housing Inventory Chart (HIC), which is an annual report filed with HUD listing all beds, units, and target population operating in the CoC, with or without HUD funding, there are 6,055 beds of emergency shelter, 40% of which (2,430) are beds for families with children. Many communities recently renovated shelters through the Capital Funding to End Homelessness Initiative, which provided $32 million in capital funding to all nine Continua between 2014-2015.

Ohio has shifted investments away from Transitional Housing to Invest in permanent solutions to homelessness

The HIC count also shows that, following HUD and USICH’s recommendations, Continua of Care in Ohio have reallocated nearly 30% of their transitional housing units during the period 2013-2015, while simultaneously increasing permanent housing capacity, both PSH and Rapid Rehousing (RRH). In the most recent round of CoC funding, several transitional housing programs were not funded during the HUD competition. Some high performing CoCs experienced a net increase in funding, and added permanent housing capacity, while other CoCs in Ohio experienced a net loss in funding/capacity in this most recent award.

Figure 9: Housing Inventory by Intervention Type

Ohio’s Housing Trust Fund provides important funding to homeless assistance programs, but Ohio’s contributions are small compared to the federal investments.

The State of Ohio, primarily through the Ohio Housing Trust Fund, has invested an estimated $29.9 million in funding for emergency shelter, transitional housing, rapid rehousing, recovery housing, and permanent supportive housing (operations and development) in state fiscal year 2016. The state’s most recent budget was $31.7 billion, therefore this is roughly 0.09% of state revenues. This compares to $142 million in annual CoC, ESG, and VA funding and does not include the project-based housing vouchers and supportive services funding provided through Medicaid and the US Substance Abuse and Mental Health Services Agency (SAMHSA) grants, which would likely approach a similar amount. There is a total of $50 million appropriated by the state, according to the data submitted to CSH/BPA through the State Investment survey, but more than $20 million of that is federal pass-through. Revenues to the Housing Trust Fund have decreased in recent years, causing corresponding cuts in programs that rely on the Trust Fund for support.
In addition to ODSA, OMHAS, and the Ohio Housing Finance Agency (OHFA), the state’s Department of Rehabilitation and Corrections (ODRC) invests in transitional and permanent supportive housing for individuals leaving prison without housing. HUD regulations prohibit CoC funded programs from accepting individuals who are exiting prison or other institutional placements greater than 90 days. The two programs that provide housing to those who might otherwise experience homelessness are the Community Residential Center (CRC) programs and Returning Home Ohio. The CRC programs provide short or medium term housing, limited monitoring of residents, and case management and community service linkages. CRC serves low or moderate risk offenders with no viable housing placement upon release. The Returning Home Ohio program provides permanent supportive housing aimed at preventing entry into the homeless services system and reducing recidivism for individuals returning to Ohio’s communities from state prisons. The program currently provides just under 200 units of housing for those exiting state prison without adequate housing or who were homeless prior to incarceration, and who have a serious mental illness or are HIV+.

**Figure 10: State Funding (including federal pass-through) for FY16, as reported on the State Housing Investment Survey**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSH Development</td>
<td>$7,274,091.00</td>
<td>Ohio Housing Trust Fund, OHFA (Low Income Housing Tax Credit and gap financing*)</td>
</tr>
<tr>
<td>PSH Operations</td>
<td>$7,644,873.00</td>
<td>Ohio Housing Trust Fund and ODRC</td>
</tr>
<tr>
<td>Transitional Housing (Operations)</td>
<td>$6,303,401.00</td>
<td>Ohio Housing Trust Fund, ODRC</td>
</tr>
<tr>
<td>Transitional Housing Development</td>
<td>$1,411,819.00</td>
<td>Ohio Housing Trust Fund</td>
</tr>
<tr>
<td>Rapid Rehousing</td>
<td>$9,550,300.00</td>
<td>Ohio Housing Trust Fund, Emergency Solutions Grant*</td>
</tr>
<tr>
<td>Emergency Shelter (operations)</td>
<td>$7,743,600.00</td>
<td>Ohio Housing Trust Fund, Emergency Solutions Grant*</td>
</tr>
<tr>
<td>Total</td>
<td>$39,928,084.00*</td>
<td></td>
</tr>
</tbody>
</table>

*ESG is a federal source. LIHTC is also a federal source as it represents credits against federal taxes and is governed by the Internal Revenue Services. Removing these sources would yield an estimated $29.9 million in state funds.

Ohio’s allocation of $3.7 million from The National Housing Trust Fund will add to capital development resources for housing extremely low income individuals, but is not targeted to homeless populations and does not include operating support based on OHFA’s plan. Given the income targeting of the program, these developments will be competing for the same subsidy sources as other SH developments that are targeted to homeless populations.
The local Continua of Care received $95.9 million last year for the transitional, rapid rehousing, and permanent supportive housing programs in the state, as well as support for the Homeless Management Information Systems (HMIS) and CoC planning activities. The chart below sets forth the breakout in funding by CoC.

**Figure 11: HUD Funding to CoCs in 2015**

<table>
<thead>
<tr>
<th>HUD Total CoC Awards by County</th>
<th>Balance of State</th>
<th>Cuyahoga/Cleveland</th>
<th>Franklin/Columbus</th>
<th>Hamilton/Cincinnati</th>
<th>Lucas, Mahoning, Stark, Summit Counties</th>
<th>Montgomery/Dayton</th>
</tr>
</thead>
<tbody>
<tr>
<td>$9,892,218, 9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$15,064,056, 13%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$21,260,653, 19%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$13,789,881, 12%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20,830,231, 19%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$31,791,141, 28%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: CoC Lead agency submissions provided to CSH/BPA June 2016

**Gaps Analysis**

In phase II of the Statewide Plan study, additional data should be collected from the CoCs to refine specific unit projections. For Phase I, gaps information is provided through the SHOP analysis, and a five-year supportive housing needs assessment completed by CSH in 2014. For additional information, data from a state survey of local mental health and recovery boards is also provided. In order to complete the specific need projections, we would need Annual Performance Reports and Annualized Homeless Assessment Reports from each of the 9 CoCs, along with data on locally-funded housing resources from each of the 88 counties. For additional information, data from a state survey of local mental health and recovery boards is also provided.

**Five-Year Projection of PSH Need, Per 2014 Study**

At least 6,168 additional units of Supportive Housing are needed over five years; future development efforts may focus on homeless prevention for vulnerable populations.

In October 2014, CSH published a Statewide PSH Needs assessment that analyzed existing supportive housing (SH) capacity, research on which subpopulation groups benefit from SH, input from 50 stakeholders, and the development pipeline at the time. The report identified the need for 3,116 new PSH units specific to people experiencing homelessness and another 3,053 units for populations at risk of homelessness over five years. These estimates were considered conservative at the time they were released and did not factor in certain subpopulations including those exiting a variety of institutional settings.
As the SHOP tool pointed out, Ohio is in a position to have sufficient supportive housing units to serve those identified as chronically homeless with the current pipeline of new units and with minor adjustments to the prioritization of turnover units. It is therefore on the near horizon that the state will be in a position to focus on the next phase of supportive housing – as a prevention intervention for vulnerable populations at risk of chronic homelessness.

Findings from the 2015 survey of local mental health and recovery services boards
OMHAS conducted a survey of the local mental health and recovery services boards to learn about the housing programs they fund and the unmet needs as identified by staff of the board. Permanent housing was the number one rated response with 87% of boards indicating unmet need. This included recovery housing settings (70%) and PSH (65%). It is important to note that not all those served by the local boards are at imminent risk of homelessness and the survey data represents opinions of professionals, not assessment data or research.

The survey found that local boards fund 401 permanent supportive housing units outside the local CoCs and provide
supportive services and/or operating support in thousands more units.

**Affordable housing inventory:**

Inadequate access to affordable housing remains a challenge to the state’s work to end homelessness as it limits people’s and families’ with low incomes ability to exit shelters and other housing programs and represents a key prevention strategy when targeted to those at imminent risk. While this report does not have a primary focus on affordable housing, this was a common barrier to ending homelessness cited by those who provided feedback for this report.

Figure 13 sets forth the number of permanent supportive housing and affordable housing units available in each of the CoCs and regions within the Balance of State. It also includes the number of people in poverty in those same jurisdictions in order to understand the scale and impact of the affordable units. OHFA’s Annual Housing Needs Assessment states that there are just 30.8 affordable housing units per 100 extremely low income renters. This estimate makes no assessment of the quality of those units, which was a frequently cited concern in focus groups and Community Dialogue sessions.

**Figure 13: PSH Affordable Units by CoC and CoC region**

<table>
<thead>
<tr>
<th>Continuum of Care</th>
<th>PSH Units</th>
<th>Affordable</th>
<th>Households in poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH-500 Cincinnati/Hamilton County CoC</td>
<td>1,699</td>
<td>21,206</td>
<td>75,109</td>
</tr>
<tr>
<td>OH-501 Toledo/Lucas County CoC</td>
<td>864</td>
<td>10,934</td>
<td>48,633</td>
</tr>
<tr>
<td>OH-502 Cleveland/Cuyahoga County CoC</td>
<td>3,183</td>
<td>35,261</td>
<td>123,870</td>
</tr>
<tr>
<td>OH-503 Columbus/Franklin County CoC</td>
<td>2,051</td>
<td>26,320</td>
<td>99,842</td>
</tr>
<tr>
<td>OH-504 Youngstown/Mahoning County CoC</td>
<td>166</td>
<td>5,156</td>
<td>22,800</td>
</tr>
<tr>
<td>OH-505 Dayton/Kettering/Montgomery County CoC</td>
<td>873</td>
<td>23,093</td>
<td>52,588</td>
</tr>
<tr>
<td>OH-506 Akron/Barberton/Summit County CoC</td>
<td>419</td>
<td>12,433</td>
<td>40,560</td>
</tr>
<tr>
<td>OH-507 Ohio Balance of State CoC</td>
<td>2,126</td>
<td>79,604</td>
<td>437,698</td>
</tr>
<tr>
<td>OH-508 Canton/Massillon/Alliance/Stark County CoC</td>
<td>485</td>
<td>6,082</td>
<td>29,282</td>
</tr>
<tr>
<td>Total</td>
<td>11,866</td>
<td>220,089</td>
<td>930,382</td>
</tr>
</tbody>
</table>

Source: OHFA administrative data retrieved from the DevCo system, national affordable housing database, and data de-duplication by CSH/BPA. PSH units are those listed in the 2015 HUD Housing Inventory Chart plus the state’s Returning Home Ohio units. Poverty data retrieved from the American Community Survey for 2014.

**Cost Benefit Analysis Overview:**

Cost benefit studies have demonstrated that RRH is more cost-effective than long stays in emergency shelter and transitional housing and investment in PSH for some populations is more cost-effective than long term homelessness. In 2015, HUD’s Office of Policy Development and Research published the interim results of The Family Options
The Family Options Study is a comprehensive comparison of four intervention approaches for families experiencing homelessness: Permanent housing subsidy, rapid rehousing, transitional housing, and usual care. The Family Options Study found that both rapid rehousing and housing subsidies were less expensive interventions than usual care (which usually involves shelter stays and other supports), and site-based transitional housing.

Another study was published in 2015 by the Urban Institute exploring what is known about the cost-benefit impact of Rapid Rehousing which was less definitive as there is wide variation in the duration and depth of subsidies and services.

There have been dozens of studies on the benefit of supportive housing. CSH summarizes these findings as follows:

- **Supportive Housing Improves Lives** Research has shown that supportive housing has positive effects on housing stability, employment, mental and physical health, and school attendance. People in supportive housing live more stable and productive lives.

- **Supportive Housing Generates Significant Cost Savings to Public Systems** Cost studies in six different states and cities found that supportive housing results in tenants’ decreased use of homeless shelters, hospitals, emergency rooms, jails and prisons.

Some of the most rigorous studies, which included publication in peer-reviewed journals are:

   - A homeless person with severe mental illness in New York City uses an average of $40,449 of publicly funded services each year.
   - After placement in supportive housing, the use of publicly funded services was reduced by an average of $12,145 per year.

   - The provision of housing reduces public service costs nearly as much as the cost of the housing within six months.
   - After 12 months, the 95 individuals placed in the 1811 Eastlake housing program had reduced their public safety net costs by $4.0 million dollars.

   - The Housing First intervention had a greater impact in reducing homelessness, hospitalization, and costs compared to other CoC programs.

A CSH study conducted for Washington State in 2013 projected that a supportive housing benefit could save $1.50 in Medicaid costs for every $1.00 spent. Appendix IV contains a brief literature review prepared by CSH on the cost and health impacts of supportive housing.
Overview of statewide gaps that prevent persons experiencing homelessness from receiving housing and services

CSH/BPA elicited gap information through the community dialogues, focus groups, and stakeholder submissions that point to areas of opportunity the state may wish to explore as it seeks to promote access to necessary services for those who experience homelessness. The findings from each are summarized in their respective sections and readers are encouraged to read through the complete appendices where all the gaps and opportunities are fully explored.

Regional issues, challenges, and opportunities

CSH/BPA sought input into identifying regional issues, challenges and opportunities through the Community Dialogue Sessions, written submissions responding to the Desired State Exercise, two focus groups with individuals and families currently experiencing homelessness, as well as interviews with people who are homeless in rural areas.

Community Dialogue Summary

Barbara Poppe and Associates and CSH collaborated to convene three Community Dialogues in Lancaster (June 21, 2016), Akron (June 23, 2016), and Dayton (June 28). The registration was made open to the public and Steering Committee members were encouraged to reach out to promote broad participation. The dialogues hosted a diverse set of community members and key stakeholders who shared input toward the goal of developing a statewide plan to end homelessness in Ohio. Over 150 community members participated across the three dialogues.

The dialogues included a presentation on best practices and benchmark cities that have made significant progress toward ending homelessness. Each attendee had the Ohio Statewide Plan to End Homelessness Snapshot to reference, which is provided in the Community Dialogues Report (Appendix V). Other reference materials in the packet include USICH criteria and benchmarks for ending chronic and Veteran homelessness, USICH Housing First Checklist, and HUD’s Recovery Housing policy brief. Attendees had a chance to communicate in small groups to discuss the scope of the problem in Ohio and what it would take to meet the challenge. A large group discussion followed in which attendees reported out key insights and lessons learned. Questions to be answered for the report out included:

1. How well does the data snapshot provide a picture of the problem of homelessness in our state?
2. How could the State of Ohio be a better partner to help your community use data to track progress and measure performance?
3. How could the State of Ohio be a better partner to support and encourage coordinated entry and diversion?
4. How could the State of Ohio be a better partner to support and encourage rapid re-housing?
5. How could the State of Ohio be a better partner to support and encourage permanent supportive housing?
6. How could the State of Ohio support and encourage a systems approach and goal that supports making homelessness rare, brief and non-recurring in your community?
7. How could the state of Ohio support and encourage a systems approach that supports implementing Housing First practices community-wide?

Findings/Challenges:

- There was strong consensus that homelessness is a serious or extremely serious problem in Ohio.
- The perspectives on how well the State of Ohio works together with local communities to solve homelessness was varied from not well to well aligned and collaborative.
- The perspectives on how well the State of Ohio was using data to track progress and monitor similarly varied.
• There was general consensus that the focus on coordinated entry and diversion is not yet fully focused and invested.

• Perspectives on how far along the focus is on rapid rehousing and permanent supportive housing was more positive than coordinated entry but the range was still from just beginning to underway but not yet fully focused and invested.

• There was general consensus that the creation of local systems that have a goal to make homelessness rare, brief, and one-time was just beginning. No scores were above the midpoint.

• The perspectives on how far along the State of Ohio was with implementing housing first practices statewide varied widely.

Opportunities
During the regional dialogues, participants were asked a series of questions to identify opportunities the state could consider to advance the goal of making homelessness a rare, brief, and one time occurrence. The following are the summarized themes that arose during the discussions.

Summarized Theme: Desire/need for assistance from the state around coordinated entry/assessments.
• The state needs a uniform set of guidelines, policies, procedures, and definitions for coordinated entry and diversion based on best practices.
• Facilitate better coordination and cooperation across agencies and communities.
• Communities need training and technical assistance to set up a coordinated entry system.
• Provide funding and resources for communities to set up a coordinated entry system.
• Rural areas have different needs and experiences than urban areas. The state should identify what is needed in rural areas and separate it from urban needs.
• The state needs a better way to capture individuals in need and make referrals.

Summarized Theme: Funding and resources are needed to meet the demands of preventing and ending homelessness
• More funding is needed to address local demands for providing supportive services, including case management.
• Funding should be stable, long term, and based on community needs.
• Funding and resources are needed to support diversion, rapid re-housing model, affordable housing, and permanent supportive housing, and to increase housing availability.
• The state could assist in bringing providers to the table, coordinating with private landlords, and finding ways to build more housing stock.
• Support more affordable housing options, especially in rural communities.
• Revamp the funding process to be competitive

Summarized Theme: Provide guidance on best practices for rapid re-housing and establish uniform and concise benchmarks, regulations, rules, and models that align with federal guidelines.
• The state should issue clear guidance on the requirements and training for RRH implementation.
• The state needs uniform and concise guidelines, rules, regulations, and models to follow. These standards should match with federal regulations.
• Establish best practices and benchmarks for the state.
• Require rapid rehousing providers to make programs more accessible through removing barriers to entry.
• There is a need for technical assistance and training on rapid re-housing.
• Providers could explore the person-centered model of case management.
• Improve coordination with state agencies and among communities.

Summarized Theme: More funding and resources are needed to develop and implement PSH
• There is a need for more funding to develop PSH and operate supportive services.
• Demonstrate that PSH is a top priority by providing more resources to develop and implement PSH.
• The state could expand resources and funding for supportive services, staffing, and capital funds to support increased PSH.
• There is a need to prioritize resources for PSH.
• The state should increase training and guidance on best practices for housing first.
• The state needs to provide more guidance on PSH models and best practices.
• The state should promote evidence based and best practices.
• Tenants in PSH need additional support, especially behavioral health services, and comprehensive case management.

Summarized Theme: The State should take a leadership role and form partnership to achieve the goals to end homelessness
• The state needs to take a leadership role in making the goal to end homelessness a priority.
• Promote more partnerships among diverse groups such as churches, public officials, and community agencies should be convened to support the goal.
• The state should better coordinate and communicate across its agencies.
• More guidance on best practices through training and technical support for each region.
• More training on housing first for local communities and landlords along with uniform guidance and expectations.
• Provide technical assistance based that is guided by data-informed community needs.
• Implement best practices based on federal guidance.
• Incentives to create a larger housing supply, especially forming partnerships with landlords.
• Statewide benchmarks should guide the implementation and be consistent with federal policies.
• The state should work to develop a set of best practices, definitions, and standards using federal guidelines and share it across the state.
• State funding should be informed by data and best practices.
• The state should support populations that are difficult to house such as those with criminal histories.
• The State can prevent discharging people to homelessness.

Veterans Dialogue
Given the federal and local efforts to end veteran homelessness by 2016, CSH/BPA held two Veterans Dialogues to focus specifically on this subpopulation. The first was held in Lancaster (June 21, 2016) and the second in Akron (June 23, 2016). Barbara Poppe (Barbara Poppe and Associates) was responsible for program design and facilitated the dialogues. Invitations were targeted toward veterans who have experienced homelessness, CoC leaders, VAMC/VISN homeless services staff, SSVF, GPD, VASH, HCHV, and other veteran housing and service providers. These dialogues hosted a diverse set of community members and key stakeholders who shared input toward the goal.
of ending veteran homelessness in Ohio. The forums helped identify opportunities and challenges toward this goal. Nearly 60 community members participated between the two dialogues. A full report is attached in Appendix VI.

The dialogues included a presentation on best practices and benchmark cities that have made significant progress toward ending Veteran homelessness. Each attendee received the Ohio Veterans Homelessness Snapshot to reference. As reference material, USICH criteria and benchmarks for ending veteran homelessness, USICH Housing First Checklist, and USICH strategies to end veteran homelessness were included in packets. A large group discussion followed in which attendees reported out ideas then voted to establish priorities for ending homelessness among Veterans in Ohio. Identify State of Ohio resources for veterans not eligible for federal (VA) resources. The priorities selected were as follows:

1. Engage landlords to prioritize access to quality housing.
2. Invest in new rental housing for homeless Veterans.
3. Fund CoC systems to support local CoC/VA partnerships.
4. Identify State of Ohio resources for ongoing support after RRH subsidy and services end.

**Veterans Dialogue: Possible Policy Actions**

To advance the productive conversations, specific policy actions were recommended as follows:

- **DSA:** Encourage CoC’s to meet Federal goal to end homelessness among Veterans and ensure Veterans not eligible for federal (VA) resources are prioritized for CoC resources. Provide competitive funding awards to help CoC’s meet Federal Criteria and Benchmarks, for example, invest in CoC infrastructure systems to support the master list, staff to support collaboration, etc.

- **Department of Veterans Services:** Provide information, training, and assistance to local communities and Veterans experiencing homelessness in accessing services provided by County Veteran Services Commissions (CVSCs). Promote identification and awareness of broader homeless resources for those veterans who are ineligible for services from the federal VA or the CVSC. Together with the OHHC partners, examine possible funding or resources that can be leveraged to support homeless veterans and their families across the state.

- **DSA:** Request that Abt Associates convene all CoC leads and VA leads to share promising practices and progress to end homelessness via check in conference calls.

- **DSA:** Lead state interagency effort to identify State of Ohio resources that could support Veterans who have completed RRH services and need additional supports.

- **OHFA and DSA:** Develop strategies to encourage property owners/landlords who have received State of Ohio capital development funding and/or operating/rent subsidies to provide preferred access to quality rental housing to Veterans who have experienced homelessness. Strategies could include education about homelessness and resources available to homeless Veterans, financial incentives, and/or certification of “Veteran friendly” landlords.

- **OHFA and DSA:** Invest in new rental housing for homeless veterans, including smaller developments and mixed income apartment communities. Require property owners to admit Veterans with criminal histories.

**Current State / Desired State Exercise**

In preparation for developing this report, ODSA and OMHAS established a Steering Committee to help guide the work and provide feedback on its design and execution. Steering Committee members were asked to complete a document filling in the “Current State” and Desired “State of Ohio role” to the best of their knowledge. Responses were compiled, summarized, and anonymized by Todd Ives (Barbara Poppe and Associates) and are attached as Appendix VII.

The Current State/Desired State exercise revealed a number of strengths, challenges and opportunities. The elements of the Desired State are:
I. Homeless Assistance System

A. Homeless System Orientation: Ability and willingness to direct more service-intensive housing interventions to highest needs households.
   1. All providers and funders support this principle.
   2. An inventory of investments is conducted annually to ensure resources align with needs.
   3. Coordinated Entry System is functional.

B. Coordinated Entry System (CES):
   1. The CoC, in partnership with providers and funders, has developed criteria and tools for CES assessment.
   2. All providers participate in CES.
   3. All providers are willing to accept referrals without pre-conditions from the CES.
   4. CES assesses needs and connects families/individuals to diversion where possible and temporary shelter as needed.
   5. CES collects only information to make referral decisions and does not unnecessarily burden clients.
   6. Providers accept information from CES as basis for intake and minimize clients repeating story at each program.

C. Diversion:
   1. Is accessible at many places in the system, includes combination of financial assistance, mediation, housing location, and other supports, and is client driven.
   2. Intervention is aimed at helping families stay in current housing (safety is primary consideration) or move to other housing, if remaining is not possible, without requiring a shelter stay first.
   3. Priority is given to families who are most likely to be admitted to shelter, but for this assistance.

D. Temporary or Emergency Shelter
   1. Provides 24/7 safe shelter with stabilization services.
   2. Housing placement as quickly as possible is primary objective.
   3. Imposes minimum entry and compliance requirements in order to avoid individuals or families being rejected or asked to leave.
   4. No one is unsheltered due to lack of shelter capacity.

E. Rapid Re-Housing
   1. People in shelter who are not able to rehouse themselves quickly are offered rapid rehousing assistance.
   2. Assistance is tailored to meet household needs and intended to provide only what is needed to ensure transition to housing with the likelihood of remaining housed.
   3. Programs provide core components: housing identification, rent and move-in assistance, and rapid rehousing case management and services.
   4. Programs are evaluated for consistency with NAEH standards for rapid rehousing.

F. Transitional Housing
   1. Analysis of all TH programs has been conducted to determine if the intervention is achieving the desired outcomes for people experiencing homelessness.
   2. TH is offered to specific target populations; and programs are designed to meet specific needs.
   3. TH is an offer, not a requirement (families/individuals may opt for rapid rehousing.)
   4. Housing placement is the primary objective of the program.

G. Permanent Supportive Housing
   1. Permanent Supportive Housing is reserved for the highest needs families and individuals.
   2. Services are voluntary and designed to support successful tenancy and life goals of household members (individuals, parents and children.)
3. Move-on opportunities for stable families/individuals are offered.
4. There are no waiting lists for permanent housing among those most vulnerable and chronically homeless.

H. Partnership with landlords to provide access to affordable rental housing
   1. The system has relationships with public, private and nonprofit housing owners to dedicate access for formerly homeless families/individuals.
   2. Nonprofit housing providers seek to screen in rather than screen out families/individuals that have experienced homelessness.
   3. Resources are available to support cultivation of landlords.

I. Safety for Survivors of Domestic Violence
   1. Families/individuals fleeing domestic violence have immediate access to appropriate crisis assistance.
   2. Client confidentiality is maintained throughout the system.
   3. Sensitivity to trauma and family violence is embedded in all family/individuals’ services, whether DV-targeted or not.

II. Plan to Achieve and End to Homelessness in Ohio (planning, administration, investment and data systems)
A. There is broad support, collaboration and investment in the plan to end family homelessness in Ohio.
   1. The State of Ohio jurisdictions, the CoCs, in partnership with the business, philanthropic and faith community actively participate in planning, invest resources, and contribute leadership to the Plan.
   2. All of the above actively promote and engage the broader community, including those with lived experience, to participate in the Plan.
B. Data driven decision making is embedded in the plan
   1. Data to measure outcomes of all programs and the system as a whole is of high quality and confidence.
   2. Performance data at program and system level is used to make investment decisions.
   3. All public and private investors and funders use data on needs and performance to make funding decisions.
C. Attainment of System Performance Measures (HUD requirements) and HMIS Quality Requirements
   1. HMIS system is functional and conforms with HUD requirements.
   2. All outreach and residential homeless assistance providers participate in HMIS.
   3. Data is substantially complete and of high quality.
   4. The State and CoC calculates and uses HUD system-level performance measures as the established selection criteria for awarding State and CoC Program projects and to evaluate system performance.
   5. The CoC cooperates with jurisdiction on planning for homeless services delivery and funding.

I. Engagement of Mainstream Resources to Provide Support to Homeless Families and Individuals
A. Employment
   1. Effective partnership between shelter & housing providers with Ohio Means Job Centers and their contractors.
   2. All programs meet or exceed HUD performance criteria around gaining employment and income.
B. Education
   1. Homeless programs work to ensure that all children have access to school, afterschool assistance and transportation.
   2. The CoC has strong relationships with the McKinney coordinators in each school district.
C. Child Care
1. Families participating in the homeless system are assisted to access subsidized childcare.
2. The childcare system prioritizes children experiencing homelessness.

D. Benefits (OWF, SSI, VA)
1. Families/individuals participating in the homeless system are assisted to gain benefits for which they are eligible.
2. Programs meet or exceed HUD performance criteria around mainstream benefits.

E. Community and Supportive Services
1. Links between homeless and mainstream services (public and nonprofit) for low-income households are strong.
2. Where possible, families/individuals are connected to services in the community where they will be living.

F. Housing First
1. All front line staff, supervisors and program managers have been trained.
2. All programs operate using these practices.

G. Trauma Informed Services
1. All front line staff, supervisors and program managers have been trained.
2. All programs operate using these practices.

H. Critical Time Intervention for adults who have serious mental health and/or substance use problems
1. Providers understand the role of CTI.
2. RRH and PSH programs use CTI when serving adults with serious mental health and/or substance abuse problems.

I. Assertive Community Treatment for adults who have serious mental health or co-occurring disorders
1. PSH Providers understand the role of ACT.
2. PSH programs utilize or coordinate with ACT providers when available in the community.

J. Supported Employment and Transitional Jobs
1. PSH Providers understand the role of supported employment and transitional jobs.
2. PSH programs utilize Supported Employment or coordinate with SE providers when available in the community.
3. PSH programs establish effective referral relationships with TJ providers.

K. Early Childhood Home Visiting & Education
1. All case managers have been trained in how to access Early Childhood Home Visiting & Education community based services.
2. There are sufficient Early Childhood Home Visiting & Education community based programs to serve families.

Focus Group Feedback
Two focus groups and one set of rural interviews were conducted of people with lived experience of homelessness. The focus groups were held at Lighthouse Youth Services’, Sheakley Center for Youth and at the Van Buren Family Shelter. In both focus groups, a flyer was posted in advance of the focus group in common areas describing the purpose of the focus group and the opportunity for people to have their voices heard as the state assesses its efforts to address homelessness. There were six youth and seven parents who participated in the focus groups. The parents requested anonymity, but the youth executed releases to share their photos and feedback. The same five questions were asked, as follows:
1. What would you want the state to know about the experience of homelessness in Ohio?
2. Have any services or supports you’ve received since becoming homeless been more helpful than others?
3. What do you think the state could do to make homelessness rare, brief, and non-recurring?
4. Are there services or supports that could prevent more people from becoming homeless?
5. If you were in charge of ending homelessness in Ohio, what would you do?

Youth responses: Youth participants described the difficulty of accessing services and meeting basic needs and how overwhelming and scary it feels to be so young and on the street. Youth expressed a mix of frustration and appreciation for services received. Behavioral health services, particularly the ACT team, were rated favorably, but youth complained they were difficult to access. Youth expressed ambivalent feelings about low barriers to shelter and housing. They thought it should be easier to access, but they also wanted to be sure it was safe and free from illegal activities or safety threats. They discussed how this was a complex challenge. Some participants described the need for the state to help ensure that vulnerable youth know how to get help, as they are very unlikely to be familiar with any programs or supports. They requested the state help youth access vital documents such as social security cards, IDs, etc. which can be very difficult without parental assistance. Youth participants struggled with the seemingly overwhelming problems of substance abuse, domestic violence, and poverty and mostly sought to emphasize the need for empathy and for opportunities for them to give back to others in need.

Parents responses: Parent participants sought to stress that the experience of homelessness is extremely difficult and stressful and to dispel any myths that people who seek help are lazy or taking advantage of resources. Similar to the responses from the youth, parents expressed a mix of frustration and appreciation for the services they’ve received. A minority, though more vocal group of parents expressed passionately their disappointment in the availability of a variety of services including case management, mental health, and employment services. There was consensus that the most critical unmet need was rent assistance and landlord engagement to help them overcome past credit or eviction histories. Parents offered specific, concrete suggestions on what additional resources they believe could help reduce the length of homeless episodes. This includes medium term rental assistance, employment supports, particularly easily accessible child care when parents are participating in job interviews, and a process to expunge old evictions or abandoned complaints that remain in the public records search even when they were dropped by the landlord.

A full report on the focus group, including comments in their own voices, can be found at Appendix VIII

Rural Interviews: For the rural interviews, staff from the West Ohio Community Action Partnership, formerly known as LACCA, Lima/Allen County Community Action Agency, contacted clients residing within Auglaize County who had been assisted by HCRP (see below) and received housing assistance in the prior 12 months. They asked if they would be willing to provide feedback on their experience through a 15-minute telephone interview. After some individuals refused to participate and others were unable to be reached, two interviews were conducted.

Interview Questions
1. How did LACCA help you with your housing crisis?
2. The funding LACCA used to help you was from the State of Ohio. What would you want the State to know about the help you got from LACCA?
3. Have any services or supports you’ve received from LACCA been more helpful than others?
4. What do you think the State could do to help other people facing your situation avoid it or get over it quickly?
5. If you were in charge of helping people avoid a housing crisis in Ohio, what would you do?

Rural respondents: People experiencing homelessness in Auglaize County emphasized the acute difficulty accessing quality, affordable housing with a limited supply of subsidies and willing landlords as well as the challenge of accessing services given likely transportation issues. Even rural communities with stable employment will have people who will need help due to some unexpected emergency. The two interviewees reported that they needed help due to 1) layoff coupled with recent divorce and 2) a disability check being stolen. Assistance with emergency rent assistance and referrals to community resources and public programs was very helpful to averting the loss of housing. Being treated in courteous, respectful, and helpful way by staff was very important. Rural interviews suggested that programs help...
people apply for public programs like LIHEAP, PIP, SNAP, Medicaid, financial aid for college, etc. is very important for someone who has never been poor before. They suggested that even small amounts of rent assistance are helpful. Programs to help disabled, unemployed, and low income are not readily available within Auglaize County but WOCAP staff were very good at finding every available resource. Need unemployment assistance to be one year not just six months as it can take longer than six months to find a comparable job if you were laid off from a good job. One respondent suggested the state consider offering help for people to keep their license active and renewed while unemployed by paying for fees and continuing education credits.

National Trends and Best Practices Identification

CSH and BPA were asked to identify national trends and best practices information as part of the Statewide Homelessness Study. Some information was provided to the Steering Committee and community dialogue participants. (See Appendix IX: Best Practices Presentation) We have expanded and updated that information in this section of the report, as well as highlighted recent research studies that are important contextual information that may be important to the state as it develops its plan.

Housing First Framework

USICH and HUD maintain a commitment to a housing first system approach. CoCs must operate systems that are low to no barrier, comprehensive in their outreach to vulnerable populations, and focused on rapid access to permanent housing options. While sober living environments may be a part of the housing system, the individual’s choice in housing setting must be paramount and housing programs must avoid evictions based on relapse or facilitate access to other appropriate housing settings.

Benchmark Tools for Ending Veterans and Chronic Homelessness:

USICH has released benchmark tools to determine whether communities have reached an end to veterans and chronic homelessness. These include both calculations on the number of units available, as well as system analysis to determine the comprehensiveness and effectiveness of the community’s coordinated entry process and housing/services interventions.

Framework for Ending Youth Homelessness:

In 2012, USICH issued amendments to the Opening Doors Federal Strategic Plan including one to address the specific challenges faced in ending youth homelessness. A major focus of the Framework is collecting better data to understand both the prevalence and the specific needs of homeless youth and involving youth in these data collection activities. The second focus is on building the capacity of youth serving programs to ensure housing interventions and services are age and developmentally appropriate, culturally informed, and evidence based and trauma-informed.

Rapid Rehousing Core Elements

The National Alliance to End Homelessness (NAEH) has published guidance to advance more consistent quality among rapid rehousing programs. It identified the three core components as 1) housing identification – both identifying housing options/willing landlords, and assisting landlords and prospective tenants in breaking down barriers to access units 2) Rent and Move-In Assistance – financial assistance to secure housing both moving costs, deposits, as well as rent and utility assistance; and 3) Rapid Rehousing Case Management and Services – time-limited and client-directed services that both help address the short term challenges faced by families as they seek to access and succeed in housing, and also connect them to community based supports that will improve their housing stability over time. NAEH has also promoted the concept of progressive engagement, which seeks to provide the minimum assistance required, but to adjust as families’ needs change, rather than one size fits all approaches that have pre-defined periods of assistance and then disqualify participants from seeking help in the future.
Community Engagement Strategies: There are a variety of mechanisms to catalyze community leadership and participation in work to end homelessness that have been demonstrated as very effective. Some examples include the by-name lists and housing prioritization that are components of the Zero 2016 and 100,000 Homes Campaign, and Mayor’s Challenge to End Veteran Homelessness. Other communities have used collective impact approaches to engage a broad cross section of community leaders in data-driven and mutually accountable strategies to advance the local work.

Success Stories: Virginia, Connecticut, Utah
States across the country have played important roles in reducing homelessness and focusing resources to their greatest impact. Examples of states that have made significant progress are Virginia, Connecticut and Utah.

Virginia stands out as a leader in ending homelessness overall. They have reduced homelessness by 23%, and have made significant progress in specific sub-categories including veteran homelessness, chronic, and family homelessness. Virginia was the first state in the nation to have effectively ended Veteran homelessness, receiving official designation by HUD in 2015. Simultaneously, the state has reduced chronic and family homelessness by 25% during the same time period (2010-2015).

Connecticut is another example of the impact of strong state leadership. The 2016 PIT count revealed the state has now reduced homelessness to its lowest rate since count data was published in 2007. The state is on track to end chronic homelessness within the year, with another 20% reduction between 2015-2016. There are now only 476 chronically homeless people, down from 10,000 a decade ago, and only 173 homeless veterans identified in 2016. Homeless advocates point to the strong investments committed by Governor Malloy’s administration and a smarter national approach. The Malloy administration has made significant general fund contributions to developing, operating, and supporting permanent housing and rapid rehousing, including through a statewide rental subsidy initiative. Connecticut has also begun work to align its Medicaid program to better integrate with supportive housing programs in offering tenancy supports.

Utah has been lauded for being the first state to end chronic homelessness. Utah’s approach is marked by a strong state leadership through the Homeless Coordinating Committee, which established a measurable plan to end chronic homelessness and was quick to adopt system wide Housing First practices. The state’s coordinating committee held state agencies, communities, and providers accountable to achieve results. The 2016 PIT results for the state reveal continued progress in reducing homelessness, with another 7% one year reduction across the board, and a 6% further reduction in chronic homelessness.

Recent Research:
In addition to the research cited when describing cost effectiveness, three key studies have been released in the past year that may inform the state’s current efforts to develop a statewide plan to end homelessness. They are the Family Options Study, Veterans Preventions and a research scan exploring what is known about Rapid Rehousing.

Family Options Study
The Family Options Study, funded by HUD and conducted by a group of researchers at Vanderbilt University, sought to compare the impact of affordable housing, rapid rehousing, single site transitional housing, and usual care on a variety of outcomes for homeless families with children. The outcomes evaluated were around housing stability, child and adult wellbeing, and self-sufficiency. More than 2,000 families were randomly assigned to the various interventions. However, complicating the study, many families initially assigned to one intervention wound up participating in multiple interventions. Nonetheless, some key findings emerged from the rigorous evaluation: Affordable housing had the biggest impact across the outcomes studied, rapid rehousing produced the same or slightly better outcomes than usual care but was the least expensive intervention, and transitional housing produced the same or slightly worse outcomes while costing more than other interventions.
Evaluation of Rapid Rehousing

Urban Institute’s scan of literature and studies on rapid rehousing identified its primary strengths and weaknesses. Cunningham et al found that Rapid Rehousing is a low barrier, housing first approach that results in shorter homeless episodes, low returns to homelessness and high exits to permanent housing. The intervention has less impact on employment and income and residential stability, finding that rapid rehousing participants still experience frequent moves and struggle with housing and neighborhood quality. A mixed result identified in the literature review is that families with high needs are being served by rapid rehousing and their homelessness does appear to be impacted by the intervention, however it does little to address these barriers.

Veterans Prevention Study

Silber Associates and the Urban Institute evaluated the Veterans Homelessness Prevention Demonstration that sought to provide early interventions to homeless or imminently at risk veterans involved in the post-9/11 conflicts, through rapid rehousing and employment services. The program, which began in 2009, had several positive outcomes, including that only 10% of those served experienced subsequent homeless episodes, and rates of employment and earnings increased.

Evidence Based/Promising Practices

The following is a listing of the known evidence-based or promising practices demonstrated effective in reducing the duration and prevalence of homelessness and in promoting recovery/resilience from homelessness:

- Trauma informed care and approaches
- Housing First (all levels)
- Motivational interviewing
- Assertive Community Treatment
- Critical Time Intervention
- High Fidelity Wraparound Services
- Early Childhood Home Visiting Programs
- Diversion
- Rapid Rehousing with progressive engagement
- Permanent Supportive Housing
- SOAR

Emerging Practices and Innovations

- Health & Housing including Medicaid strategies
- Recovery Housing; HUD Policy Brief on Recovery Housing Dec. 2015
- Pay for Success
- Youth - cross sector collaboration; USICH Youth Framework; Voices of Youth Count
- Employment and training – Partnerships Summit to end homeless through integration of employment and training
- Children: Access to early childhood education and school partnerships
- Equal access regardless of sexual orientation or gender identity
- Partnerships with Child Welfare and Housing organizations

Conclusion/Summary: What can be done to prevent and minimize homelessness in Ohio in the next 10 years within the constraints of existing or reasonably attainable resources?
In developing this report, it was apparent that there is a broad commitment across the state to engage in solutions-focused work and to participate with the state in advancing progress. While there is a broad and diverse range of perspectives, there is a common desire and interest in promoting what works and what is in the best interests of those who experience or face homelessness. It is evident that there are numerous strengths in the state’s current efforts to respond to homelessness across Ohio, as illustrated by the progress in ending chronic and veteran homelessness, the growing role of Medicaid as a partner in funding evidence-based services, and commitments by the state to permanent housing solutions as prevention tools such as ODRC’s and OMHAS’s housing programs. There are also many opportunities to improve the statewide response going forward. We have examples of states that have been successful to learn from, a body of research and evidence-based practices, and a strong network of local providers and planners to carry out the work. Through this work, it has been determined that homelessness can be ended when there is a fully operational local system that:

- has a goal to make homelessness rare, brief, and one time;
- focuses on housing solutions like rapid rehousing, permanent supportive housing and Housing First practices;
- uses data to track progress and monitor performance;
- invests only in proven solutions to homelessness; and
- directs sufficient resources from the public and private sector to right-size the system and programs to be sufficient to match the community’s unique needs.

The state of Ohio is in a strong position to become a national leader in preventing and ending homelessness. There are many positive elements to the current infrastructure in place throughout the state, and also many opportunities to strengthen the crisis response system and create a path out of all homelessness for all individuals and families. It will be important to differentiate the recommendations for urban, rural, and suburban as their assets and challenges are unique to their geography. For Phase II, development of a Statewide Plan, the consultants identified the following six key questions to be answered:

1. What can the state do to help local Continua maximize the effectiveness of the Crisis Response System across Ohio? (E.g. investments in Rapid Rehousing and Diversion, Coordinated Entry System supports and training, etc.)
2. How can mainstream services be leveraged to prevent or limit the duration of homeless episodes in Ohio?
3. With an end to chronic and veteran homelessness in sight, how will turnover units be used to house other vulnerable populations that might otherwise become chronically homeless?
4. What types of interventions should be scaled up, scaled down or phased out? How can funding be shifted to accomplish this? Will additional funding be needed? What are the recommended interventions, by type and number, needed to achieve the remaining unmet goals of Opening Doors:
   a. an end to youth homelessness,
   b. an end to family homelessness, and
   c. a path out of homelessness for all?
5. What can the state do to improve the availability and use of data to measure, track, and drive performance outcomes and ensure that its investments are made to the maximum effectiveness possible?
6. How can the State capitalize on its leadership potential to build momentum, cross-sector partnerships, and enhance communication so that a broad coalition of stakeholders across Ohio are motivated to engage in the core strategies identified in the Statewide Plan to End Homelessness?

INFORMATION ABOUT THE AUTHORS

CSH: Founded in 1991, CSH transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information, and innovation that allow our partners to use supportive housing to achieve stability, strength, and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions. CSH is an industry leader with national influence and deep connections in a growing number of local communities.
We are headquartered in New York City with staff stationed in more than 22 locations around the country. CSH offers a range of technical assistance and consulting, including multiple contracts with the U.S. Department of Housing and Urban Development (HUD). CSH complements our work with SH practitioners by providing training, TA, and advisement to and on behalf of government agencies and other funders. CSH’s Supportive Housing Training Center provides in-person trainings as well as a variety of trainings in different online format (webcasts, e-classes, and tutorials). CSH has had a Columbus office for roughly 15 years and has worked with a variety of state departments, local public systems, and private foundations to advance housing solutions for vulnerable populations. These efforts have helped add thousands of supportive housing units in the state, and promoted quality operations and supportive services in thousands more.

**Barbara Poppe and associates:** Barbara Poppe is the founder of Barbara Poppe and associates, LLC, and the former executive director of the United States Interagency Council on Homelessness, and a nationally recognized expert on homelessness and results-driven public-private partnerships. Ms. Poppe serves on the Enterprise Community Partners Board of Trustees and the National Advisory Committee for the Siemer Institute for Family Stability. Barbara Poppe and associates, established in 2014, is an independent consulting firm that develops the capacity of communities and organizations to tackle complex issues using a collaborative systems approach to achieve results and impact. Ms. Poppe served as the Executive Director of the United States Interagency Council on Homelessness from November 2009 to March 2014. During her tenure, Poppe oversaw the Federal response to homelessness by working with 19 Federal agencies to create partnerships at every level of government and with the private sector to reduce and end homelessness. In June 2010, Barbara Poppe and four Cabinet Secretaries announced Opening Doors, the nation’s first ever comprehensive Federal plan to prevent and end homelessness. Ms. Poppe served as the executive director of the nationally recognized Community Shelter Board (Columbus, Ohio) from October 1995 to November 2009. She holds a Masters of Science degree in Epidemiology from the University of Cincinnati. Over the course of her career, Ms. Poppe has served on numerous boards and committees, such as the National Alliance to End Homelessness, Columbus Mayor Michael Coleman’s Economic Advisory Committee, and advisory boards for the Child Welfare League of America and the Corporation for Supportive Housing. Todd Ives, a graduate student at the Ohio State University John Glenn College and public policy intern with Barbara Poppe and Associates provided significant contributions to the report in the areas of data collection and analysis, project support, and report writing.

**APPENDICES**

Appendix I Steering Committee membership list
Appendix II Definitions Document
Appendix III Chronic and Veteran homeless trends by CoC
Appendix IV CSH literature review on supportive housing/healthcare
Appendix V Community Dialogue Report
Appendix VI Veterans Dialogue Report Summary
Appendix VII Desired State Summary
Appendix VIII Focus Group Report
Appendix IX Best Practices Presentation

---


iii OHFA’s AHN 2016, p. 117


Retrieved from: http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000265-Rapid-Re-housing-What-the-
Research-Says.pdf

Retrieved from: http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000265-Rapid-Re-housing-What-the-
Research-Says.pdf

content/uploads/2013/09/Business-Case-for-SH_WA.pdf

/files/RRH.pdf

viii Utah State PIT count report, retrieved from: https://drive.google.com/file/d/0ByKOdmT_SjUxTnphV204YU5tWjA/view

ix Gubitz, et al.


xi https://www.huduser.gov/portal/veterans_homelessness_prev_dem.html
Appendix I: Steering Committee Membership List
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lori Criss</td>
<td>The Ohio Behavioral Council</td>
<td><a href="mailto:criss@theohiocouncil.org">criss@theohiocouncil.org</a></td>
</tr>
<tr>
<td>Kevin Finn</td>
<td>Strategies to End Homelessness</td>
<td><a href="mailto:kfinn@end-homelessness.org">kfinn@end-homelessness.org</a></td>
</tr>
<tr>
<td>Ruth Gillett</td>
<td>Cleveland/Cuyahoga CoC</td>
<td><a href="mailto:rgillett@cuyahogacounty.us">rgillett@cuyahogacounty.us</a></td>
</tr>
<tr>
<td>Natasha Slesnick</td>
<td>Ohio State University</td>
<td><a href="mailto:slesnick.5@osu.edu">slesnick.5@osu.edu</a></td>
</tr>
<tr>
<td>Linda Kramer</td>
<td>Daybreak</td>
<td><a href="mailto:kramerl@daybreakdayton.org">kramerl@daybreakdayton.org</a></td>
</tr>
<tr>
<td>Erica Mulryan</td>
<td>COHHIO</td>
<td><a href="mailto:ericamulryan@cohhio.org">ericamulryan@cohhio.org</a></td>
</tr>
<tr>
<td>Holly Holtzen</td>
<td>Ohio Housing Finance Agency</td>
<td><a href="mailto:hholtzen@ohiohome.org">hholtzen@ohiohome.org</a></td>
</tr>
<tr>
<td>Roma Barickman</td>
<td>OHMAS</td>
<td><a href="mailto:roma.barickman@mha.ohio.gov">roma.barickman@mha.ohio.gov</a></td>
</tr>
<tr>
<td>Matthew Lamantia</td>
<td>ODSA</td>
<td><a href="mailto:Matthew.Lamantia@development.ohio.gov">Matthew.Lamantia@development.ohio.gov</a></td>
</tr>
<tr>
<td>Jeannette Welsh</td>
<td>Ohio Department of Medicaid</td>
<td><a href="mailto:Jeannette.welsh@medicaid.ohio.gov">Jeannette.welsh@medicaid.ohio.gov</a></td>
</tr>
<tr>
<td>Scott Gary</td>
<td>ODSA</td>
<td><a href="mailto:Scott.Gary@development.ohio.gov">Scott.Gary@development.ohio.gov</a></td>
</tr>
<tr>
<td>Barbara Poppe</td>
<td>Barbara Poppe &amp; associates</td>
<td><a href="mailto:barbara@poppeassociates.com">barbara@poppeassociates.com</a></td>
</tr>
<tr>
<td>Katie Kitchin</td>
<td>CSH</td>
<td><a href="mailto:katie.kitchin@csh.org">katie.kitchin@csh.org</a></td>
</tr>
<tr>
<td>Emily Van Buren</td>
<td>Ohio Department of Medicaid</td>
<td><a href="mailto:Emily.VanBuren@medicaid.ohio.gov">Emily.VanBuren@medicaid.ohio.gov</a></td>
</tr>
</tbody>
</table>
## Homeless Definitions

<table>
<thead>
<tr>
<th>Agency</th>
<th>Application</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Department of Education</td>
<td>Services and supports provided through the McKinney Vento Homeless Children and Youth program, administered by the Ohio Department of Education</td>
<td>Youth or families who “lack a fixed, regular, and nighttime residence” or an “individual who has a primary nighttime residence that is a) a supervised or publically operated shelter designed to provide temporary living accommodations; b) an institution that provides a temporary residence for individuals intended to be institutionalized including welfare hotels, congregate shelters, and transitional housing for the mentally ill; or c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”</td>
</tr>
<tr>
<td>U.S. Department of Health and Human Services</td>
<td>Runaway and Homeless Youth program</td>
<td>Homeless Youth are individuals who are “not more than 21 years of age…for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement.” This definition includes only those youth who are unaccompanied by families or caregivers.¹</td>
</tr>
<tr>
<td></td>
<td>For individuals served by Healthcare for the Homeless programs</td>
<td>A homeless individual is defined in section 330(h)(5)(A) as “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.” A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single-room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)] An individual may be considered to be homeless if that person is</td>
</tr>
</tbody>
</table>
# Homeless Definitions

<table>
<thead>
<tr>
<th>Agency</th>
<th>Application</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Department of Housing and Urban</td>
<td>All HUD funding programs including Emergency Solutions Grant, Continuum of</td>
<td>“doubled up,” a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. A recognition of the instability of an individual’s living arrangements is critical to the definition of homelessness. (HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice)</td>
</tr>
<tr>
<td>Development</td>
<td>Care/Supportive Housing Program, and as it relates to preferences within</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the Public and Indian Housing programs such as Housing Choice Vouchers and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>public housing.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Category 1: Literally Homeless</td>
<td>An individual who lacks a fixed, regular, and adequate nighttime residence;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Category 2: Imminent Risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• An individual or family who will imminently lose their housing [as evidenced by a court order resulting from an eviction]</td>
</tr>
</tbody>
</table>
### Homeless Definitions

<table>
<thead>
<tr>
<th>Agency</th>
<th>Application</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>action that notifies the individual or family that they must leave within 14 days, having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days, or credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing; and</td>
</tr>
</tbody>
</table>

**Category 3: Homeless by Other Federal Statutes**

- Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who have experienced a long-term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

**Category 4: Fleeing Domestic Violence**

- Individuals and families who are fleeing or attempting to flee domestic violence dating violence sexual assault stalking and who lack adequate resources and support networks to obtain other permanent housing.
### Homeless Definitions

Other applicable definitions:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>Source of Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronically Homeless</td>
<td>A “chronically homeless” individual is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven. Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.</td>
<td>HEARTH Act Final Rule 24 CFR Parts 91 and 578</td>
</tr>
<tr>
<td>Group Homes</td>
<td>An adult group home means a residence or facility that provides accommodations and supervision to six to sixteen unrelated adults at least three of whom require personal care services</td>
<td>Ohio Administrative Code Chapter 5122-33</td>
</tr>
<tr>
<td>Imminently Homeless</td>
<td>Imminent Risk: People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. Families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.</td>
<td>HEARTH Act/HUD Regulations, 24 CFR Parts 91, 582 and 583</td>
</tr>
</tbody>
</table>
Permanent housing (PH) is defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. Under PH, a program participant must be the tenant on a lease (or sublease) for an initial term of at least one year that is renewable and is terminable only for cause. Further, leases (or subleases) must be renewable for a minimum term of one month. Permanent supportive housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

Program Component guidance from HUD, retrieved from: https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/
Appendix III: Chronic and Vet Homelessness by CoC
The sources for all charts in Appendix III are: US Department of Housing and Urban Development. 2015. "PIT and HIC Data since 2007." [https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/]. For 2016 data for CoCs in Ohio, the source is PIT reports generated by CoC lead agency staff/HMIS administrator provided to CSH/BPA. National veterans’ data for 2016 is from: USICH, 2016 PIT Estimates of Homeless Veterans by State.
Chronic and Veteran Homelessness Trends by Ohio CoC

Chronic Homeless Trends in Northern CoCs 2007-2016

Chronic Homeless Trends by Southern CoCs 2007-2016
Appendix IV : CSH literature review on Supportive Housing/Healthcare
Key Evaluations Examining Health + Housing Interventions

Chicago Housing for Health Partnership (CHHP). Researchers – the Collaborative Research Unit of Stroger Hospital and the Cook County Bureau of Health – used a randomized control trial design to study the number of hospital, emergency room, and nursing home visits incurred by two groups: individuals who received CHHP supportive housing compared to those who received “usual care,” a piecemeal system of emergency shelters, family and recovery programs. The information was used to track health outcomes and assess how much in medical expenses could be saved through stable housing and increasing access to primary care rather than relying on costly hospital visits and nursing home stays. The Intervention Group participants had high rates of long-term substance abuse (86 percent), mental illness (46 percent), and medical issues such as HIV/AIDS (34 percent) and hypertension (33 percent), as well as a number of other chronic medical illnesses such as diabetes and cancer. The CHHP research study was the first in the nation to evaluate whether providing stable housing and intensive case management services to chronically medically ill homeless individuals improves their health and health service utilization. CHHP included a randomized study of 405 homeless adults with chronic illness discharged from local hospitals, with half discharged into SH. Read more about the pilot and the evaluation results by clicking here: CHHP Data Sheet 2012.

The Community Health Advisory & Information Network (CHAIN) is an ongoing study of persons living with HIV/AIDS in New York City and the surrounding region. CHAIN is conducted by researchers from Mailman School of Public Health at Columbia University in collaboration with the New York City Department of Health and Mental Hygiene, Public Health Solutions, Inc. and the Westchester County Department of Health. Its mission is to supply systematic data from the perspective of persons living with HIV about their needs for health, and human services, housing, their encounters with the full continuum of HIV services, and their physical, mental and social wellbeing. CHAIN tracks the social determinants of health for HIV positive individuals in the NYC metro area, namely the impact of housing status, race, ethnicity, gender, and age (among other factors) on access to care, adherence to care, and health status. Read more about the evaluation results by clicking here: CHAIN 2011-4; CHAIN 2007-1; CHAIN 2006-5.

Frequent Users of Health Services Initiative (FUHSI) (2003-2008) was a $10MM pilot in six California counties. FUHSI was a joint project of The California Endowment, the California HealthCare Foundation, and CSH. The Foundations created the Initiative, which CSH ran. The initiative tested innovative, integrated approaches to serving frequent users of public hospital services to stimulate the development of a cost-effective, comprehensive, coordinated delivery system for health and social services. FUHSI sought to test the role of housing in stabilizing health and lowering health system costs. To this end, some participants received housing tied to a robust package of case management and primary care, while others only received case management and primary care. FUHSI demonstrated the critical role that housing and client-driven services play in reducing risky behaviors and enhancing health outcomes. Read more about the evaluation results here: FUHSI Final Report.

Economic Roundtable’s seminal 2009 study, “Where We Sleep,” examines the impact of supportive housing on public system costs including costs to local hospitals and health systems. The central question investigated in this study is the public costs for people in supportive housing. The stabilizing effect of housing plus supportive care is demonstrated by a 79 percent reduction in public costs for these residents. ERT studied 10,193 homeless individuals in Los Angeles County,
Appendix IV

9,186 who experienced homelessness while receiving General Relief public assistance and 1,007 who exited homeless by entering supportive housing. Read more about the results by clicking this link: Where We Sleep.

Economic Roundtable most recently released initial findings from a joint pilot project with CSH targeting frequent users in Los Angeles. This study evaluates outcomes from April 2011 to May 2013 for 163 hospital patients screened by the 10th Decile Project in Los Angeles, which works with hospitals to identify the 10 percent of homeless patients with the highest public and hospital costs – the 10th decile – and provide immediate services for placing these individuals into permanent supportive housing. In 2012, ERT’s 10th decile project became part of CSH’s SIF initiative. Read more about the results of the 10th decile project by clicking this link: Getting Home: Outcomes for Housing High Cost Homeless Hospital Patients.

Seattle Eastlake project
Researchers at the University of Washington evaluated the efficacy of a "Housing First" intervention for chronically homeless individuals with severe alcohol problems on health care use and costs. They used a quasi-experimental design comparing 95 housed participants (with drinking permitted) with 39 wait-list control participants in Seattle, Washington. The study found that Housing First participants’ median monthly costs decreased 53% for housed participants relative to wait-list controls over the first 6 months. Total cost offsets for Housing First participants relative to controls averaged $2449 per person per month after accounting for housing program costs. These benefits increased to the extent that participants were retained in housing longer.


Other suggested reading:
Doran, Kelly MD, MHS; Shah, Nirav, MD, MPH; Misa, Elizabeth MPA; Housing as Health Care- New York’s Boundary Crossing Experiment, New England Journal of Medicine, December 19, 2013. Article can be found here: Housing as Healthcare.

SUMMARY OF EVALUATION RESULTS

Uptake of Primary and Preventive Care
• For CHHP, the group in SH increased access to primary/preventive care and decreased use of crisis care, as compared to the control group who were not housed.
• The CHAIN study found that housing status was the strongest predictor of HIV positive individuals will access appropriate HIV medical care.

Improvements in health status and decreases in high-risk behaviors
• The CHAIN study found stably housed individuals were twice as likely to stop using drugs and to stop having unprotected sex than those who were homeless. The CHAIN study concludes that housing assistance has a “direct impact on improved medical outcomes for persons living with HIV/AIDS.”
• The CHHP study found that participants with HIV/AIDS enjoyed improved health, including an 87% lower viral load, a greater likelihood (19%) of having no detectable levels of HIV in their blood, and a greater likelihood (21%) of having a relatively healthy immune system, as compared to the control group.¹

• A 2009 evaluation of Seattle’s Eastlake project found SH tenants dramatically reduced alcohol use within 12 months (24% less drinks per day, 65% less days intoxicated).

Declines in Crisis System Usage

• CHHP program found that an intervention group of homeless individuals who were provided housing and case management services used 24% less emergency department services than a randomized control group over an 18-month period. The same Chicago study saw 29% fewer hospital admissions and hospital days for the intervention group in supportive housing as compared to the control group.

• In San Francisco (Martinez, Burt, 2006), tenants showed 56% less ER visits and 44% less inpatient stays after a year, while the control group had no reduction.

• In the Eastlake project, over 50% of tenants had criminal justice histories, and the evaluation showed a 45% and 42% reductions in jail bookings and in jail days respectively over the baseline.

• The Lewin Group’s evaluation of FUHSI showed that homeless clients experienced a 61% decline in ER visits and a 62% drop in inpatient hospital stays over 2 years, and that the subset placed in SH experienced even stronger outcomes than those only offered health services.

Reductions in public costs

• The FUHSI evaluation found that, prior to being housed, frequent users accrued annual costs of $11,388 per patient for emergency departments visits per year; and $46,826 in accrued costs per patient for inpatient days per year. After receiving supportive housing, the costs related to emergency room visits dropped 59% over two years and costs for inpatient hospitalizations dropped 69%.

• Among the most costly 10% of homeless persons in Los Angeles, SH led to 71% lower costs (2009 Economic Roundtable). Based on the Economic Roundtable’s research on Los Angeles, healthcare costs account for 66% of public costs for frequent users, the cost savings to health systems would be $3,577 per month per frequent user or $42,924 annually.

• Results from a Massachusetts statewide pilot indicate that these decreases in acute care utilization translate into real savings in Medicaid costs. Comparing actual Medicaid costs pre and one-year post housing, the study found a 67% decrease in mean Medicaid costs ($26,124 to $8,500). (Massachusetts Housing and Shelter Alliance, 2014).

• A study of the Seattle East Lake project likewise reported 41% lower Medicaid costs for residents after one year of supportive housing (Larimer et. al., 2009).

¹ “Studies on Supportive Housing Yield Promising Results for the Health of the Homeless,” AIDS Foundation of Chicago, September 2009, pp. 1-2.
Appendix V: Community Dialogue Report
## Contents

Background ........................................................................................................................................... 2  
Ratings Exercise ................................................................. 3  
Consolidated Small Group Discussion Themes ......................................... 4  
Community Dialogue Large Group Report Out .................................. 11  
Closing .......................................................................................................................... 12  
Appendix 1: Attendance from Lancaster, Akron, and Dayton Community Dialogues .......................... 13  
Appendix 2: Sample Agenda ................................................................. 18  
Appendix 3: Ohio Statewide Plan to End Homelessness Data Snapshot .......................................... 19  
Appendix 4: Ratings Exercise ................................................................. 21  
Appendix 5: Small Group Discussion Sheets by Community ........................................ 27  
Appendix 6: Large Group Report by Community ........................................ 51
Background

Barbara Poppe and Associates and CSH collaborated to convene three Community Dialogues in Lancaster (June 21, 2016), Akron (June 23, 2016), and Dayton (June 28). Barbara Poppe (Barbara Poppe and Associates) was responsible for program design and facilitated the dialogues in Lancaster and Akron. Katie Kitchin (CSH) facilitated the dialogue in Dayton. Todd Ives (Barbara Poppe and Associates) provided preparation work for the dialogues, supported dialogue facilitation in each location, and analyzed the gathered data. Leah Werner (CSH) supported dialogue facilitation in Akron and Dayton.

In early June, Barbara Poppe and Associates and CSH provided Steering Committee members with an invitation and event registration link which they distributed to key stakeholders. Steering Committee members did targeted outreach to involve all appropriate stakeholders populations, including groups who may not have traditionally been included. Then, the registration was made open to the public via registration link on the CSH-Ohio home page. Organizations were encouraged to only send one representative to ensure balance across all stakeholders.

These dialogues hosted a diverse set of community members and key stakeholders who shared input toward the goal of developing a statewide plan to end homelessness in Ohio. The forums helped identify opportunities and challenges toward this goal. Over 150 community members participated across the three dialogues. Attendance is included in the appendix (Appendix 1).

The dialogues included a presentation on best practices and benchmark cities who have made significant progress toward ending homelessness ([hyperlink to slide deck](#)). Each attendee had the Ohio Statewide Plan to End Homelessness Snapshot to reference, which is provided in the appendix (Appendix 2). Other reference materials in the packet include USICH criteria and benchmarks for ending chronic and Veteran homelessness, USICH Housing First Checklist, and HUD’s Recovery Housing policy brief. Attendees had a chance to communicate in small groups to discuss the scope of the problem in Ohio and what it would take to meet the challenge. A large group discussion followed in which attendees reported out key insights and lessons learned. The agenda for the dialogues is included in the appendix (Appendix 3).

This report presents an analysis on three components of the dialogues: (1) small group discussion as recorded on harvest sheets, (2) a large group discussion report out, and (3) the dots rating exercise (included as Appendix 4). For the small group discussions, the recorded answers on the small group harvest sheets were transcribed and sorted by theme for each dialogue. Key themes across the three dialogues were consolidated, sorted into like themes, and then summarized. The themed transcriptions for each dialogue are listed in the appendix (Appendix 5). The notes from the large group discussion were transcribed and sorted by theme. The overarching themes across the three dialogues were grouped and consolidated in the report. The individual group discussion notes for each dialogue are included in the appendix (Appendix 6).
Ratings Exercise

The ratings exercise provided each participant a chance to rate the key characteristics and components of an optimal approach to homelessness including strong engagement and support from state government. If the results were similar across the dialogues, the results were combined into a single graphic. If the overall results were not similar, a separate figure was provided. Generally the results across all dialogues were similar. The visual results of this exercise are included in Appendix 4.

Findings:

• There was strong consensus that homelessness is a serious to extremely serious problem in Ohio.

• The perspectives on how well the State of Ohio works together with local communities to solve homelessness was varied from not well to well aligned and collaborative.

• The perspectives on how well the State of Ohio was using data to track progress and monitor similarly varied. Attendees at the Akron dialogue were less positive.

• There was general consensus that the focus on coordinated entry and diversion is not yet fully focused and invested.

• Perspectives on how far along the focus is on rapid rehousing and permanent supportive housing was more positive than coordinated entry but the range was still from just beginning to underway but not yet fully focused and invested.

• There was general consensus that the creation of local systems that have a goal to make homelessness rare, brief, and one-time was just beginning. No scores were above the midpoint.

• The perspectives on how far along the State of Ohio was with implementing housing first practices statewide varied widely. Attendees at the Dayton dialogue were more positive.
Consolidated Small Group Discussion Themes
Lancaster, Akron, and Dayton

Data

1) How well does the data snapshot provide a picture of the problem of homelessness in our state?

Summarized Theme: The snapshot gives a good overall picture of the trends and the challenges ahead for Ohio.

- The snapshot covers trends well given that data is limited. It illustrates challenges ahead for Ohio.
- The overall data is fairly accurate and very informative. The subpopulation trends are concerning.
- The data is presented well and offers a broad illustration of the problem.

Summarized Theme: The data does not reveal the underlying causes of homelessness or how to address them.

- The data does not show the causes of homelessness that need to be addressed, or how we should best direct our efforts toward ending homelessness.
- The snapshot does not illustrate the causes of homelessness or how to address the issue.
- The data does not explain the causes of homelessness, frequency, recidivism and length of stay.

Summarized Theme: The PIT count data can be unreliable and incomplete, in part due to the HUD definition of homelessness.

- The PIT count can be unreliable and incomplete
- People who don’t meet HUD definition aren’t counted
- The point in time count data underreports the problem. It doesn’t capture doubled up families, couch surfing, and repeat homeless.
- There needs to be a system-wide standard definition for homelessness.
- The definition of homelessness may change the data.

Summarized Theme: The snapshot does not capture differences between urban and rural areas. Data collection is more difficult in rural areas and may be less represented compared to urban.

- The data does not break down by county/city or show a rural vs. urban comparison. It is difficult to compare across locations when they are different.
- The snapshot does not capture the differences between urban and rural areas. It is more difficult to collect data in rural areas, and it may not be as represented as urban areas.

Summarized Theme: The data could be broken down into more detailed subpopulations.

- The data could be broken down into more detailed subpopulations
- The snapshot doesn’t provide trends in special needs subgroups such as mental health.

Summarized Theme: The data could better illustrate outcomes and how the state is meeting HUD standards.

- The data could better report on needs and how the state is meeting HUD standards.
• The data could better connect resources to outcomes and services provided.
• This data is not tied to HUD awards.

2) How could the State of Ohio be a better partner to help your community use data to track progress and monitor performance?

Summarized Theme: Establish consistent statewide benchmarks/definitions based on best practices and communicate these to communities.
• The state could do a better job of communicating best practices and outlining expectations on monitoring, performance, and data usage.
• The state should establish consistent statewide benchmarks/definitions and align data with these standards.

Summarized Theme: HMIS systems need improvement to be more accurate and comprehensive.
• HMIS systems need to be improved to be more accurate and comprehensive, as well have increased tracking and reporting capabilities.
• The state should improve the collection and reporting of data from sources other than HUD, including the re-entry and non-shelter population.

Summarized Theme: Coordinate across communities and systems to make data more uniform, reliable, shareable, accessible, and real time.
• The data should be real time and accessible to local communities.
• The state needs to coordinate across communities to make data more reliable, more readily available, consistent, and easily accessible in one place.
• The state needs to uniformly collect, integrate, store, and disseminate data across systems statewide.
• A statewide database should be open and compatible with other providers outside of HMIS.
• There should be a statewide focus to make sharing and accessing data easier.

Summarized Theme: The state needs a better process and system for consistent data that be easily navigated and searchable.
• The data can be improved by hosting it on an open, online database in which information is easily sorted and searchable by multiple criteria.
• The state needs to coordinate across communities to make data more reliable, more readily available, consistent, and easily accessible in one place.

Summarized Theme: Provide more technical assistance and training for communities to better utilize data and track homelessness.
• The state should provide more training for communities to better utilize data.
• The state needs more technical support and training to track homelessness.

Miscellaneous
• The state needs to utilize better communication practices and listen to local communities.
• Local agencies can partner with universities to track and evaluate homelessness metrics.
• Resources should be leveraged based on the specific needs of local communities.

**Coordinated Entry, Diversion, Rapid Rehousing and Permanent Supportive Housing**

1) **How could the State of Ohio be a better partner to support and encourage coordinated entry and diversion?**

**Summarized Theme:** The state needs a uniform set of guidelines, policies, procedures, and definitions for coordinated entry and diversion based on best practices.

• The state needs a uniform set of guidelines, policies, procedures, and definitions surrounding coordinated entry and diversion based on best practices.
• The state should promote a uniform coordinated entry and diversion system and disseminate best practices from comparable regions.
• The state should provide leadership and coordination on coordinated entry by issuing standard definitions and guidelines and implementing a uniform database across the state.
• The state should establish a set of best practices that have worked in other communities.

**Summarized Theme:** Facilitate better coordination and cooperation across agencies and communities.

• The state needs to better communicate to the local level and facilitate communication across programs that can work together.
• The state should assist in the sharing of best practices and collaboration among regions to implement coordinated entry.
• The state can better collaborate and coordinate among state agencies and within the region.

**Summarized Theme:** Communities need training and technical assistance to set up a coordinated entry system.

• The state should provide technical assistance and training to help communities set up a coordinated entry system.
• The state should provide training and technical assistance on coordinated entry that is tailored to community needs.
• There is a need for statewide training and technical assistance to implement coordinated entry and diversion practices.

**Summarized Theme:** Provide funding and resources for communities to set up a coordinated entry system

• The state should provide funding for coordinated entry and diversion/prevention
• The state should provide funding and resources for coordinated entry and diversion.
• The state should provide resources and funding for coordinated entry and diversion.

**Miscellaneous**

• Rural areas have different needs and experiences than urban areas. The state should identify what is needed in rural areas and separate it from urban needs.
• The state needs a better way to capture individuals in need and make referrals.
2) How could the State of Ohio be a better partner to support and encourage rapid re-housing?

Summarized Theme: Funding and resources are needed to meet the demands for affordable housing and support the rapid re-housing model

- More funding is needed to address local demands for providing supportive services and meeting housing needs.
- Funding should be stable, long term, and based on community needs.
- Funding and resources are needed to support the rapid re-housing model.
- Funding is needed to support affordable housing and addressing causes of homelessness.
- The state could provide more funding and incentives to increase housing availability

Summarized Theme: Funding is needed for more supportive services and case management.

- More funding is needed to address local demands for providing supportive services and meeting housing needs.
- Funding is needed for support services and case management.
- Supportive services should be increased.
- The state should provide additional funding to support case management.

Summarized Theme: Provide guidance on best practices for rapid re-housing and establish uniform and concise benchmarks, regulations, rules, and models that align with federal guidelines.

- The state should issue clear guidance on the requirements and training for RRH implementation.
- The state needs uniform and concise guidelines, rules, regulations, and models to follow. These standards should match with federal regulations.
- Establish best practices and benchmarks for the state.

Summarized Theme: Assist in creating more affordable housing options and engage in outreach to providers and landlords

- The state could assist in bringing providers to the table, coordinating with private landlords, and finding ways to build more housing stock.
- Support more affordable housing options, especially in rural communities.
- The state should engage landlords and providers to increase the affordable housing stock and promote rapid re-housing.

Miscellaneous

- Revamp the funding process to be competitive
- Require rapid rehousing providers to make programs more accessible through removing barriers to entry.
- There is a need for technical assistance and training on rapid re-housing.
- Providers could explore the person-centered model of case management.
- Improve coordination with state agencies and among communities.
3) How could the State of Ohio be a better partner to support and encourage permanent supportive housing?

**Summarized Theme: More funding and resources are needed to develop and implement PSH**

- There is a need for more funding to develop PSH and operate supportive services.
- Demonstrate that PSH is a top priority by providing more resources to develop and implement PSH.
- The state could expand resources and funding for supportive services, staffing, and capital funds to support increased PSH.
- There is a need to prioritize resources for PSH.

**Summarized Theme: Promote best practices for Housing First and PSH**

- The state should increase training and guidance on best practices for housing first.
- The state needs to provide more guidance on PSH models and best practices.
- The state should promote evidenced based and best practices.

**Summarized Theme: Provide engage landlords and providers to partner in providing PSH**

- Engage landlords and housing providers to partner to provide PSH
- There should be statewide training and support for providers and landlords adopting housing first.

**Summarized Theme: Encourage PSH through initiatives such as more vouchers and removing barriers to entry**

- The state could encourage PSH through initiatives such as easier qualifications, removing barriers to housing, and reaching those not eligible for VA assistance with HUD-VASH vouchers.
- Lower rent and/or more vouchers to increase housing stock.

**Miscellaneous**

- Increase support available to people in PSH
- The state could help coordinate and build partnerships across state agencies, such as mental health services, Medicaid, and public housing authorities.
- The state should communicate better with local communities.

---

**Housing First Systems Approach**

1) How could the State of Ohio support and encourage a systems approach and goal that supports making homelessness rare, brief and non-recurring in your community?

**Summarized Theme: Take leadership role and form partnership to achieve the goals to end homelessness**

- The state needs to take a leadership role in making the goal to end homelessness a priority.
- Promote more partnerships among diverse groups such as churches, public officials, and community agencies should be convened to support the goal.
- The state should better coordinate and communicate across its agencies.

**Summarized Theme: Increase funding toward the goal of preventing and ending homelessness**
• Increase funding and create accountability and incentives
• Funding needs to be dedicated to preventing and ending homelessness.
• The state should support communities through increased funding for affordable housing, diversion, trainings, and coordination activities.

Summarized Theme: Adopt a coordinated and uniform system-wide approach to prevent and end homelessness
• The state should standardize tools, reports, and data support to create system-wide approach to preventing and ending homelessness.
• There needs to be a uniform statewide system for coordinated entry.
• Integrate a coordinated systems approach that is consistent across the state
• Promote systems approaches

Summarized Theme: Provide training and technical assistance
• More guidance on best practices through training and technical support for each region.
• There is a need for more training and technical assistance from the state.
• Provide technical assistance that are guided by data-informed community needs.

Summarized Theme: Form partnerships with landlords and establish incentives to increase housing opportunities
• Increase vouchers and low income housing
• Incentives to create a larger housing supply, especially forming partnerships with landlords.

Summarized Theme: Implement best practices and share them across communities
• The state should coordinate across regions to share best practices among CoCs.
• Implement best practices based on federal guidance

Summarized Theme: Promote more supportive services
• More supportive services
• Promote supportive services
• More comprehensive services are needed.
• The state should invest in and support the provision of mental and behavioral healthcare.

Other
• The state should support populations that are difficult to house such as those with criminal histories

2) How could the state of Ohio support and encourage a systems approach that supports implementing housing first practices community-wide?

Summarized Theme: Funding is needed to support the implementation of housing first
• More funding to support housing first practices.
• There is a need for additional funding for housing and services to implement housing first community-wide.
• The state should increase funding for homelessness prevention.
• The state should increase funding for services and trainings.

**Summarized Theme: Provide training, education, and technical assistance for housing first**

• Provide training and technical assistance for providers and at the state and local level for housing first
• There is a need for statewide education and training on housing first practices.
• The state should provide technical assistance and training.
• The state should engage in education to providers and landlords

**Summarized Theme: Establish clear and uniform guidelines, benchmarks, and standards for the implementation of housing first that is consistent with federal policy.**

• The state should lay out clear, uniform guidance and expectations for implementing housing first.
• Statewide benchmarks should guide the implementation and be consistent with federal policies.
• The state should work to develop a set of best practices, definitions, and standards using federal guidelines and share it across the state.
• State funding should be informed by data and best practices.

**Summarized Theme: Coordinate across communities and agencies to promote housing first**

• The state should coordinate across communities and agencies to establish housing first.
• Improve collaboration and coordination across state agencies
• Promote housing first
• The state should require housing first and adopt HUD’s standards. The Housing First model should require supportive services.
• More housing

**Summarized Theme: Promote best practices in Coordinated Entry**

• Promote centralized intake
• Remove barriers to entry under the housing first model.

**Summarized Theme: Promote supportive services and individualized case management**

• The state should encourage individualized care and greater support for SMI persons who need case management.
• More supportive services
• The state should increase mental health funding.
Community Dialogue Large Group Report Out
Lancaster, Akron, and Dayton
Summary of themes

Attendees were asked to report out lessons learned at the end of the harvest sheet and ratings exercise. The following questions were asked: What surprised you? What inspired you? What was a new insight? The following responses represent key themes discussed across all three dialogues. These themes are not presented in a priority order as the process did not include prioritization.

- Rural communities have different needs than urban communities
- Barriers to housing prevent people from being housed
- The state needs more services beyond housing to help stabilize people
- More affordable housing is needed
- State needs to communicate more with local communities
- Communities need to be able to share best practices with each other
- Communities need help on implementing best practices and making the system less punitive
- Communities need a coordinated systems approach for long term success involving buy in from the State, employers, and landlords.
- The State should align its resources toward a common goal. Agencies beyond DSA need to be engaged.
- The State can better communicate to and coordinate across communities.
- Prevent discharging people to homelessness
Closing

The perspectives included in this report represent the diversity of communities across Ohio. There was a common desire and interest in meeting the needs of people who experience homelessness and whenever possible to help them avoid falling into homelessness. It is evident that while there are many strengths about how homelessness is being addressed across Ohio there are also many opportunities to improve the statewide response. There are many suggestions for the State of Ohio to increase its partnership with local communities align with national best practices and Federal priorities. The information synthesized in this report should help the State as it embarks to develop a statewide plan to prevent and end homelessness.
Appendix 1: Attendance from Lancaster, Akron, and Dayton Community Dialogues

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Company Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph</td>
<td>Adray</td>
<td>FRS Counseling</td>
</tr>
<tr>
<td>Robert</td>
<td>Altman</td>
<td>Help Hotline Crisis Center</td>
</tr>
<tr>
<td>Frank</td>
<td>Aquino</td>
<td>Stark MHAR</td>
</tr>
<tr>
<td>Douglas</td>
<td>Argue</td>
<td>COHHIO</td>
</tr>
<tr>
<td>Jeffrey</td>
<td>Arnold, RN</td>
<td>Area Agency on Aging - 9</td>
</tr>
<tr>
<td>Mike</td>
<td>Badik</td>
<td>Toledo Lucas County Homlessness Board</td>
</tr>
<tr>
<td>Colleen</td>
<td>Bain</td>
<td>National Church Residences</td>
</tr>
<tr>
<td>Nicole</td>
<td>Baker</td>
<td>Next Step/Family and Community Services</td>
</tr>
<tr>
<td>Rebecca</td>
<td>Baker</td>
<td>the Salvation Army</td>
</tr>
<tr>
<td>Marina</td>
<td>Bambach</td>
<td>Talbert House</td>
</tr>
<tr>
<td>Roma</td>
<td>Barickman</td>
<td>OHMAS</td>
</tr>
<tr>
<td>Anna</td>
<td>Barksdale</td>
<td>YWCA of Youngstown</td>
</tr>
<tr>
<td>Deborah</td>
<td>Barna</td>
<td>Trumball Metro Housing Authority</td>
</tr>
<tr>
<td>Bambi</td>
<td>Baughn</td>
<td>Community Action - Fayette County</td>
</tr>
<tr>
<td>Denise</td>
<td>Beougher</td>
<td>Cutmar</td>
</tr>
<tr>
<td>Fred</td>
<td>Berry</td>
<td>Humility of Mary Housing</td>
</tr>
<tr>
<td>Jen</td>
<td>Best</td>
<td>Strategies to End Homelessness</td>
</tr>
<tr>
<td>Andrew</td>
<td>Binegar</td>
<td>Pickaway County CAA</td>
</tr>
<tr>
<td>Ann</td>
<td>Bischoff</td>
<td>OSU Star House</td>
</tr>
<tr>
<td>Nathan</td>
<td>Blatchley</td>
<td>Hocking MHA</td>
</tr>
<tr>
<td>Ashley</td>
<td>Bone</td>
<td>St. Vincent de Paul</td>
</tr>
<tr>
<td>Shawn</td>
<td>Bonner</td>
<td>UMADAOP</td>
</tr>
<tr>
<td>Theresa</td>
<td>Bracher</td>
<td>Shelter House Cincinnati</td>
</tr>
<tr>
<td>Elaina</td>
<td>Bradley</td>
<td>Interfaith Hospitality Network</td>
</tr>
<tr>
<td>Lilian</td>
<td>Briggs</td>
<td>The Promise House</td>
</tr>
<tr>
<td>Debbie</td>
<td>Brooks</td>
<td>YWCA Cincinnati</td>
</tr>
<tr>
<td>Chandra</td>
<td>Bryant</td>
<td>Community Treatment and Corrections Center, Inc.</td>
</tr>
<tr>
<td>Lynn</td>
<td>Budnick</td>
<td>Access Shelter</td>
</tr>
<tr>
<td>Michelle</td>
<td>Budzek</td>
<td>The Partnership Center</td>
</tr>
<tr>
<td>Asli</td>
<td>Buldum</td>
<td>Info Line, Inc</td>
</tr>
<tr>
<td>Charles</td>
<td>Bulick</td>
<td>Marion Shelter Program</td>
</tr>
<tr>
<td>Angela</td>
<td>Bunch</td>
<td>Meridian Healthcare</td>
</tr>
<tr>
<td>Jacqui</td>
<td>Buschor</td>
<td>Integrated Community Enterprises</td>
</tr>
<tr>
<td>Brandy</td>
<td>Clift</td>
<td>Washington-Morgan Community Action</td>
</tr>
<tr>
<td>Irene</td>
<td>Colling</td>
<td>EDEN Inc</td>
</tr>
<tr>
<td>Christine</td>
<td>Collins</td>
<td>Fairfield Homes</td>
</tr>
<tr>
<td>Danilo</td>
<td>Comichista</td>
<td>St. Vincent de Paul</td>
</tr>
<tr>
<td>Name</td>
<td>Last Name</td>
<td>Organization</td>
</tr>
<tr>
<td>------------</td>
<td>-----------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>Anita</td>
<td>Cook</td>
<td>West Side Catholic Center</td>
</tr>
<tr>
<td>Gwen</td>
<td>Copenhaver</td>
<td>NISRE Inc - Exit PSH</td>
</tr>
<tr>
<td>Danielle</td>
<td>Cosgrove</td>
<td>Enterprise Community Partners</td>
</tr>
<tr>
<td>Wendi</td>
<td>Craddock</td>
<td>Shelter House</td>
</tr>
<tr>
<td>Roy</td>
<td>Craig</td>
<td>Places Inc.</td>
</tr>
<tr>
<td>Shelly</td>
<td>Cross</td>
<td>GMN CAC</td>
</tr>
<tr>
<td>Dorothy</td>
<td>Crusoe</td>
<td>Community Housing</td>
</tr>
<tr>
<td>KJ</td>
<td>Dampier</td>
<td>CANAPI</td>
</tr>
<tr>
<td>Sue</td>
<td>Darby</td>
<td>YMCA of Central Ohio</td>
</tr>
<tr>
<td>Sharon</td>
<td>Davis</td>
<td>OMCDC</td>
</tr>
<tr>
<td>Kerian</td>
<td>Decker</td>
<td>GMN Tri-County</td>
</tr>
<tr>
<td>Debbie</td>
<td>Demarcus</td>
<td>GCB</td>
</tr>
<tr>
<td>Carrie</td>
<td>Dotson</td>
<td>Lake County Lifeline</td>
</tr>
<tr>
<td>Shawn</td>
<td>Dowling</td>
<td>VA Ann Arbor Healthcare System</td>
</tr>
<tr>
<td>Madelaine</td>
<td>Dwier</td>
<td>Salvation Army</td>
</tr>
<tr>
<td>Chad</td>
<td>Dye</td>
<td>Coleman Professional Services</td>
</tr>
<tr>
<td>Trudy</td>
<td>Elden</td>
<td>Homefull</td>
</tr>
<tr>
<td>Kristina</td>
<td>Elkins</td>
<td>Amethyst, Inc</td>
</tr>
<tr>
<td>Lora</td>
<td>Ellis</td>
<td>Talbert House</td>
</tr>
<tr>
<td>Paul</td>
<td>Ettorre</td>
<td>CHN</td>
</tr>
<tr>
<td>Anne</td>
<td>Face</td>
<td>Battered Women's Shelter</td>
</tr>
<tr>
<td>Deborah</td>
<td>Ferguson</td>
<td>CAP Dayton</td>
</tr>
<tr>
<td>Beth</td>
<td>Fetzer-Rice</td>
<td>The Salvation Army</td>
</tr>
<tr>
<td>Donna</td>
<td>Fox-Moore</td>
<td>Lancaster Fairfield CAA</td>
</tr>
<tr>
<td>Darla</td>
<td>Gallagher</td>
<td>Meridian Healthcare</td>
</tr>
<tr>
<td>Allison</td>
<td>Gill</td>
<td>Cuyahoga Office of Homeless Services</td>
</tr>
<tr>
<td>Elaine</td>
<td>Gimmel</td>
<td>EDEN Inc</td>
</tr>
<tr>
<td>Deborah</td>
<td>Givens</td>
<td>Ohio MHAS</td>
</tr>
<tr>
<td>Chloe</td>
<td>Greene</td>
<td>COHHIO</td>
</tr>
<tr>
<td>Deborah</td>
<td>Groves</td>
<td>Warren Metro HA</td>
</tr>
<tr>
<td>Craig</td>
<td>Gullion</td>
<td>Compass Point Housing</td>
</tr>
<tr>
<td>Martin</td>
<td>Hammar</td>
<td>Hopewell Health Centers</td>
</tr>
<tr>
<td>Sally</td>
<td>Hammitt</td>
<td>VA</td>
</tr>
<tr>
<td>Becky</td>
<td>Hammond</td>
<td>PICCA</td>
</tr>
<tr>
<td>Rochelle</td>
<td>Harris</td>
<td>New Sunrise Properties</td>
</tr>
<tr>
<td>Pamela</td>
<td>Hartley</td>
<td>Montgomery County ADAMHS</td>
</tr>
<tr>
<td>Kathy</td>
<td>Hatfield</td>
<td>Community Housing Network</td>
</tr>
<tr>
<td>Brooke</td>
<td>Hedrick</td>
<td>Community Support Services</td>
</tr>
<tr>
<td>Dan</td>
<td>Hennon</td>
<td>YWC Canton</td>
</tr>
<tr>
<td>Frederick</td>
<td>Hindman</td>
<td>Buckeye Hills HURDD</td>
</tr>
<tr>
<td>Mike</td>
<td>Hochron</td>
<td>Franklin County BOC</td>
</tr>
<tr>
<td>Christina</td>
<td>Hodgkinson</td>
<td>Akron Metro Housing Authority</td>
</tr>
<tr>
<td>Tammy</td>
<td>Holder</td>
<td>Beach House/Focus</td>
</tr>
<tr>
<td>Name</td>
<td>Affiliation</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Karen Holloway</td>
<td>The Salvation Army</td>
<td></td>
</tr>
<tr>
<td>Barbara Holman</td>
<td>Family House Shelter of Miami County, Inc</td>
<td></td>
</tr>
<tr>
<td>Jamie Hummer</td>
<td>Strategies to End Homelessness</td>
<td></td>
</tr>
<tr>
<td>Shannon Isom</td>
<td>YMCA Dayton</td>
<td></td>
</tr>
<tr>
<td>Jessica Jenkins</td>
<td>Montgomery County</td>
<td></td>
</tr>
<tr>
<td>Josh Johnson</td>
<td>COHHIO</td>
<td></td>
</tr>
<tr>
<td>Adele Johnson-Moore</td>
<td>Amethyst, Inc</td>
<td></td>
</tr>
<tr>
<td>Caroline Jones</td>
<td>VA Akron CRRC</td>
<td></td>
</tr>
<tr>
<td>Megan Jones</td>
<td>Greater Cincinnati Behavioral Health Services</td>
<td></td>
</tr>
<tr>
<td>John Keegan</td>
<td>The Toledo Streets Newspaper</td>
<td></td>
</tr>
<tr>
<td>James Kennelly</td>
<td>VA</td>
<td></td>
</tr>
<tr>
<td>Catherine Kerns</td>
<td>HHIS</td>
<td></td>
</tr>
<tr>
<td>Fallon Kingery</td>
<td>ODVN</td>
<td></td>
</tr>
<tr>
<td>Viceta King-Richardson</td>
<td>Pyramid Housing LLC</td>
<td></td>
</tr>
<tr>
<td>Lindsay Koccheiser</td>
<td>New Sunrise Properties</td>
<td></td>
</tr>
<tr>
<td>David Krazl</td>
<td>ODOT</td>
<td></td>
</tr>
<tr>
<td>Michelle Kreidler</td>
<td>Green Leaf</td>
<td></td>
</tr>
<tr>
<td>Linda Kronble</td>
<td>Serve City</td>
<td></td>
</tr>
<tr>
<td>Debbie Kubena-Yatsko</td>
<td>Medina Metropolitan Housing Authority</td>
<td></td>
</tr>
<tr>
<td>Bridget Lacy</td>
<td>Info Line, Inc</td>
<td></td>
</tr>
<tr>
<td>Teresa Lamp</td>
<td>Coleman Professional Services</td>
<td></td>
</tr>
<tr>
<td>Jenny Lesniak</td>
<td>Montgomery County</td>
<td></td>
</tr>
<tr>
<td>Beth Long</td>
<td>OCCH</td>
<td></td>
</tr>
<tr>
<td>Becky Longnecker</td>
<td>Lutheran Social Services of Central Ohio</td>
<td></td>
</tr>
<tr>
<td>Rochelle Lopez</td>
<td>Warren HCRP</td>
<td></td>
</tr>
<tr>
<td>Sarah Lowry</td>
<td>Office of Senator Brown</td>
<td></td>
</tr>
<tr>
<td>Sarah Masek</td>
<td>Beatitude House</td>
<td></td>
</tr>
<tr>
<td>Jenn Matlack</td>
<td>Family Community Services</td>
<td></td>
</tr>
<tr>
<td>Emily Maze</td>
<td>WMCAP/SSVF</td>
<td></td>
</tr>
<tr>
<td>Mindy McCloy</td>
<td>The Salvation Army</td>
<td></td>
</tr>
<tr>
<td>Kenn McCord</td>
<td>Perry County Homeless Shelter Project</td>
<td></td>
</tr>
<tr>
<td>Meghan McGivan</td>
<td>Catholic Charities</td>
<td></td>
</tr>
<tr>
<td>Karen McLeod</td>
<td>Extended Housing</td>
<td></td>
</tr>
<tr>
<td>Jane Meese</td>
<td>HHIS</td>
<td></td>
</tr>
<tr>
<td>Leah Merritt</td>
<td>YWCA of Youngstown</td>
<td></td>
</tr>
<tr>
<td>Christine Morehead</td>
<td>Shelter Care Inc</td>
<td></td>
</tr>
<tr>
<td>Patti Morrow</td>
<td>Ohio Professional Placement Services</td>
<td></td>
</tr>
<tr>
<td>Eric Morse</td>
<td>Frontline Service</td>
<td></td>
</tr>
<tr>
<td>Mindy Muller</td>
<td>CDP</td>
<td></td>
</tr>
<tr>
<td>Erica Mulryan</td>
<td>COHHIO</td>
<td></td>
</tr>
<tr>
<td>Laurel Nelson</td>
<td>Center for Respite Care</td>
<td></td>
</tr>
<tr>
<td>Theresa Nolan</td>
<td>Homefull</td>
<td></td>
</tr>
<tr>
<td>Marian Norman</td>
<td>Trumball County MHRB</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Organization</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Jean Orsuto</td>
<td>Humility of Mary Housing</td>
<td></td>
</tr>
<tr>
<td>Renee Palacios</td>
<td>Family House</td>
<td></td>
</tr>
<tr>
<td>Angie Paramore</td>
<td>Mahoning County CoC</td>
<td></td>
</tr>
<tr>
<td>Tina Patterson</td>
<td>Homefull</td>
<td></td>
</tr>
<tr>
<td>Andrea Pollock</td>
<td>Family and Community Services, Inc</td>
<td></td>
</tr>
<tr>
<td>Amy Price</td>
<td>Community Shelter Board</td>
<td></td>
</tr>
<tr>
<td>Jessica Robinson</td>
<td>St. Vincent de Paul</td>
<td></td>
</tr>
<tr>
<td>Amy Robinson</td>
<td>PICCA</td>
<td></td>
</tr>
<tr>
<td>Debbie Robinson</td>
<td>Miami Valley Housing Opportunities</td>
<td></td>
</tr>
<tr>
<td>Nellie Rogers</td>
<td>VA/Cleveland</td>
<td></td>
</tr>
<tr>
<td>Amy Rosenthal</td>
<td>National Church Residences</td>
<td></td>
</tr>
<tr>
<td>Becky Ryba</td>
<td>Summit County Juvenile Court</td>
<td></td>
</tr>
<tr>
<td>Susan Sarlo</td>
<td>Fairfield DD</td>
<td></td>
</tr>
<tr>
<td>Janice Sawyer</td>
<td>NISRE</td>
<td></td>
</tr>
<tr>
<td>Susan Secoy</td>
<td>Fairfield MHA</td>
<td></td>
</tr>
<tr>
<td>Kathleen Shanahan</td>
<td>Montgomery County Homeless Solutions</td>
<td></td>
</tr>
<tr>
<td>Kenyatta Shaw</td>
<td>All for you 126, Inc</td>
<td></td>
</tr>
<tr>
<td>Angela Shockley</td>
<td>Greene Metropolitan Housing Authority</td>
<td></td>
</tr>
<tr>
<td>Monica Silverthorn</td>
<td>Athens VA</td>
<td></td>
</tr>
<tr>
<td>Melissa Sirak</td>
<td>Catholic Charities Diocese of Cleveland</td>
<td></td>
</tr>
<tr>
<td>Julie Smith</td>
<td>Rebuilding Together</td>
<td></td>
</tr>
<tr>
<td>Patti Smith</td>
<td>Perry Housing Projects</td>
<td></td>
</tr>
<tr>
<td>Keith Stahl</td>
<td>Community Support Services</td>
<td></td>
</tr>
<tr>
<td>Janice Stahl</td>
<td>North Coast Community Homes</td>
<td></td>
</tr>
<tr>
<td>Shirene StarnTapyrik</td>
<td>Alliance for Children and Families, Inc</td>
<td></td>
</tr>
<tr>
<td>Donald Strasser</td>
<td>Columbus Coalition for Homeless</td>
<td></td>
</tr>
<tr>
<td>Beth Strassman</td>
<td>Integrated Services</td>
<td></td>
</tr>
<tr>
<td>Denise Stryker</td>
<td>Clinton County Homeless Shelter</td>
<td></td>
</tr>
<tr>
<td>Deb Tegtmeyer</td>
<td>Licking County Coalition for Housing</td>
<td></td>
</tr>
<tr>
<td>John Thomas</td>
<td>Auford Project/Toledo</td>
<td></td>
</tr>
<tr>
<td>Candace Thomas</td>
<td>ICAN</td>
<td></td>
</tr>
<tr>
<td>Linda Thurston</td>
<td>NEORRN</td>
<td></td>
</tr>
<tr>
<td>Helen Tomic</td>
<td>City of Akron</td>
<td></td>
</tr>
<tr>
<td>Joy Trachsel</td>
<td>The City Mission</td>
<td></td>
</tr>
<tr>
<td>Loretta Visger</td>
<td>GMN CAC</td>
<td></td>
</tr>
<tr>
<td>Jen Voigt</td>
<td>Catholic Charities Toledo</td>
<td></td>
</tr>
<tr>
<td>Karen Walker</td>
<td>The Salvation Army</td>
<td></td>
</tr>
<tr>
<td>Lisa Ward</td>
<td>Coleman Professional Services</td>
<td></td>
</tr>
<tr>
<td>Leonard Washington</td>
<td>Akron UMADAOP</td>
<td></td>
</tr>
<tr>
<td>Tammy Weaver</td>
<td>Coleman Professional Services</td>
<td></td>
</tr>
<tr>
<td>Mary Wehrle</td>
<td>Jewish Family Services</td>
<td></td>
</tr>
<tr>
<td>Leah Werner</td>
<td>CSH</td>
<td></td>
</tr>
<tr>
<td>Matt West</td>
<td>Daybreak Inc</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Last Name</td>
<td>Organization</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Melissa</td>
<td>Will</td>
<td>Southeastern Ohio Legal Services</td>
</tr>
<tr>
<td>Katherine</td>
<td>Williams</td>
<td>State of Ohio</td>
</tr>
<tr>
<td>Linda</td>
<td>Wilson</td>
<td>LFCAA</td>
</tr>
<tr>
<td>Jimmy</td>
<td>Wilson</td>
<td>Talbert House</td>
</tr>
<tr>
<td>Kristin</td>
<td>Witherow</td>
<td>Haven of Rest/ Harvest Home</td>
</tr>
<tr>
<td>Cheryl</td>
<td>Wood</td>
<td>Trumbull County Planning</td>
</tr>
<tr>
<td>Brendan</td>
<td>Woodburn</td>
<td>University Settlement</td>
</tr>
<tr>
<td>Susan</td>
<td>Wren</td>
<td>WSOS Community Action</td>
</tr>
<tr>
<td>Randall</td>
<td>York</td>
<td>NEOCH</td>
</tr>
</tbody>
</table>
Appendix 2: Sample Agenda

Ohio Statewide Plan to End Homelessness

Community Dialogue
10AM - 12NOON

**Agenda**

1. Welcome – Scott Gary and Roma Barickman
2. Project overview - Barbara Poppe or Katie Kitchin
3. Introductions - Barbara Poppe or Katie Kitchin
4. Today’s collective analysis & key drivers of success – Barbara Poppe or Katie Kitchin
5. Dialogue (see dialogue questions)
   - Round 1: scope of the problem and using data
   - Round 2: housing solutions
   - Round 3: systems approach and Housing First
   - Report out
6. Next steps - Barbara Poppe or Katie Kitchin
7. Thank you and adjournment
Appendix 3: Ohio Statewide Plan to End Homelessness Data Snapshot

Ohio Statewide Plan to End Homelessness: Data Snapshot

Figure 1
Total Homeless Persons: US vs Ohio

Figure 2
Homelessness per 10,000 People (2015)

Figure 3
Homeless Subpopulation Trends 2007-2015

Figure 4
One Day Count: Characteristics of People Experiencing Homelessness in Ohio (2015)

Figure 5
Ohio Yearly Rent Affordability vs Income


Source for Fig. 7: National Low Income Housing Coalition, 2015. "Out of Reach: 2015." http://nlhc.org/oor.

Barbara Poppe and associates
Appendix 4: Ratings Exercise

1. How serious is the problem of homelessness in our state? (Lancaster, Akron, Dayton)

2. How well does our state work together with local communities to solve homelessness? (Lancaster, Akron, Dayton)
3. How well does our state use data to track progress and monitor performance? (Lancaster and Dayton)

1. Just beginning
5
10 Fully focused and invested

3. How well does our state use data to track progress and monitor performance? (Akron)

1. Just beginning
5
10 Fully focused and invested
4. How far along is our state with focusing on coordinated entry and diversion? (Lancaster, Akron, Dayton)

![Chart]

5. How far along is our state with focusing on housing solutions like rapid re-housing? (Lancaster, Akron, Dayton)

![Chart]
6. How far along is our state with focusing on permanent supportive housing? (Dayton and Akron)

6. How far along is our state with focusing on permanent supportive housing? (Lancaster)
7. How far along is our state with supporting communities to create a local system that has a goal to make homelessness rare, brief, and one time? (Lancaster, Akron, Dayton)

8. How far along is our state with implementing housing first practices statewide? (Lancaster and Akron)
8. How far along is our state with implementing housing first practices statewide? (Dayton)
Appendix 5: Small Group Discussion Sheets by Community

Lancaster Community Dialogue (6.21.16)

Round 1

1) How well does the data snapshot provide a picture of the problem of homelessness in our state?

The snapshot covers trends well given that data is limited. It illustrates challenges ahead for Ohio.

- It is accurate at depicting HUD standard of homelessness
- Covers things well. This is new information we have not seen before
- Data shows more work ahead
- The data is limited, but it’s a start.
- Looks like we’re not reducing homelessness in Ohio
- Accurately shows single adult rental assistance availability
- Excellent representation of trends
- Pretty good job at capturing overall numbers
- Does well and seems accurate
- Data is shown well but how are they using the data to improve the situation?
- Snapshot also identified inequities in funding across the state

The PIT count can be unreliable and incomplete

- Point in time may not be a reliable snapshot
- Not much confidence in PIT count #s. What #s are included?
- PIT is not accurate, especially in rural communities
- No true count

People who don’t meet HUD definition aren’t counted

- It does not count all homeless people by their situations, i.e. families doubled up and subsided programs too restrictive for additional residents
- Multiple definitions of homelessness
- Those who are homeless – no mailing address – may be uncounted.
- Data inaccurate due to limited/narrowly focused on HUD homeless
- Are youth being counted accurately?
- Does this snapshot include all shelters even if they don’t report to HMIS?
- Would like to see more McKinney Vento data/education statistics
- We have many rural areas with couch surfers who are not counted as homeless.
- Too many people are not captured because they are either not willing to be in the system or are constantly moving

The data does not show the causes of homelessness that need to be addressed, or how we should best direct our efforts toward ending homelessness.

- No, the data does not show us the problem of homelessness. It also does not show us the issues (ex: mental health).
- The data does not factor in mental health, substance abuse.
• No info on causes of homelessness that need to be addressed system-wide to improve stability, e.g. permanent housing/affordable housing supply, MH/ADD services, job/employment training
• Doesn’t reflect gaps in services
• The snapshot is good, but data is needed on more subpopulations, i.e. SMI, disabled, recovery, etc. This may help us better focus the involvement of service providers.

The snapshot does not capture the differences between urban and rural areas. It is more difficult to collect data in rural areas, and it may not be as represented as urban areas.
• The snapshot does not capture the differences between urban and the rural areas.
• Fairly well for urban areas – rural is not represented
• Urban and rural are different
• Decent – would be good to have a broader look at data especially rural areas
• Big challenges to collect data in rural areas
• Disparity of services among counties

Miscellaneous
• Some of the data is contradicting. Figure 1 shows the US has a higher rate on average than Ohio but compared to other states it ranks low on the homeless scale. But when comparing Ohio and national trends, data is fairly accurate because national trends data is fairly accurate because other states are going to have similar collecting issues
• Snapshot of person already homeless = after the fact/reactive
• Data trends lean towards sheltered vs. unsheltered

2) How could the State of Ohio be a better partner to help your community use data to track progress and monitor performance?

The state could do a better job of communicating best practices and outlining expectations on monitoring, performance, and data usage.
• State of Ohio, DDSA in particular, could provide some consistent messaging around minimum expectations/suggestions for monitoring, performance, data to use, etc.
• I think balance of state is doing well holding responsible for tracking clients. State could share best practices from other areas plus how those have changed their area for the better.
• Better communication and information
• Only communicate with state-funded partners. Others need the info as well.
• Sharing funding and monitoring results/findings with CoC leadership and others in community planning roles
• DDSA, in particular, could be more visible

HMIS systems need to be improved to be more accurate and comprehensive, as well have increased tracking and reporting capabilities.
• Not sure because HMIS, our current system is not accurate.
• Who collects accurate data and how?
• Not all agencies use HMIS
• What tracking system is used for counties that do not have HMIS?
• HMIS should be more user friendly
• Data needed to show inflow and outflow. New incidents of homelessness vs. repeat incidents?
• Make sure the agencies are putting the correct information into the program.
• Significant differences – need standardization among them, rural vs. urban.

Make data more real time and accessible to local communities.
• Need to better support regions with real data on all performances in a timely manner. Access to reports is too limited.
• The state collects data that is not converted to info that can be used at local level
• Not delivering data back for us to use
• Better access to data
• Real time data and trends are helpful
• Only get data from limited sources not all are available
• Identify local agency that works with data.
• Continue to invest in data warehouse and quality
• It [the PIT count] could be made more accessible. Make the community more aware of what it is.

The data can be improved by hosting it on an open, online database in which information is easily sorted and searchable by multiple criteria.
• Posting overall data of homeless populations. Searchable by multiple quantifiers, e.g. county/city, subpopulation
• Create an open site where anyone can access numbers
• The data and reports include helpful information, but are lengthy and cumbersome to review. It would be helpful to provide this data by region or county.

Provide more training for communities to better utilize data.
• Training on how to better use the data.
• Training on how to apply the data
• Provide more training, more customized reports, especially in identifying homeless to connect services
• Increase assistance to communities that do not have capacity to build plans/programming that is aligned with Ohio progress standards and best practices

Miscellaneous
• Value added data with barrier considerations
• Homeless liaisons in schools not involved in community discussions
• PIT count needs improved. It does not count on coldest day of year.
• Is the state too confined to working with community programs and ignoring private programs? It does not collect data from or provide support to these programs.
• Not certain what support except for funding more housing

Round 2

1) How could the State of Ohio be a better partner to support and encourage coordinated entry and diversion?
The state needs to better communicate to the local level and facilitate communication across programs that can work together.

- Better communication among services
- Better communication from the state to the local level
- Communication system for programs that should be working together

The state needs a uniform set of guidelines, policies, procedures, and definitions surrounding coordinated entry and diversion based on best practices.

- Firm up a universal definition of coordinated entry
- The diversion tool should include specific guidelines based on proven practices
- Shared best practices and techniques around diversion
- Provide guidance on data collection and reporting needed to monitor success of diversion practices
- Make the system simpler to access policies and procedures
- Better coordination and constancy throughout the state. Elimination of duplication across systems
- Finalize what CE plan is for the state
- Develop framework for diversion services for communities
- Suggested templates/places for communities to begin
- Common/unified forms
- Examples of how to use forms
- Not all providers are using the same definitions

The state should assist in the sharing of best practices and collaboration among regions to implement coordinated entry.

- Collaboration with regions that are already using coordinated entry to show how to do it
- Ensure that pertinent voices/perspectives are at the table regarding coordinated entry
- Bringing partners together
- Clarify what diversion really means and how to count

The state should provide technical assistance and training to help communities set up a coordinated entry system.

- Increased training,
- More technical assistance out in the field to assist communities in getting a system set up to standards
- Help with defining entry points for homeless

The state should provide funding for coordinated entry and diversion/prevention

- Making funds available to support development and management of coordinated entry systems driven by local needs
- Make communities not be penalized when they look at diversion
- Provide prevention funds
- There is not enough emergency money
- Provide grants/funding for pilot projects

Rural areas have different needs and experiences than urban areas. The state should identify what is needed in rural areas and separate it from urban needs.
• Acknowledge this works better in urban than in rural
• Find out what’s working in rural communities
• The definition of homeless in rural areas is looked at differently than in urban areas. “Couch surfing” impacts numbers and defining families as homeless impacts resources.

The state needs a better way to capture individuals in need and make referrals.
• Better at identifying people in need and making referrals
• Data – make a way to better capture each individual in HMIS
• State needs to identify local agencies that are trained to connect possible homeless to coordinated entry/PSH

Miscellaneous
• Open up boundaries in working to address geographic barriers
• More collaboration with private housing companies
• Create “one-shop” agencies
• Make coordinated entry a priority – keep meetings in place

2) How could the State of Ohio be a better partner to support and encourage rapid re-housing?

More funding is needed to address local demands for providing supportive services and meeting housing needs. Funding should be stable, long term, and based on community needs.
• More funding
• Sync up funding with need
• Keep state regions’ revenue structures in mind
• Layer resources at start of housing to encourage success
• Longer terms, longer funding stream timeline, increase housing options
• Financial incentives
• Needs more money provided for more supportive services
• The resources need to be more stable; there are never enough resources to meet community needs.
• Provide adequate RRH resources to meet demand for homeless
• We are focusing on those with the greatest barriers, but many people in dire need go unserved due to lack of funds.

Revamp the funding process to be competitive
• Funding entire BoS/revisit antiquated model to determine percentage of funding
• Begin a competitive process for RRH performing communities, rather than just formulas

Support more affordable housing options, especially in rural communities.
• More available low income housing
• Provide guidance on how rural counties can have adequate housing to move into
• Find housing to build or find a way to increase the amount of housing
• Support and understand difficulties of housing stock/affordability for RRH in rural communities
• Better support for local efforts to create new affordable housing
• Work on increasing interventions/housing assistance for doubled up school children
The state could assist in bringing providers to the table, coordinating with private landlords, and finding ways to build more housing stock.

- Coordinated effort with private landlords (incentives, subsidies, etc.) for low income housing
- Bring low income housing providers to the table, particularly in smaller and rural areas
- Support more efforts to support landlords willing to work with the homeless

Require rapid rehousing providers to make programs more accessible through removing barriers to entry.

- Mandate some barriers to housing be removed or reduced to make entry into income based housing
- Make it more accessible to homeless families/individuals
- Address individual needs
- Help identify need ranking systems
- Include youth 18-24 years old

The state should issue clear guidance on the requirements and training for RRH implementation.

- Better training under housing first as it relates to rapid rehousing
- Provide more specific written guidance about basic requirements for RRH implementation.

Miscellaneous

- Allow community to have flexibility to convert RRH to prevention if homeless need met
- Not convinced the “rapid rehousing saves money” model has really been tested in rural areas. It presumes a good health and behavioral health care system exists in the community
- Have more realistic expectation in outcomes in HMIS
- Allowing flexibility in performance

3) How could the State of Ohio be a better partner to support and encourage permanent supportive housing?

Demonstrate that PSH is a top priority by providing more resources to develop and implement PSH.

- Need for more resources
- Providing more specific resources for PSH development
- Funds for renovation projects and property
- More housing stock
- Funding to PH in communities that show need
- Funding
- More funding for supportive services
- Funding for transportation for clients
- We need more resources to develop additional permanent supportive housing in rural communities.
- SSVF can help pay rent but cannot help pay mortgage payments
- More PSH across the state
- Establish fund to help agencies with PSH, where rent is above FMR and clients are unable to pay the difference
- Make permanent supportive housing top priority

The state should increase training and guidance on best practices for Housing First.
• Increase training and implication of housing first
• Provide guidance on property management
• Ongoing trouble-shooting and coordination of efforts
• Standardization of processes

Engage landlords and housing providers to partner to provide PSH
• Collaboration with private landlords
• Local education for landlords
• Guidance on best practices on PSH units
• More collaborative meetings with PSH providers across the state
• In depth training and opportunities
• Open doors between housing providers and those needing it

Increase support available to people in PSH
• Beef up capacity of behavioral health and recovery system to be accessible quickly for the homeless
• More support for people in PSH

Miscellaneous
• Fair market rent
• We need a great communication network among agencies and the money to support it
• Provide opportunities for shared spaces/resources among agencies
• Allow communities to use PSH to target vulnerable “imminent risk” if homeless need met
• Make it more approachable for rural communities
• Some counties do not have PSH and do need it. State level needs to be more understanding of the actual outcomes in HMIS. Some people disappear and have no control over that.

Round 3

1) How could the State of Ohio support and encourage a systems approach and goal that supports making homelessness rare, brief and non-recurring in your community?

Increase vouchers and low income housing
• More vouchers, consistent flow of vouchers
• More housing incentives for low income housing
• Better distribution of funds
• More affordable housing and vouchers available

Increase funding and create accountability and incentives
• Accountability tied to funding
• More funding
• Funding for homeless prevention, housing first, for landlords to keep housing available
• Tie funding/rewards to community plans

Promote systems approaches
• System approach on post care to sustain stable housing
• Address local resistance to system based approaches
• Bringing additional organizations to the table for expertise and additional resources
• Collaborating with other agencies in your community and outside your community
• System approach on preventative homelessness (upstream), e.g. eviction reduction and prevention

The state should standardize tools, reports, and data support to create system-wide approach to preventing and ending homelessness.
• More statewide reporting to facilitate planning
• More follow-up data and support, once housed
• Use data warehouse info to statistically plan with other state agencies.
• Standardize basic reports
• Common tools
• Incentivize CoCs to use one data system
• Look at return rate to homeless
• Long term tracking

More guidance on best practices through training and technical support for each region.
• Training and technical support for each region
• Education from state to communities on diversion, coordinated entry, etc.
• Best practices training that is community based (for rural vs. urban)
• Make guidance and technical assistance (and funding) available at the local level

Incentives to create a larger housing supply, especially forming partnerships with landlords.
• Incentivize property owners to want to work with those experiencing homelessness
• Partnering them with private housing
• Use land-bank properties, give to private companies to redo and maintain
• Desperately need landlords
• Wider access for rural and urban.
• Few options for rapid rehousing- very little rental housing available

More comprehensive services are needed.
• People need to be able to get to services. Transportation is a big issue.
• Pro-active services – relaxing standards – length of time, recurrences, allow to establish stability.
• Need to help them to stabilize for the first six months
• Good wrap-around services to prevent re-homelessness
• Develop rules to allow communities flexibility to use resources for homeless to house or stay housed.
• More emphasis on homeless prevention

Miscellaneous
• Help target resources “upstream” for prevention (JFS, children’s services, ODC)
• Need public officials to champion at the state and local level
• Homeownership programs
2) How could the state of Ohio support and encourage a systems approach that supports implementing housing first practices community-wide?

More funding to support housing first practices.
- It all boils down to funding
- Lobby at federal level and state for additional funding in support of implementing housing first policies and programs
- Provide funding for transition in place or RRH where there are gaps
- Incentivize housing first practices
- More funding for rural communities to operate rehousing facility
- Funding for staff to help families with their unique needs
- More PSH units statewide

Provide training and technical assistance for providers and at the state and local level for housing first.
- Training programs on budgeting, employment bills, reducing community stigma.
- Training and technical assistance at the region level
- Training for providers but also state/local government
- Technical assistance and training
- More communication about the data and localize it for the local continuums
- Provide access to successful programs and best practices
- More housing first training, both concept and practice applications for programs in rural areas.
- Talking points/training for faith-based organizations running housing programs to better understand and adopt housing first practices.

More housing
- More housing solutions
- Up to date information about available units both private/subsidized
- Increase income-based housing
- Reduce the barriers of entering income housing

Promote housing first
- Lower the program standards to reflect the practice of HF
- Help build support, buy-in and consistent implementation of housing first
- Mandating that housing authorities implement the housing first model

Promote centralized intake
- “Single point of entry” regardless of first application with accurate, up-to-date information about local resources.
- Help people start at the beginning of SS card forward to break the cycle.
- Centralized intake inventory on services

Miscellaneous
- When homeless many times SSI/SSDI/SS should be required to have payee
- Bring business leaders together at community meetings to recognize the needs of each community
- Being able to help with mortgages
Akron Community Dialogue (6.23.16)

Round 1

1) How well does the data snapshot provide a picture of the problem of homelessness in our state?

Overall the data is fairly accurate and very informative. The subpopulation trends are concerning.

- Overall good
- Overall fairly accurate
- Subpopulation data is concerning
- Good that doubled up was included
- Fairly accurate
- Very informative

The point in time count data underreports the problem. It doesn’t capture doubled up families, couch surfing, and repeat homeless.

- One day count is not a good indicator
- There is uncertainty in coordinated entry capturing data
- Doubled up families are ignored
- Does not capture repeat homelessness
- Misses couch surfing
- Many homeless are not captured
- Question accuracy of PIT
- Data only includes people defined as homeless which underreports the problem
- Doubling up is homeless

There needs to be a system-wide standard definition for homelessness.

- Entities should define homelessness more consistently, e.g. HUD differs from ODE
- We need a standard definition of homelessness – HUD vs. education

The data could be broken down into more detailed subpopulations

- We need demographic info for subpopulation, i.e. mental health, age, LGBT
- It should be broken down into more detailed subpopulations
- Does not distinguish between single/family
- Should include subpopulation characteristics, i.e. 18-24, seniors, disabled
- Specific ages in the profile of unaccompanied youth would be helpful

The data could better report on needs and how the state is meeting HUD standards.

- It would be helpful to know how our state stacks up against the HUD data standards so we know how far we need to go
- It would be helpful to see how our state is meeting the need with supply of affordable housing

The snapshot does not illustrate the causes of homelessness or how to address the issue.

- The snapshot did not identify barriers that contribute to the problem
• The snapshot doesn’t show the entry points/referrals
• It would be nice to see the cause. How do you end homelessness if you do not see where it started?
• Include barriers

General negative comments
• Data makes the issue feel impersonal
• Overview, but not specific
• Not a great reflection
• Counties were omitted

Miscellaneous
• It doesn’t cover all groups helping homeless
• HMIS is burdensome and costly
• Fairly accurate but could add comparative data

2) How could the State of Ohio be a better partner to help your community use data to track progress and monitor performance?

The state needs to coordinate across communities to make data more reliable, more readily available, consistent, and easily accessible in one place.
• Leverage HMIS to coordinate other Ohio data that we need to track
• Cross system data
• Coordination of data
• Make data access cheaper
• Audit of HMIS users to ensure accuracy
• Provide funding for entering in data. Use a consistent tool to collect data
• Religious based shelters don’t use data entry (HMIS) so the numbers are not accurate
• OPR data is helpful
• One general website for all data
• Full project data available from project research on the same website
• Faster updates of data information
• It would be helpful to have data on other counties in Ohio and how counties are doing in relation to one another
• Collaborating more with CoCs to capture data
• The lack of mandate over all providers limits data
• Have consistent software solutions throughout the state

The state needs more technical support and training to track homelessness.
• More training on definition of homelessness and required documentation
• Offer technical support with computer systems/data tracking

The state needs to utilize better communication practices and listen to local communities.
• Better communication
• Listen to local communities more
• More communication
Miscellaneous

- State responsiveness lacks substance; there is room for improvement
- Need more state support to act as a system
- Entitlement communities feel isolated
- Working with CoCs and targeting funding
- Single point of contact

Round 2

1) How could the State of Ohio be a better partner to support and encourage coordinated entry and diversion?

The state should provide funding and resources for coordinated entry and diversion.

- More resources
- Prioritize funding based on implementation of policies
- Develop dedicated resources
- Funding/staffing to support/manage coordinated entry, particularly in rural areas
- Resources to foster a system wide approach
- Increase funding
- Provide funding
- Funding sources
- Funding for programs

The state should promote a uniform coordinated entry and diversion system and disseminate best practices from comparable regions.

- Align with federal guidelines
- Provide models that work
- State forum to discuss issues and solutions
- Have a model county or community teach best practices
- Follow models and size effective information
- Refer to other states successful implementation to rural areas (regional tools are often irrelevant)
- Develop a uniform structure that is the same statewide
- Provide detailed information on best practices
- More regional direction for central intake

The state can better collaborate and coordinate among state agencies and within the region.

- More collaboration
- Regional partnerships
- Better coordination among state agencies
- Share data across system
- Statewide hotline call center for housing and subsidies
- State needs to facilitate and direct better
The state should provide training and technical assistance on coordinated entry that is tailored to community needs.

- Facilitate workshops, standards for communities to have coordinated entry
- More training guidance on implementing strategies
- Technical assistance
- Provide more training to CoC board members
- Provide on the ground technical assistance
- Specialized specific training for each community
- Training for diversion and funding to support

Miscellaneous

- More support to outside of city areas that serve those who cannot go downtown
- Audit local CoC HMIS
- Rethink districting – entitlement vs. balance of state
- Redefine homelessness – HUD does not recognize couch surfing
- Assist with transportation issues and coordination for services

2) How could the State of Ohio be a better partner to support and encourage rapid re-housing?

Funding and resources are needed to support the rapid re-housing model.

- More resources
- Help find a central funding source
- Funding that supports the model
- More money and education to support advocacy
- Funding
- More funding to add programs
- Review funding

Funding is needed for support services and case management.

- Funding for support services
- Funding for case management
- Funding for case management coordinating services

Funding is needed to support affordable housing and addressing causes of homelessness.

- More resources to build affordable family housing
- Need more than rent vouchers
- Need resources to address the root of homeless problem

The state needs uniform and concise guidelines, rules, regulations, and models to follow. These standards should match with federal regulations.

- Standardized guidelines
- Consistency in application in rules and guidelines
- Uniform monitoring, uniform eligibility
- Clear and concise regulations
- Follow a procedure to go for re-housing
• Sharing models
• Provide a holistic approach to support
• Matching state and federal regulations

There is a need for technical assistance and training on rapid re-housing.
• Technical assistance and clear guidance – especially for new projects
• Provide training on fidelity of rapid re-housing

The state should engage landlords and providers to increase the affordable housing stock and promote rapid re-housing.
• Develop a statewide system landlords, housing market can provide available listings
• Affordable housing
• Train landlords with rapid re-housing
• Promoting fair housing to combat NIMBYism
• Incentivize landlords, housing market to participate in rapid re-housing
• Better communication with provider agencies to discuss ongoing barriers
• Landlord database

Supportive services should be increased.
• Supportive wrap-around services
• Increase supportive services

Miscellaneous
• Breaking things down from state level
• Relax guidelines to assist more individuals/families

3) How could the State of Ohio be a better partner to support and encourage permanent supportive housing?

There is a need for more funding to develop PSH and operate supportive services.
• More resources – capital grant to end homelessness
• ODSA SHP increase funding for PSH
• Revamp subsidy requirements for PSH
• Funding more units across the board worked into social service plans
• More capital funds to develop
• Funding for operating and supportive services
• Developing more PSH
• More funding
• Increase the low income tax credit pool
• Provide funding for services
• Help with developing more affordable housing for PSH
• Create more state funding
• Funding for more PSH
• Money funded towards different subpopulations
• Funding for supportive services
Lower rent and/or more vouchers to increase housing stock.
- Lowering/standardizing rent
- More vouchers in BoS

The state needs to provide more guidance on PSH models and best practices.
- Best practices around NIMBYism
- Define housing
- Defining housing first in a permanent supportive services model
- Models where not requiring supportive services has worked
- Clearer guidance around MH + SA services
- Align with federal guidelines
- Sharing models
- More coordination
- More guidance on how to build partnerships with community resources and businesses
- Better communication with provider agencies
- Intervention to remove barriers
- Alternatives to PSH until PSH units are available

There should be statewide training and support for providers and landlords adopting housing first.
- Providing opportunities for training non-licensed staff to engage difficult/special group clients
- Technical assistance for providers who adopt housing first
- Training for the landlord and client for expectations and needs
- Provide training on how to retool and make transition to move projects to PSH

Miscellaneous
- Closer relationship between RRH and PSH providers
- Comprehensive legislation that actually works and supports programs
- Laws don’t support the system
- Consult people who are affected
- Community involvement in addressing the problem

Round 3

1) How could the State of Ohio support and encourage a systems approach and goal that supports making homelessness rare, brief and non-recurring in your community?

Funding needs to be dedicated to preventing and ending homelessness.
- Prevention dollars – preventing homelessness on front end and back end
- More funding for supportive services, e.g. furniture, transportation, utilities
- Allocating funds
- Increase in PSH resources to allow individuals to move through the continuum quickly
- Funding for CoC implementation
- Additional staffing and local resources
- Funding units
- Establishing and access funds to support centralized/coordinated entry for communities
Integrate a coordinated systems approach that is consistent across the state
- Coordination between agencies
- HMIS that is state wide
- State help with educating and integrating different systems such as ADAMH boards to better understand HUD guidelines
- The state could help with storing data across systems
- No consistency in procedure or policies
- Coordinated effort that is inclusive and applicable to rural and urban communities
- Consistency across counties
- Better coordination and communication
- Statewide plan
- State wide data base to share info and requirements for reporting data

Implement best practices based on federal guidance
- Centralized waiting list or approach for homeless
- Regional master list
- Look at federal guidance
- Lack of consistent definition
- Implement benchmarks for PSH that are realistic and applicable to the population being served
- Statewide protocols on stages of delivery
- Establishing standards for community coordinated entries

The state needs to take a leadership role in making the goal to end homelessness a priority.
- Better communication
- Taking a leadership role
- State needs to identify this as a priority
- No leadership on the goal

There is a need for more training and technical assistance from the state.
- More technical assistance
- Training
- Training on definitions

More supportive services
- Rural areas need better transportation, healthcare, and jobs
- Supportive services (case management)

Miscellaneous
- Looking not just at chronic but all populations to prevent those populations from becoming chronic
- System is built from the top down. Need more input from the homeless
- Encourage better assessments with the hotline
- Stop HMIS meeting local politics/agendas
- Outreach to areas outside of housing to address homelessness
2) How could the state of Ohio support and encourage a systems approach that supports implementing housing first practices community-wide?

There is a need for additional funding for housing and services to implement housing first community-wide.

- Funding
- Additional funding
- Funding for case management
- Adequate Section 8 vouchers
- More grants to provide for people in the housing first program
- Incentivizing communities and providing more opportunities for funding to expand programming.

The state should lay out clear, uniform guidance and expectations for implementing housing first. Statewide benchmarks should guide the implementation and be consistent with federal policies.

- Inform communities about housing first expectations
- Clearer guidance on supportive services that we can make requirements in housing first
- Need statewide plan that distinguishes subpopulations
- Establish benchmarks for homeless process
- State law and regulations need to be consistent with policies
- Every agency in Ohio adopting the same practice for housing first
- Tell agencies that if they aren’t doing housing first, then they are out of the system
- Plan of what is implemented next after rapid re-housing
- Allow movement from RRH to PSH when needed

The state should coordinate across communities and agencies to establish housing first.

- Collaborating with local CoCs, MHAS Board, local agencies, systems for housing first
- Coordination across agencies

There is a need for statewide education and training on housing first practices.

- Education/outreach
- Training and understanding of housing first
- More staff and training for agencies
- Facilitating workshops in communities to educate on building capacity for HF

Remove barriers to entry under the housing first model.

- Discussing stigma
- Including informational sessions with private landlords and educating them on housing first
- Address barriers to entry and housing shortages
- Reward those reducing barriers and doing true housing first model

More supportive services

- Supportive services for RRH/PSH
- Rapid rehousing may not solve the problem if they cannot support themselves
- Need supportive services for levels of need
• County wide transportation

**Miscellaneous**
- Data matches across state data systems
- Recognize gaps in who is being served
- More options in all counties for programs
- Providing housing to blend the chronically homeless and extremely low income within the same community
- Incentives to keep housing

**Harvest Sheet Exercise – Dayton 6/28**

**Round 1**

1) **How well does the data snapshot provide a picture of the problem of homelessness in our state?**

The data is presented well and offers a broad illustration of the problem.
- Good trends
- The data is shown extremely well
- The snapshot is a broad picture of the problem
- It demonstrates the problem

The data does not explain the causes of homelessness, frequency, recidivism and length of stay.
- Need more data
- Doesn’t show causes, frequency, length of stay
- Missing recidivism
- Data could answer why and what are the causes of homelessness
- Data does not show recidivism

The data does not break down by county/city or show a rural vs. urban comparison. It is difficult to compare across locations when they are different.
- Does not break down by county or rural/urban
- Break down by county
- Breakdown should be by city/county
- It is hard to compare locations when they are so different

The data could better connect resources to outcomes and services provided.
- Could use more detail on resources to outcome and subpopulations as compared to national trends
- Additional detail could tie individuals and services
- Rural vs. entitlement needs
- It misses the cost of homelessness and system performance outcomes
- Where is the state focusing funds

The snapshot doesn’t provide trends in special needs subgroups such as mental health.
- Data does not show subpopulations like mental health
• No depiction of special needs
• The snapshot doesn’t provide trends in sub-groups

The definition of homelessness may change the data. This data is not tied to HUD awards.
• Irrelevant to HUD awards
• Definition of homelessness may change the effect of the data

2) How could the State of Ohio be a better partner to help your community use data to track progress and monitor performance?

The state should establish consistent statewide benchmarks/definitions and align data with these standards.
• Establish benchmarks – more consistent between areas
• Consistent goals and language
• Develop statewide benchmarks
• All defining benchmarks and definitions are the same across the state
• Track lengths of stay
• Broadcast data for well-defined benchmarks

The state needs to uniformly collect, integrate, store, and disseminate data across systems statewide.
• Sharing of the data
• Suggest that HMIS system is more of an open system with the ability to integrate with other service providers outside of the homeless system
• Invest in collection, storing, accountability of data
• Sharing data better among systems

A statewide database should be open and compatible with other providers outside of HMIS.
• Local data systems are often not comparable
• We need a statewide clearinghouse on data to compare programs and results

The state should improve the collection and reporting of data from sources other than HUD, including the re-entry and non-shelter population.
• Collection of data from “non-shelter” to provide tracking
• Data about re-entry population

There should be a statewide focus to make sharing and accessing data easier.
• Communication at the state level with regional involvement for better understanding
• Share data from COHHIO
• State can be more helpful in making information more available
• Make the snapshot information/data more available to cities and counties regarding trends, needs
• Better share information
• The state could help organize across the state to advocate and disseminate information

Local agencies can partner with universities to track and evaluate homelessness metrics.
• Use universities to track and evaluate
• Local agencies report data to the universities. Universities create qualitative and quantitative data.
Resources should be leveraged based on the specific needs of local communities.

- Recognition that communities are in different places and pull resources from other places
- State should leverage money and resources for specific needs of localities
- Increase participation of faith based programs that are not using public dollars. It is important to collect that data.

Round 2

1) How could the State of Ohio be a better partner to support and encourage coordinated entry and diversion?

State should provide leadership and coordination on coordinated entry by issuing standard definitions and guidelines and implementing a uniform database across the state.

- Need more training, leadership, and standardization
- Utilize/implement the same database across the state. Collect data on diversion
- Create specific timelines
- Address the differences in definitions of homelessness
- Coordination between other communities coordinated entry process
- Establishing basic standards across the state for coordinated entry – especially around not turning away people

The state should establish a set of best practices that have worked in other communities.

- No data on CE best practices state wide
- Demonstrate best practices
- Feedback from community for what has succeeded
- Coordinated entry tool modified for specific communities
- Examples of best practices around other communities
- Implement a front door assessment process for all communities

The state should provide resources and funding for coordinated entry and diversion.

- Diversion is not a focus area of funding at state level
- Funding
- State should support local infrastructure
- More resources from the state (data, money)

There is a need for statewide training and technical assistance to implement coordinated entry and diversion practices.

- Provide additional training and support
- Statewide training on diversion
- Regional training on coordinated front door
- Provide technical assistance around diversion
Miscellaneous
- More buy in from the community
- More diverse participation in CoC conversations, e.g. mental health, substance abuse, etc.
- Reduce duplication of services

2) How could the State of Ohio be a better partner to support and encourage rapid re-housing?

The state could provide more funding and incentives to increase housing availability
- More funding
- State develop incentives for private landlords to participate in programming
- Coordination around providing RR rental assistance for out of county residents
- Need more funding
- Flexible funding
- More resources for rural areas
- How do we rapid re-house with low housing availability?
- Education to landlords
- Addressing lifelong bans in subsidized housing

The state should provide additional funding to support case management. Providers could explore the person-centered model of case management.
- Additional funding to support medium-long term case management
- Explore person-centered model of case management

Improve coordination with state agencies and among communities.
- Help coordinate with JFS to move benefits application along quickly
- Establishing points of contact in other communities to coordinate a seamless hand off for persons returning to other counties
- Targeted regional support on local roadblocks

Establish best practices and benchmarks for the state.
- Bring best practices on a state level
- Compare state level accomplishments with other states
- Could set benchmarks
- What are the best practices?

Miscellaneous
- Employee services tied to RRH programs
- Available housing catalogue.
- Rapid rehousing is not appropriate for all
- Provide the whole picture on housing
3) How could the State of Ohio be a better partner to support and encourage permanent supportive housing?

The state could expand resources and funding for supportive services, staffing, and capital funds to support increased PSH. There is a need to prioritize resources for PSH.

- Incentives for housing units
- Community resource outreach and intervention
- Increased funding for supportive services and staffing
- More funding
- Expand program services
- More capital funds availability
- Additional funding
- Increase capital resources
- Need more funding
- OHFA prioritization for more PSH
- More resources to rural areas

The state could help coordinate and build partnerships across state agencies, such as mental health services, Medicaid, and public housing authorities.

- Mental health support
- Increase health homes – expand health home model
- Coordination with Medicaid on reimbursable services
- Sustainable income/Medicaid assistance
- Better partnership with public housing authorities

The state should communicate better with local communities.

- More communication between state and local communities
- Better communication

The state could encourage PSH through initiatives such as easier qualifications, removing barriers to housing, and reaching those not eligible for VA assistance with HUD-VASH vouchers.

- Easier qualifications
- State is strongly encouraging PSH
- Advocacy to remove barriers to housing e.g. criminal records
- Offer HUD-VASH vouchers to those not VA medical eligible

The state should promote evidenced based and best practices.

- CTI services or more EBP services
- Evidence based research

Round 3

1) How could the State of Ohio support and encourage a systems approach and goal that supports making homelessness rare, brief and non-recurring in your community?
The state should support communities through increased funding for affordable housing, diversion, trainings, and coordination activities.

• Diversion funding
• More housing and providers
• We need more funding, housing, and interaction with landlords
• Funding that is flexible and portable
• Funding coordination activities
• Funding for evidence-based trainings
• Transitional housing funds

The state should invest in and support the provision of mental and behavioral healthcare.

• Funding to address mental health
• More investment and support for state behavioral health

The state should coordinate across regions to share best practices among CoCs. There needs to be a uniform statewide system for coordinated entry.

• Bring CoCs together to learn best practices
• Work with CoC leads on systems approach
• Better coordination across CoCs
• Statewide system for coordinated entry and a shared open HMIS
• Establish common language

The state should better coordinate and communicate across its agencies.

• More coordination within all state agencies
• Improve communication among state departments
• Communication from the state and with the state, not just at funding times

Promote more partnerships among diverse groups such as churches, public officials, and community agencies should be convened to support the goal.

• Convening groups like housing authorities, emergency assistance, CoCs
• Integrative community partnerships to ensure formerly homeless are successful at being housed
• More training, coordination, and communication with community agencies, churches, mayor
• Incentives for local government to engage in ending homelessness

Promote supportive services

• Better wraparound community supports
• Promote supportive services once folks are housed
• Streamline and focus on services

The state should support populations that are difficult to house such as those with criminal histories

• Provide solutions for the folks that are difficult to house (chronic homeless, violent criminal charges)
• State could assist with jails exiting people to homelessness
Provide technical assistance that are guided by data-informed community needs.
  • CoCs drive the need/inform the community of needs for resources
  • Technical assistance tailored to community needs
  • Use subpopulation data to inform priorities

Miscellaneous
  • Increase state involvement and support of shelters

2) How could the state of Ohio support and encourage a systems approach that supports implementing housing first practices community-wide?

The state should increase funding for services and trainings.
  • Wraparound services need more funding and more communication
  • Funding for trainings
  • Flexible funding

The state should increase mental health funding.
  • Increased mental health funding

The state should increase funding for homelessness prevention.
  • State increase in prevention dollars

The state should provide technical assistance and training.
  • More training and technical assistance
  • More training and coordination
  • Additional training for implementation

The state should engage in education to providers and landlords
  • Landlord education
  • Education to providers

The state should work to develop a set of best practices, definitions, and standards using federal guidelines and share it across the state.
  • Sharing of best practices across the state
  • Information sharing regarding best practices
  • Ohio best practices
  • Set state standards for each CoC component
  • Agreement on definitions and common language

The state should require housing first and adopt HUD’s standards. The Housing First model should require supportive services.
  • Must have supportive services requirement for housing first
  • Do not continue to fund those programs that do not operate under housing first
  • OHFA and ODSA require housing first and mirror HUD’s standards

State funding should be informed by data and best practices.
  • Low barriers for project entries that do provide funding
• Use data to inform resources/outcomes

**Improve collaboration and coordination across state agencies**
• State interagency council needs revived
• Too little coordination between agencies

**The state should encourage individualized care and greater support for SMI persons who need case management.**
• Individualized care for each client
• Greater support to those with SMI who need case management

**Appendix 6: Large Group Report by Community**

**Lancaster Community Dialogue (6.21.16)**

**Summarized Theme: Communities need a more coordinated system to utilize resources at hand**
• Communities need to coordinate plans and strategies to keep from falling into homelessness upstream (especially mainstream systems)
• VA resources have been significant but not as much movement as expected. The system needs to work. The problem goes beyond funding.
• It is important for resources to be well utilized

**Summarized Theme: Rural communities have different needs than urban areas.**
• Need interest to support rural communities to address homelessness
• Extreme variation from rural to urban (no services in rural vs. tracking all services in urban)
• There are generational effects in rural communities

**Summarized Theme: Barriers to housing prevent people from being housed**
• Housing affordability and availability of rental stock is growing. Some communities have new rules on who can be renters
• Negative impact on who can be served in RRH
• Surprised that there is not more involvement with private companies providing housing. They can serve people with felony records
• Lack of income based housing. Individual barriers prevent people from accessing it.
• Loss of benefits when working

**Summarized Theme: Need more services to help stabilize people**
• Communities need to acknowledge and help people with substance use disorders
• Lack of wrap around services to provide support to be stable
• Need JFS, PHA’s, and services organizations to support life skills

**Summarized Theme: More affordable housing is needed**
• Need more housing units
• Could help landlords fix up units.

Other
• Six month follow on is needed
• Lifestyle is a factor in how people address needs. May need new models for those who don’t fit permanent housing.

Akron Community Dialogue (6.23.16)

Summarized Theme: State needs to communicate more with local communities
• More communication among agencies to help
• A number of shelter providers are not aware of what’s happening at the state level
• Varied perspectives between BoS and other locations. Very different levels of support and population characteristics

Summarized Theme: Communities need to be able to share best practices with each other.
• Many places function in their own bubble. There is not enough sharing what works and awareness of others who can help
• Need best practices for caseloads to provide quality care

Summarized Theme: Need help on implementing best practices and making the system less punitive
• Need help on how to use central lists and prevent others from just reentering elsewhere
• Current system is punitive. Performance standards punish when it doesn’t work due to person’s choice.
• How to be culturally competent across all programs and not be traumatizing

Summarized Theme: A system approach is needed for long term success involving buy in from the State, employers, and landlords.
• Need better multisystem of care. Need employment and transportation for long term success
• Need landlord buy in and employers to be part of the system
• It takes time to build systems/partners and you need funding to do that
• Lots of great work in pockets. Need Governors support for statewide effort

Dayton Community Dialogue (6.28.16)

• The state has a long way to go

Summarized Theme: The state needs to align its resources toward a common goal. Agencies beyond DSA should be engaged.
• The state is more than just DSA. There is an opportunity to bring all agencies together.
• The other agencies should be present
• The state is a good convener and should gather the other agencies
• State resources need aligned
• Unless the state is aligned, we may spin our wheels
Summarized Theme: The state can better communicate and coordinate across communities.
• Some communities are doing better than others. Connecting to the state can help address disparities.
• Communication from the state is important

Summarized Theme: Prevent discharges people to homelessness
• How do we discontinue practices that add to homelessness
• People are being discharged back to homelessness
• Need access to mainstream benefits before exiting institutions

Other
• The state has made little progress in 10 years. It feels stagnant
• We need to be educated and informed
• Want apples to apples comparison – look at individual communities
• What about the non-PSH people?
Ohio Statewide Homelessness Study

VETERANS DIALOGUES REPORT – JULY 2016
Contents
Background ................................................................................................................................. 2
Community Dialogues: Ending Veteran Homelessness ............................................................... 3
Consolidated Policy Priorities (priority rank) ............................................................................ 3
Possible Policy Actions .............................................................................................................. 3
Community Dialogue Outputs .................................................................................................. 3
  6.21.16 Lancaster Community Dialogue ..................................................................................... 3
  6.23.16 Akron Community Dialogue ......................................................................................... 4
Ratings Exercise .......................................................................................................................... 6
Appendix 1: Consolidated Attendance list for Lancaster and Akron Dialogues ......................... 7
Appendix 2: Ohio Veteran Homelessness Snapshot ..................................................................... 9
Appendix 3: Ratings Exercise ..................................................................................................... 11
Appendix 4: Sample Agenda .................................................................................................... 21
Background

Barbara Poppe and Associates and CSH collaborated to convene two Veterans Dialogues in Lancaster (June 21, 2016) and Akron (June 23, 2016). Barbara Poppe (Barbara Poppe and Associates) was responsible for program design and facilitated the dialogues. Todd Ives (Barbara Poppe and Associates) provided preparation work for the dialogues, supported dialogue facilitation in each location, and analyzed the gathered data. Leah Werner (CSH) supported dialogue facilitation in Akron.

Invitations were targeted toward veterans who have experienced homelessness, CoC leaders, VAMC/VISN homeless services staff, SSVF, GPD, VASH, HCHV, and other veteran housing and service providers. These dialogues hosted a diverse set of community members and key stakeholders who shared input toward the goal of ending veteran homelessness in Ohio. The forums helped identify opportunities and challenges toward this goal. Nearly 60 community members participated between the two dialogues. Attendance is included in the appendix (Appendix 1).

The dialogues included a presentation on best practices and benchmark cities who have made significant progress toward ending Veteran homelessness (hyperlink to slide deck). Each attendee received the Ohio Veterans Homelessness Snapshot to reference, which is provided in the appendix (Appendix 2). As reference material, USICH criteria and benchmarks for ending veteran homelessness, USICH Housing First Checklist, and USICH strategies to end veteran homelessness were included in packets. Attendees had a chance to rate the Ohio on progress toward ending veterans homelessness in a ratings exercise, included in the appendix (Appendix 3). A large group discussion followed in which attendees reported out ideas then voted to establish priorities for ending homelessness among Veterans in Ohio. The agenda for the dialogues is included in the appendix (Appendix 4).

The report presents an analysis on two components of the dialogues: (1) a large group discussion and priority setting session and (2) the dots rating exercise (included in the appendix). For the large group discussion, priorities were reported out, and attendees voted on the three highest priorities. Those results were transcribed, consolidated, and ranked based on attendee voting.
Community Dialogues: Ending Veteran Homelessness
July 2016, Lancaster and Akron
Summary of Emerging Themes and Priorities

Consolidated Policy Priorities (priority rank)
1. Identify State of Ohio resources for veterans not eligible for federal (VA) resources.
2. Engage landlords to prioritize access to quality housing.
3. Invest in new rental housing for homeless Veterans.
4. Fund CoC systems to support local CoC/VA partnerships.
5. Identify State of Ohio resources for ongoing support after RRH subsidy and services end.

Possible Policy Actions

**DSA:** Encourage CoC’s to meet Federal goal to end homelessness among Veterans and ensure Veterans not eligible for federal (VA) resources are prioritized for CoC resources. Provide competitive funding awards to help CoC’s meet Federal Criteria and Benchmarks, for example, invest in CoC infrastructure systems to support the master list, staff to support collaboration, etc.

**Department of Veteran Services:** Provide information, training, and assistance to local communities to access services through Veteran Services Commissions for Veterans who experience homelessness. Identity State of Ohio resources for Veterans not eligible for federal (VA) resources. Convene VSC leaders with CoC/VA leaders to explore how DVS and VSC funding/resources can be use to support RRH, employment support, etc. for federal (VA) resources.

**DSA:** Request that Abt Associates convene all CoC leads and VA leads to share promising practices and progress to end homelessness via check in conference calls.

**DSA:** Lead state interagency effort to identify State of Ohio resources that could support Veterans who have completed RRH services and need additional supports.

**OHFA and DSA:** Develop strategies to encourage property owners/landlords who have received State of Ohio capital development funding and/or operating/rent subsidies to provide preferred access to quality rental housing to Veterans who have experienced homelessness. Strategies could include education about homelessness and resources available to homeless Veterans, financial incentives, and/or certification of “Veteran friendly” landlords.

**OHFA and DSA:** Invest in new rental housing for homeless veterans, including smaller developments and mixed income apartment communities. Require property owners to admit Veterans with criminal histories.

Community Dialogue Outputs

6.21.16 Lancaster Community Dialogue

**TOP PRIORITIES (# VOTES)**

1. Prioritize non-VA homeless assistance resources for ineligible veterans (12)
2. Encourage landlords to rent to veterans, especially incentives for quality housing (10)
3. Invest in new rental housing for homeless veterans, especially smaller developments (8)
4. Invest in systems to support the master list, etc. and other infrastructure. (7)
Other Ideas

- Identify housing options for assisted living and shared housing
- Invest in shelter for medically fragile veterans
- Assistance to “fast-track” identification, birth certificates, disability preview for SSI/SSDI
- Down payment assistance for renters
- Fund “gas cards” and bus passes
- Fund housing and shelter for lifetime sex offenders
- Identify ineligible veterans
- Resources to serve ineligible veterans
- Encourage funded providers to serve veterans
- Dedicate state resources for non-BOS COC’s to use for ineligible veterans

6.23.16 Akron Community Dialogue

Top Priorities (# Votes)

1. State resources for veterans not eligible for federal (VA) resources, especially RRH and employment (14)
2. Outreach to landlords, including education about homelessness and resources available to homeless Veterans, financial incentives, certify “Veteran friendly” landlords (12)
3. Ongoing support after RRH subsidy and services end (9)
4. Housing for Veterans with criminal histories (8)

Other Ideas

- All COCs prioritize veterans, offer financial incentives
- Legislation/financial incentives to landlords to open housing to veterans with recent felonies
- Housing for Veterans only
- Subsidized housing
- Mentoring (peer to peer) support during and after housing placement
- Re-define services
- Variety of housing types
- PSH in all counties in Ohio
- Affordable housing
- AoD treatment
- Better data sharing
- More reliable data
- Getting all parties to the table to “buy-in”
- Provide guidance on housing sex offenders (lifetime)
- Leverage state-funded programs to align across w/ more widely accessible VA programs
- Liaison and consultant to facilitate collaboration
- Funding for technical assistance
- Advocate for consistent CRRC sites statewide
- Assist COCs to embed employment programs in the shelters by name list process
• Advocate for COCs to approach Mental Health Boards and PHAs to place veteran homeless on their admin plans to prioritize their funding, services, and care. (This helps VA ineligible veterans)
Ratings Exercise

The ratings exercise provided each participant a chance to rate the key characteristics and components of an optimal approach to veteran homelessness including strong engagement and support from state government. If the results were similar across the dialogues, the results were combined into a single graphic. If the overall results were not similar, a separate figure was provided. Generally the results across all dialogues were similar. The visual results of this exercise are included in Appendix 3.

Findings:

• There is a strong consensus that veteran homelessness is a serious problem in Ohio
• The use of data to track progress and monitor performance varied across communities, but most were beyond beginning stages
• There is a high degree of variability concerning the state’s working with local communities to solve veteran homelessness. Some felt the state was not working with communities at all, while other indicated the state was well aligned.
• Lancaster participants noted there is a high degree of variability in ending chronic homelessness among veterans ranging the whole spectrum. Akron attendees felt they were at least half way to that goal.
• Lancaster participants noted that quick access to permanent shelter was rated lower overall and more variably than Akron, where most participants rated between half-way and fully met.
• There is a wide range in the rating of permanent housing capacity. The most common response is that sufficient permanent housing is not yet fully met.
• Overall, the commitment to housing first principles was rated positively. Most felt that the commitment was close to fully met.
• Attendees also rated the community’s ability to identify veterans experiencing homelessness very positively, with most believing it was fully in place or nearly fully in place.
• For both dialogues, the ability for communities to immediately shelter any veteran experiencing homelessness who wants it was rated highly. Akron participants rated much closer to fully in place.
• Lancaster participants noted mixed results for the community’s commitment to only provide service-intensive transitional housing in limited instances, with the median rating at half-way in place. Akron participants rated all above half-way in place.
• Overall, attendees rated the capacity to assist veterans in swiftly moving to permanent housing positively. Most felt it was close to fully in place.
• Communities having resources, a plan, and system capacity in place to address veteran homelessness in the future was also rated highly.
Appendix 1: Consolidated Attendance list for Lancaster and Akron Dialogues

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Company Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pamela</td>
<td>Ashby</td>
<td>HUD</td>
</tr>
<tr>
<td>Kathleen</td>
<td>Atkins</td>
<td>Volunteers of America</td>
</tr>
<tr>
<td>Valerie</td>
<td>Aubel</td>
<td>VA</td>
</tr>
<tr>
<td>Roma</td>
<td>Barickman</td>
<td>OHMAS</td>
</tr>
<tr>
<td>Lehman</td>
<td>Busbee</td>
<td>Frontline Service</td>
</tr>
<tr>
<td>Nathan</td>
<td>Chambers</td>
<td>Family Community Services</td>
</tr>
<tr>
<td>Irene</td>
<td>Collins</td>
<td>EDEN</td>
</tr>
<tr>
<td>William</td>
<td>Cress</td>
<td>VISN 4 - VA Healthcare</td>
</tr>
<tr>
<td>Gentry</td>
<td>Darby</td>
<td>Volunteers of America</td>
</tr>
<tr>
<td>William</td>
<td>Darnell</td>
<td>Goodwill</td>
</tr>
<tr>
<td>Shawn</td>
<td>Dowling</td>
<td>VA Ann Arbor</td>
</tr>
<tr>
<td>Kerry</td>
<td>Dreyer</td>
<td>Lutheran Social Services of Central Ohio</td>
</tr>
<tr>
<td>Luke</td>
<td>Drotar</td>
<td>Frontline Service</td>
</tr>
<tr>
<td>Bill</td>
<td>Faith</td>
<td>COHHIO</td>
</tr>
<tr>
<td>Beth</td>
<td>Fetzer-Rice</td>
<td>The Salvation Army</td>
</tr>
<tr>
<td>Anthony</td>
<td>Forte</td>
<td>HUD</td>
</tr>
<tr>
<td>Scott</td>
<td>Gary</td>
<td>ODSA</td>
</tr>
<tr>
<td>Allison</td>
<td>Gill</td>
<td>Cuyahoga County</td>
</tr>
<tr>
<td>Elaine</td>
<td>Gimmel</td>
<td>EDEN</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>Gump</td>
<td>VA Chillicothe</td>
</tr>
<tr>
<td>Angel</td>
<td>Huber</td>
<td>Fairfield County Veterans Service Commission</td>
</tr>
<tr>
<td>Brad</td>
<td>Hutchison</td>
<td>Volunteers of America</td>
</tr>
<tr>
<td>Jeffrey</td>
<td>Idom</td>
<td>HUD</td>
</tr>
<tr>
<td>Amy</td>
<td>Jones</td>
<td>VA Chillicothe</td>
</tr>
<tr>
<td>CHUCK</td>
<td>KELLER</td>
<td>Vet Service Fairfield County</td>
</tr>
<tr>
<td>James</td>
<td>Kennelly</td>
<td>VA - VISN 10</td>
</tr>
<tr>
<td>Carl</td>
<td>Landry</td>
<td>VA</td>
</tr>
<tr>
<td>Jenny</td>
<td>Lesniak</td>
<td>Montgomery County</td>
</tr>
<tr>
<td>Andrew</td>
<td>Lewandowksi</td>
<td>Columbus VA</td>
</tr>
<tr>
<td>Nikole</td>
<td>Mansfield</td>
<td>St. Vincent SSVF</td>
</tr>
<tr>
<td>Jenn</td>
<td>Matlack</td>
<td>Family Community Services</td>
</tr>
<tr>
<td>Dawn</td>
<td>Mbomyo</td>
<td>VA Chillicothe</td>
</tr>
<tr>
<td>Arica</td>
<td>Morgan</td>
<td>Volunteers of America</td>
</tr>
<tr>
<td>Eric</td>
<td>Morse</td>
<td>Frontline Service</td>
</tr>
<tr>
<td>Erica</td>
<td>Mulryan</td>
<td>COHHIO</td>
</tr>
<tr>
<td>Angie</td>
<td>Paramore</td>
<td>MCH COC</td>
</tr>
<tr>
<td>Tami</td>
<td>Plunkett</td>
<td>CAA of CC</td>
</tr>
<tr>
<td>Kim</td>
<td>Powell</td>
<td>VA</td>
</tr>
<tr>
<td>Name</td>
<td>Last Name</td>
<td>Organization</td>
</tr>
<tr>
<td>------------</td>
<td>-----------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Barry</td>
<td>Roberts</td>
<td>HUD</td>
</tr>
<tr>
<td>Nellie</td>
<td>Rogers</td>
<td>VA</td>
</tr>
<tr>
<td>Twanna</td>
<td>Roper</td>
<td>Lutheran Social Services of Central Ohio</td>
</tr>
<tr>
<td>Annaliese</td>
<td>Russell</td>
<td>Community Support Services</td>
</tr>
<tr>
<td>Susan</td>
<td>Secoy</td>
<td>Fairfield MHA</td>
</tr>
<tr>
<td>Matthew</td>
<td>Slater</td>
<td>Family Community Services</td>
</tr>
<tr>
<td>Shameikia</td>
<td>Smith</td>
<td>Volunteers of America</td>
</tr>
<tr>
<td>Sarah</td>
<td>Stebelton</td>
<td>Lutheran Social Services of Central Ohio</td>
</tr>
<tr>
<td>Deb</td>
<td>Tegtmeyer</td>
<td>Licking County Coalition for Housing</td>
</tr>
<tr>
<td>Amber</td>
<td>Triphahn</td>
<td>Frontline Service</td>
</tr>
<tr>
<td>Benamin</td>
<td>Turney</td>
<td>Volunteers of America</td>
</tr>
<tr>
<td>Jean</td>
<td>Van Ness</td>
<td>Sisters of Charity Foundation</td>
</tr>
<tr>
<td>Lisa</td>
<td>Wackem</td>
<td>SMHA</td>
</tr>
<tr>
<td>Diane</td>
<td>Waite</td>
<td>VA Medical Center</td>
</tr>
<tr>
<td>Vic</td>
<td>Ward</td>
<td>Faith Mission</td>
</tr>
<tr>
<td>Brendan</td>
<td>Woodburn</td>
<td>University Settlement</td>
</tr>
<tr>
<td>Trina</td>
<td>Woods</td>
<td>Licking County Coalition for Housing</td>
</tr>
<tr>
<td>Susan</td>
<td>Wren</td>
<td>WSOS Community Action</td>
</tr>
</tbody>
</table>
Appendix 2: Ohio Veteran Homelessness Snapshot

Ohio Statewide Plan to End Homelessness: Veterans Snapshot

Figure 1

Veteran Homelessness - Ohio vs US


Figure 2

Homeless Veterans - South CoCs vs US

Figure 3

Homeless Veterans - North CoCs vs US
### Ohio Aggregate Funding For Veterans Homelessness

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCHV beds</td>
<td>168</td>
</tr>
<tr>
<td>GPD Units</td>
<td>474</td>
</tr>
<tr>
<td>VASH vouchers (FY08-FY16)</td>
<td>2,364</td>
</tr>
<tr>
<td>SSVF funding (including some contiguous states)</td>
<td>$17,909,317</td>
</tr>
<tr>
<td>GPD funding</td>
<td>$7,494,793</td>
</tr>
<tr>
<td>Homeless Special Purpose Funding</td>
<td>$19,345,214</td>
</tr>
<tr>
<td>Average housing placements (de-duplicated, Jan 2015-Apr 2016)</td>
<td>215</td>
</tr>
</tbody>
</table>

Source: Received from James Kennahey, Network Homeless Coordinator, VSN, Cincinnati, June 2016.
Appendix 3: Ratings Exercise

1. How serious is the problem of homelessness among veterans in our state? (Lancaster and Akron)

2. How well does each community use data to track progress and monitor performance on progress to end homelessness among veterans? (Lancaster)
2. How well does each community use data to track progress and monitor performance on progress to end homelessness among veterans? (Akron)

3. How well does the state of Ohio work together with local communities to solve homelessness among veterans? (Lancaster)
3. How well does the state of Ohio work together with local communities to solve homelessness among veterans? (Akron)

4. Chronic homelessness among veterans has been ended. (Lancaster)
4. Chronic homelessness among veterans has been ended. (Akron)

5. Veterans have quick access to permanent housing. (Lancaster)
5. Veterans have quick access to permanent housing. (Akron)

6. The community has sufficient permanent housing capacity. (Lancaster and Akron)
7. The community is committed to housing first and provides service-intensive transitional housing to veterans experiencing homelessness only in limited instances. (Lancaster and Akron)

8. The community has identified all veterans experiencing homelessness. (Lancaster)
8. The community has identified all veterans experiencing homelessness.  
(Akron)

9. The community provides shelter immediately to any veteran experiencing unsheltered homelessness who wants it.  
(Lancaster)
9. The community provides shelter immediately to any veteran experiencing unsheltered homelessness who wants it. (Akron)

10. The community only provides service-intensive transitional housing in limited instances. (Lancaster)
10. The community only provides service-intensive transitional housing in limited instances. (Akron)

11. The community has capacity to assist veterans to swiftly move into permanent housing. (Akron and Lancaster)
12. The community has resources, plans, and system capacity in place should any veteran become homeless or be at risk of homelessness in the future. (Akron and Lancaster)
Appendix 4: Sample Agenda

Ohio Statewide Plan to End Homelessness

**Achieving an End to Homelessness Among Veterans in Ohio**

Community Dialogue
1:30 – 3:30PM

**Purpose:** Explore our progress and path forward on ending veteran homelessness. Inform the State of Ohio’s plan to end homelessness and identify opportunities that can be accelerated to achieve a functional end to homelessness among Veterans in Ohio.

**Agenda**

1) Welcome – Scott Gary, DSA; Roma Barickman, OMHAS & James Kennelly, VA
2) Project overview - Barbara Poppe
3) Introductions - Barbara Poppe
4) Today’s collective analysis & key drivers of success – Barbara Poppe
5) Ratings Exercise - Barbara Poppe
6) Dialogue on getting to Zero
   a) Case study: Ohio CoC/VAMC that is approaching zero - Eric Morse, Cleveland/Cuyahoga CoC
   b) Small group dialogue: tease out lessons learned and generate ideas for action by State of Ohio to support all Ohio communities
   c) Report out and prioritize next steps
7) Check out
8) Thank you and adjournment
Appendix VII: Desired State Summary
Summary of Responses

July 1, 2016

Background: Following the May 23 Steering Committee meeting, members were provided an electronic copy of the Current State – Desired State exercise. Participants followed instructions (see end of this document), filling in the “Current State” and “State of Ohio role” to the best of their knowledge. Responses were compiled, summarized, and anonymized by Todd Ives (Barbara Poppe and Associates). Participants are listed below.

Local/Regional (3 of 5 invited to participate)
- Ruth Gillette, Cleveland/Cuyahoga County Continuum of Care
- Linda Kramer, Daybreak
- Erica Mulryan, Coalition on Homelessness and Housing in Ohio

Statewide (5 of 8 invited to participate)
- Roma Barickman, Ohio Department of Mental Health and Addiction Services
- Lori Criss, The Ohio Behavioral Council
- Scott Gary, Ohio Development Services Agency
- Jeanette Welsh, Ohio Department of Medicaid
- Bill Faith and Douglas Argue, Coalition on Homelessness and Housing in Ohio
### Summary of Responses

**July 1, 2016**

**Homeless Assistance System**

<table>
<thead>
<tr>
<th>Element/ Desired State</th>
<th>Current State</th>
<th>Role for State of Ohio in Achieving Desired State</th>
</tr>
</thead>
</table>
| **Element:** Ability/willingness to direct more service-intensive housing interventions to highest needs households  
**Desired State**  
1) All providers & funders support this principle.  
2) An inventory of investments is conducted annually to ensure resources align with needs.  
3) CES is functional. | **Local/Regional**  
- The desired state is met  
- Resources may be directed to youth who do not want them due to this principal  
- A service-intensive model would be better suited toward youth  
**Statewide**  
- The focus is on highest needs. Funding is limited to cover services to individuals.  
- Inconsistent focus throughout the state  
- Priority on those present at shelters may exclude chronic homeless with mental illnesses  
- The system often forces people to go through shelters first to receive stable housing  
- Challenges in building a full continuum of responses to meet various stages of housing instability  
- It is hard to track rural homeless  
- Tools directing resources based on need are limited  
- The system is fractured and complicated by home-rule standards. There is no umbrella plan to assist in planning of individual systems to coordinate across system lines. | **Local/Regional**  
- Recognize the need to create a continuum of shelter and housing models to meet the needs of homeless youth  
**Statewide**  
- Focus on funding prevention of homelessness and populations that may fall through the crack  
- State should be actively involved in preventing homelessness  
- Prevent conditions where becoming homeless is the only way to receive housing resources and assistance  
- Prevent evictions  
- Assure funded programs meet CoC expectations and are designed to end homelessness  
- Set more specific expectations and standards regarding targeting state homeless assistance resources to those with greater needs.  
- Provide access to training and technical assistance to CoCs  
- Developing the QAP and PSH initiatives  
- Develop a rental assistance program  
- Reduce barriers for ELI households  
- Develop ways to add more funds to the OHTF to increase projects |
### Summary of Responses

**Element: Coordinated Entry System (CES)**

**Desired State**
1) The CoC, in partnership with providers and funders, has developed criteria and tools for CES assessment.
2) All providers participate in CES.
3) All providers are willing to accept referrals without pre-conditions from the CES.
4) CES assesses needs and connects families/individuals to diversion where possible and temporary shelter as needed.
5) CES collects only information to make referral decisions and does not unnecessarily burden clients.
6) Providers accept information from CES as basis for intake and minimize clients repeating story at each program.

**Current State**
- Local/Regional: Fully aligned with CES criteria
- Statewide: Inconsistency in implementation

**Role for State of Ohio in Achieving Desired State**
- Statewide: Accepting referrals without pre-conditions from the CES should not create a conflict with provider mission or funding requirements from other organizations.
- Statewide: Emphasize best match between person/family and provider with a focus on choice.
- Statewide: Provide access to training and technical assistance that helps communities develop effective CES.
- Statewide: Promote peer to peer learning among communities.
- Statewide: The state should require that continua operate effective CES to ensure that the State’s leveraging resources are well-utilized.
- Statewide: Accountability measures that each region has effective CES.
- Statewide: Ensure that state-funded programs are actively engaged at CES and following local protocol/policies.
- Statewide: Ensure this as part of the OHTF, ESG and any other funding for housing.

### Element: Diversion

**Desired State**
1) Is accessible at many places in the system, includes combination of financial assistance, mediation, housing location, and other supports, and is client driven.
2) Intervention is aimed at helping families stay in current housing (safety is primary consideration) or move to other housing, if remaining is not possible, without requiring a shelter stay first.
3) Priority is given to families who are most

**Current State**
- Local/Regional: Fully aligned with diversion criteria
- Statewide: CES rarely an option for TAY
- Statewide: Family reunification is rarely viable
- Statewide: Youth need more than short term financial assistance and current case management from diversion programs.

**Role for State of Ohio in Achieving Desired State**
- Statewide: The state should prioritize an evaluation component for diversion.
- Statewide: Provide access to training and technical assistance that helps communities understand diversion.
- Statewide: Promote peer-to-peer learning.
- Statewide: Clear expectations on circumstances for which Diversion assistance may be used across the Region.
- Statewide: ODSA could require standard diversion practices and data.
## Summary of Responses

July 1, 2016

<table>
<thead>
<tr>
<th>Element/ Desired State</th>
<th>Current State</th>
<th>Role for State of Ohio in Achieving Desired State</th>
</tr>
</thead>
</table>
| likely to be admitted to shelter, but for this assistance. | housing related supports but also for the underlying conditions that contribute to homelessness  
- In some communities diversion does not work. When someone enters shelter it is harder to help them exit  
- Some confusion between homelessness prevention and diversion assistance  
- Regions should understand CES requirements  
- There is no single plan from the state to address diversion that will prevent homelessness  
- The current approaches contain a patchwork of hit-and-miss approaches to keeping people out emergency situations and shelters.  
- Diversion services are accessible but limited | collection/reporting on those efforts  
- Hold state systems accountable around discharge planning  
- Protocols to prevent the discharge of vulnerable populations back to homelessness  
- Create rental assistance program and resources of emergency housing assistance that can effectively prevent homeless.  
- Tenant Landlord assistance and supports are needed along with mediation to support tenants to stabilize housing. |

### Element: Temporary or emergency Shelter

**Desired State**

1) Provides 24/7 safe shelter with stabilization services.  
2) Housing placement as quickly as possible is primary objective.  
3) Imposes minimum entry and compliance requirements in order to avoid individuals or families being rejected or asked to leave.  
4) No one is unsheltered due to lack of shelter capacity.

**Local/Regional**

- Fully aligned with temporary or emergency shelter criteria  
- Shelters are overcrowded  
- Not enough options or inventory  
- No 24/7 shelter for TAY

**Statewide**

Balance of state is compliant with temporary or emergency shelter criteria  
- Some communities do not have a shelter system  
- Certain populations would not access shelters for assistance  
- Shelters struggle with placing some individuals/families due to barriers and lack of community resources

**Local/Regional**

- Increase shelter and housing options for TAY

**Statewide**

- Reduce number of shelters to put funding toward accessing housing  
- Promote learning on how to overcome placement barriers and requesting Reasonable Accommodation  
- The state can clarify minimum entry and compliance requirement and maintain a FAQ list to provide guidance.  
- The state can continue to monitor the effectiveness of the shelters that are funded and ensure that funding
<table>
<thead>
<tr>
<th>Element/ Desired State</th>
<th>Current State</th>
<th>Role for State of Ohio in Achieving Desired State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Minimum requirements can create barriers to entry</td>
<td>corresponds with local need and performance.</td>
</tr>
<tr>
<td></td>
<td>• Some shelters only provide overnight assistance</td>
<td>• Assure that all areas of the state that need shelter beds and have access to funding opportunities</td>
</tr>
<tr>
<td></td>
<td>• Most regions don’t assure that everyone will have shelter who seeks it</td>
<td>• Require all state-funded projects to implement Housing First practices</td>
</tr>
<tr>
<td></td>
<td>• Shelters in process of adopting housing first</td>
<td>• Provide training and technical assistance</td>
</tr>
<tr>
<td></td>
<td>• It is difficult to place persons with significant barriers due to limited options</td>
<td>• Require compliance with State’s Shelter Standards</td>
</tr>
<tr>
<td></td>
<td>• CoC unsheltered numbers decreasing</td>
<td>• Monitor and remove barriers to people entering shelter</td>
</tr>
<tr>
<td></td>
<td>• Shelter is still be using as a first-prong approach to addressing homelessness instead of using other interventions such as RRH and Diversion.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communities are not using cost effective methods and thus allow people to stay in shelter longer than necessary.</td>
<td></td>
</tr>
</tbody>
</table>
### Summary of Responses

**Element: Rapid Re-Housing**

**Desired State:**
1. People in shelter who are not able to rehouse themselves quickly are offered rapid re-housing assistance.
2. Assistance is tailored to meet household needs and intended to provide only what is needed to ensure transition to housing with the likelihood of remaining housed.
3. Programs provide core components: housing identification, rent and move-in assistance, and rapid rehousing case management and services.
4. Programs are evaluated for consistency with NAEH standards for rapid rehousing.

**Local/Regional**
- Fully meets rapid re-housing criteria
- Only offering to families currently

**Statewide**
- Varied understanding of RRH
- Assistance is not based on need
- Funds to meet RRH is not sufficient
- CoC staff are implementing more comprehensive TA plan for RRH providers using NAEH standards
- No real plan to direct communities in use of resources and ending homelessness.
- Ohio has not adequately expected communities to utilize and show the use of RRH as an intervention to end homelessness.

**Element: Transitional Housing**

**Desired State:**
1. Analysis of all TH programs has been conducted to determine if the intervention is achieving the desired outcomes for people experiencing homelessness.
2. TH is offered to specific target populations; and programs are designed to meet specific needs.
3. TH is an offer, not a requirement (families/individuals may opt for rapid rehousing.)
4. Housing placement is the primary objective of the program.

**Local/Regional**
- Fully aligned with transitional housing criteria
- There is no more TH for families

**Statewide**
- Many TH programs have lost their funding or face losing funding for programs
- TH is a successful model for some populations (TAY, DV, SUD)
- Federal policy has diminished TH in Ohio
- TH should be a choice for people with chronic behavioral health conditions
- Lack of crisis stabilization responses which contribute to the need for TH
- State funded TH programs are refocusing assistance to greatest needs
- In some communities, there is a tug-of-war between agencies operating

**Element: Rapid Re-Housing**

**Desired State:**
1. People in shelter who are not able to rehouse themselves quickly are offered rapid re-housing assistance.
2. Assistance is tailored to meet household needs and intended to provide only what is needed to ensure transition to housing with the likelihood of remaining housed.
3. Programs provide core components: housing identification, rent and move-in assistance, and rapid rehousing case management and services.
4. Programs are evaluated for consistency with NAEH standards for rapid rehousing.

**Local/Regional**
- Fully meets rapid re-housing criteria
- Only offering to families currently

**Statewide**
- Varied understanding of RRH
- Assistance is not based on need
- Funds to meet RRH is not sufficient
- CoC staff are implementing more comprehensive TA plan for RRH providers using NAEH standards
- No real plan to direct communities in use of resources and ending homelessness.
- Ohio has not adequately expected communities to utilize and show the use of RRH as an intervention to end homelessness.

**Element: Transitional Housing**

**Desired State:**
1. Analysis of all TH programs has been conducted to determine if the intervention is achieving the desired outcomes for people experiencing homelessness.
2. TH is offered to specific target populations; and programs are designed to meet specific needs.
3. TH is an offer, not a requirement (families/individuals may opt for rapid rehousing.)
4. Housing placement is the primary objective of the program.

**Local/Regional**
- Fully aligned with transitional housing criteria
- There is no more TH for families

**Statewide**
- Many TH programs have lost their funding or face losing funding for programs
- TH is a successful model for some populations (TAY, DV, SUD)
- Federal policy has diminished TH in Ohio
- TH should be a choice for people with chronic behavioral health conditions
- Lack of crisis stabilization responses which contribute to the need for TH
- State funded TH programs are refocusing assistance to greatest needs
- In some communities, there is a tug-of-war between agencies operating

---

1. Transitional or permanent supportive housing that is operated as Recovery Housing should meet requirement described in recent HUD guidance on this topic.
<table>
<thead>
<tr>
<th>Element/ Desired State</th>
<th>Current State</th>
<th>Role for State of Ohio in Achieving Desired State</th>
</tr>
</thead>
</table>
| RRH, TH, and recovery housing | • TH programs are meeting criteria. BoSCoC is required in part to implement Housing First  
  • TH is allowed to continue that does nothing to eliminate housing instability  
  • TH is not targeted toward appropriate households | • CoCs should use TH model more judiciously. They should be taught to identify specific target populations appropriate for TH  
  • Funding should be aligned with TH programs serving high needs populations  
  • Enforce and monitor TH standards |

**Element: Permanent Supportive Housing**

1. Permanent Supportive Housing is reserved for the highest needs families and individuals.
2. Services are voluntary and designed to support successful tenancy and life goals of household members (individuals, parents and children.)
3. Move-on opportunities for stable families/individuals are offered.
4. There are no waiting lists for permanent housing among those most vulnerable and chronically homeless.

**Desired State**

1. Permanent Supportive Housing is reserved for the highest needs families and individuals.
2. Services are voluntary and designed to support successful tenancy and life goals of household members (individuals, parents and children.)
3. Move-on opportunities for stable families/individuals are offered.
4. There are no waiting lists for permanent housing among those most vulnerable and chronically homeless.
5. There are no waiting lists for permanent housing among those most vulnerable and chronically homeless.

**Local/Regional**

- Fully aligned with PSH criteria
- There is a priority list for the most vulnerable and chronically homeless due to shortage of units

**Statewide**

- HF not uniformly meeting fidelity. Many communities report they are doing PSH or HF but have requirements to get into housing
- Individuals may not need HF but still need PSH. The state needs moving up strategies
- CoCs monitor service delivery for housing operators, but services are optional for tenants, which can be challenging for providers
- Many providers struggle to separate services from housing, especially making services voluntary
- Difficult to secure affordable housing for low income populations and due to lack of subsidies
- Balance of State is fully compliant with criteria

**Local/Regional**

- Age appropriate PSH for TAY

**Statewide**

- Focus on the fidelity of the model
- Create sustainable and realistic moving up strategies with affordable housing or new vouchers.
- State needs to assist communities in building voluntary services and supports
- Support more permanent housing options
- Ensure that all state agencies are using PSH framework to design programs
- Evaluate programs based on compliance with PSH Framework and Housing First principles using data, and monitoring and compliance tools.
- Promote importance of PSH principles
- State should clarify how HF principles and RH can co-exist
- Align funding with use of best practices
- Providers should encourage families/individuals to attain housing

---

2 Because of strong evidence of effectiveness, HUD recommends that sufficient supply of Housing First PSH that embrace Housing First and that use harm reduction practices be available at scale sufficient to serve persons who experience chronic homelessness. HUD notes that Recovery Housing may be provided if it meets specific quality criteria.
### Summary of Responses

**July 1, 2016**

<table>
<thead>
<tr>
<th>Element/ Desired State</th>
<th>Current State</th>
<th>Role for State of Ohio in Achieving Desired State</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Element: Partnership with landlords to provide access to affordable rental housing</strong>&lt;br&gt;<strong>Desired State</strong>&lt;br&gt;1) The system has relationships with public, private and nonprofit housing owners to dedicate access for formerly homeless families/individuals.&lt;br&gt;2) Nonprofit housing providers seek to screen in rather than screen out families/individuals that have experienced homelessness.&lt;br&gt;4) Resources are available to support cultivation of landlords.</td>
<td><strong>Local/Regional</strong>&lt;br&gt;• Fully aligned with desired state&lt;br&gt;<strong>Statewide</strong>&lt;br&gt;• Partnerships have been an ongoing practice within Mental Health System&lt;br&gt;• Desired state may be difficult due to cost of housing, location of housing, and landlords unwilling to rent to MHAS populations&lt;br&gt;• The lack of safe and affordable housing for individuals/families experiencing homelessness&lt;br&gt;• Rural areas experience severe lack of housing and landlords unwilling to work with high barrier populations&lt;br&gt;• There is not a centralized effort to engage landlords in the state&lt;br&gt;• Ohio Housing Locator is not effectively used and is ignored</td>
<td><strong>Statewide</strong>&lt;br&gt;• Utilize landlord associations to promote understanding of housing needs and highlight shared opportunities&lt;br&gt;• Create a statewide subsidy that is flexible enough to serve the needs of multiple disability populations&lt;br&gt;• Transition funding to provide guaranteed payment to landlord to prevent evictions&lt;br&gt;• Consider grass roots solutions to engaging landlords: 1) Apartment Associations, 2) Public Housing Authority Associations, 3) Developers&lt;br&gt;• Develop a better statewide real-time housing search database that is useful</td>
</tr>
</tbody>
</table>

| **Element: Safety for Survivors of Domestic Violence**<br>**Desired State**<br>1) Families/individuals fleeing domestic violence have immediate access to appropriate crisis assistance.<br>2) Client confidentiality is maintained throughout the system.<br>3) Sensitivity to trauma and family violence is embedded in all family/individuals services, whether DV-targeted or not. | **Local/Regional**<br>• Desired state criteria is largely met except domestic violence shelter space is limited.<br>**Statewide**<br>• State is developing extensive trauma-informed care responses<br>• There is not a domestic violence shelter in every community that needs one | **Statewide**<br>• MHAS will work with HHC to roll out some specific trainings for the homeless system<br>• Need to complete as assessment of services across the state to understand better how DV services are being implemented and utilized. |
## Summary of Responses

**July 1, 2016**

<table>
<thead>
<tr>
<th>Element/ Desired State</th>
<th>Current State</th>
<th>Role for State of Ohio in Achieving Desired State</th>
</tr>
</thead>
</table>
|                        |               | • The DV systems and the ES systems do not inter-relate well to endure safety and stable housing for survivors. |}

### Plan to Achieve an End to Homelessness in Ohio

*(planning, administration, investment and data systems)*

<table>
<thead>
<tr>
<th>Element/Desired State</th>
<th>Current State</th>
<th>Key to Transition</th>
</tr>
</thead>
</table>
| **Element:** There is broad support, collaboration, and investment in the plan to end family homelessness in Ohio (the Plan)  
**Desired State**  
1) The State of Ohio jurisdictions, the CoCs, in partnership with the business, philanthropic and faith community actively participate in planning, invest resources, and contribute leadership to the Plan.  
2) All of the above actively promote and engage the broader community, including those with lived experience, to participate in the Plan. | Statewide  
• Communities are challenged by the exclusive targeting of resources to priority populations  
• One-size fits all approach makes it difficult to meet individual needs  
• There is no coordinated effort at the state level to end homelessness | Statewide  
• State is responsible for planning for a full continuum of care for all Ohioans at risk of or experiencing homelessness  
• Continue to provide staff support for this  
• Communicate the need for a statewide plan at all levels. Encourage stakeholders to provide input at all levels.  
• The final plan should focus on elements that are achievable. The plan should be shared and made accessible to all.  
• Create an interagency council to address homelessness and affordable housing |
| **Element:** Data driven decision making is embedded in the Plan  
**Desired State** | Local/Regional  
• Program data is used to make investment decisions | Statewide  
• Ohio should develop outcomes that would be specific to direct state |
Summary of Responses

July 1, 2016

<table>
<thead>
<tr>
<th>Element/Desired State</th>
<th>Current State</th>
<th>Key to Transition</th>
</tr>
</thead>
</table>
| **Element:** Attainment of System Performance Measures (HUD requirements) and HMIS Quality Requirements  
**Desired State**  
1) HMIS system is functional and conforms with HUD requirements.  
2) All outreach and residential homeless assistance providers participate in HMIS.  
3) Data is substantially complete and of high quality.  
4) The State and CoC calculates and uses HUD system-level performance measures as the established selection criteria for awarding State and CoC Program projects and to evaluate system performance | **Local/Regional**  
- Fully aligned with desired state criteria  
**Statewide**  
- Performance measures account for approximately 50% of the rating criteria  
- Only HMIS-generated data is considered for this purpose  
- Data quality varies across the state with most continua possessing high data quality  
- ODSA uses the bare minimum to measure results for OHTF  
- The data ODSA receives is not reliable for statewide measures | **Statewide**  
- Incorporate reliance on HMIS-generated data to the extent possible  
- Ongoing review of HMIS data quality and resolution of any issues throughout all continua  
- Require participation in the state data warehouse  
- Utilize data analysts to interpret and assist in setting policy |

<table>
<thead>
<tr>
<th>Element/Desired State</th>
<th>Current State</th>
<th>Key to Transition</th>
</tr>
</thead>
</table>
| 1) Data to measure outcomes of all programs and the system as a whole is of high quality and confidence.  
2) Performance data at program and system level is used to make investment decisions.  
3) All public and private investors and funders use data on needs and performance to make funding decisions. | **Statewide**  
- None of the CoCs currently share their data  
- Performance data is used in consideration of future funding  
- State and local agencies maintain separate funding  
- There is no plan from the state level  
- OHFA faces resistance form a few CoCs in collecting homeless data | **funding**  
- Public and private funders have a responsibility to their missions beyond ending homelessness. ADAMH Boards or MHAS, for example, cannot be expected to prioritize HUD goals over central strategic initiatives.  
- Maximize the number of appropriate agencies who incorporate these measures into their performance  
- Use of data needs to assure Regions maintain their autonomy, as appropriate  
- ODM data on living arrangements could be useful in tracking performance related to Medicaid  
- Require participation in the data warehouse and support it with adequate resources |
## Summary of Responses

**July 1, 2016**

<table>
<thead>
<tr>
<th>Element/Desired State</th>
<th>Current State</th>
<th>Key to Transition</th>
</tr>
</thead>
</table>
| **Element:** The CoC cooperates with jurisdictions on planning for homeless services delivery and funding | **Local/Regional**  
- Fully aligned with desired state criteria | **Statewide**  
- Increased guidance support for local continua and ESG recipients on the importance of this and some practical steps to help improve coordination |
| **Desired State**  
1) The CoC cooperates with jurisdictions on ESG and ConPlan  
2) The CoC and ESG recipients have adopted written standards for all eligible activities  
3) The CoC follows standards for conflict of interest  
4) The CoC benefits from active participation of a wide range of stakeholders | **Statewide**  
- CoC requires coordination among ESG and ConPlan throughout the Regions, as appropriate | |


# Summary of Responses

**July 1, 2016**

Engagement of Mainstream Resources to Provide Support to Homeless Families and Individuals

<table>
<thead>
<tr>
<th>Mainstream Resources/Desired State</th>
<th>Current State</th>
<th>Key to Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resource:</strong> Employment&lt;br&gt;<strong>Desired State</strong>&lt;br&gt;1) Effective partnership between shelter &amp; housing providers with Ohio Means Job Centers and their contractors.&lt;br&gt;2) All programs meet or exceed HUD performance criteria around gaining employment and income.</td>
<td><strong>Local/Regional</strong>&lt;br&gt;• Not aligned with desired state&lt;br&gt;• The new WIOA dollars which are meant to target disconnected TAY are not targeting homeless TAY&lt;br&gt;<strong>Statewide</strong>&lt;br&gt;• Many of the people being served are functionally impaired in a way that prevents employment, but not disabled in a way that meets disability criteria for income assistance.&lt;br&gt;• VR services are not available to all people in the homeless system.</td>
<td><strong>Statewide</strong>&lt;br&gt;• Better job of sharing what information and programs available.&lt;br&gt;• Overlay maps of homelessness, housing opportunities, unemployment, VR opportunities, employment opportunities, and types of work available&lt;br&gt;• ODSA can fund projects that meet performance goals related to employment and income.</td>
</tr>
<tr>
<td><strong>Resource:</strong> Education&lt;br&gt;<strong>Desired State</strong>&lt;br&gt;1) Homeless programs work to ensure that all children have access to school, afterschool assistance and transportation.&lt;br&gt;2) The CoC has strong relationships with the McKinney coordinators in each school district.&lt;br&gt;3) Avenues for adult education, such as community colleges, are open to heads of households.</td>
<td><strong>Local/Regional</strong>&lt;br&gt;• Fully aligned with desired state criteria&lt;br&gt;<strong>Statewide</strong>&lt;br&gt;• Balance of State largely aligned with desired state criteria in most communities</td>
<td><strong>Statewide</strong>&lt;br&gt;• ODSA can continue to require state funded projects to do things to achieve the desired state.</td>
</tr>
</tbody>
</table>
## Summary of Responses

**July 1, 2016**

<table>
<thead>
<tr>
<th>Mainstream Resources/Desired State</th>
<th>Current State</th>
<th>Key to Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resource:</strong> Child care</td>
<td><strong>Local/Regional</strong></td>
<td><strong>Statewide</strong></td>
</tr>
<tr>
<td><strong>Desired State</strong></td>
<td>• Fully aligned with desired state criteria</td>
<td>• ODSA can continue to require state funded projects to do things to achieve the desired state.</td>
</tr>
<tr>
<td>1) Families participating in the homeless system are assisted to access subsidized childcare.</td>
<td><strong>Statewide</strong></td>
<td>• County-level JFS departments should be engaged if they do not currently participate in CoC meetings to ensure that homeless children are prioritized. CoC should partner with agencies with expertise in attaining these benefits.</td>
</tr>
<tr>
<td>2) The childcare system prioritizes children experiencing homelessness.</td>
<td><strong>Statewide</strong></td>
<td>• Balance of State is aligned with desired state criteria</td>
</tr>
</tbody>
</table>

| **Resource:** Benefits (OWF, SSI, VA) | **Local/Regional** | **Statewide** |
| **Desired State**                  | • Fully aligned with desired state criteria | • ODSA can continue to require state funded projects to do things to achieve the desired state. |
| 1) Families/individuals participating in the homeless system are assisted to gain benefits for which they are eligible. | **Statewide** | • CoCs/providers should partner with agencies within their communities with expertise in attaining SSI |
| 2) Programs meet or exceed HUD performance criteria around mainstream benefits. | • Ohio has SOAR- but it can sometimes be hard to engage individuals due to the number of face to face hours it requires. | • Ohio is currently on track to transition from a 209(b) state to a 1634 state in 2016. With that change, Ohioans who qualify for SSI, will automatically be enrolled in Medicaid |
| | • Most Ohio BoSCoC providers doing a good job of connecting homeless persons/households to benefits. | • CoCs who don’t currently make use of best practices, such as SOAR, should be trained in the methodology which teaches case managers to prepare successful applications and provides access to an expedited disability determination |
| | • Many homeless individuals who qualify for cash benefits such as disability, do not receive them and therefore, programs do not meet HUD performance goals. | |
| Resource: Community & supportive services |
| Desired State |
| Links between homeless and mainstream services (public and nonprofit) for low-income households are strong. |
| 1) Links between homeless and mainstream services (public and nonprofit) for low-income households are strong. |
| 2) Where possible, families/individuals are connected to services in the community where they will be living. |

| Local/Regional |
| Links to services are moderately strong |
| CoCs vary in how well they coordinate with mainstream service providers |
| Most providers are doing a good job of linking homeless persons to services/benefits |

| Statewide |
| ODSA can continue to require state funded projects to do things to achieve the desired state. |
| The Centers on Medicare and Medicaid (CMS) and Substance Abuse Mental Health Services Administration (SAMSHA) are working on providing guidance to clarify when Medicaid can reimburse for certain housing-related services for persons experiencing homelessness. |
## Summary of Responses

**July 1, 2016**

**Using Evidence Based Practices**

### Evidence-Based Practices/Desired State

<table>
<thead>
<tr>
<th>Evidence-Based Practice: Housing First Desired State</th>
<th>Current State</th>
<th>Key to Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local/Regional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Staff are offered training, but not all are skilled at this approach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mostly aligned with HF, but still in progress</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HF is not uniformly implemented in Ohio, nor would the program meet fidelity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Many communities rely on a range of housing options that do not meet HF criteria but are vital resources to those with behavioral health conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HF is being required for all ODSA homeless programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Extensive training is conducted by BoSCoC and some entitlements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ODSA, OMHAS and OHFA have not put adequate resources behind implementing these EBPs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• There is not adequate monitoring on desired effect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• There is not adequate training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• There is a lack of coordination across systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• State departments have not invested in programs such as WIOA and do not follow through on commitments</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The state should value a variety of housing type in local communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The state should support evidence-based practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hands on training and review of program policy and procedures. Funder accountability to assure compliance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• State can incentivize and encourage adoption of best practices by funding training opportunities and by awarding more funding to providers who can demonstrate these practices are being implemented.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide access to training and technical assistance to CoCs to assist with achieving desired state.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reinforce that Housing First principles are consistent with a client-centered approach and align funding accordingly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Evidence-Based Practice: Trauma-Informed services Desired State

<table>
<thead>
<tr>
<th>Evidence-Based Practice: Trauma-Informed services Desired State</th>
<th>Current State</th>
<th>Key to Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local/Regional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Staff are offered training, but not all are skilled at this approach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mostly aligned with criteria, but still in progress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• All programs have at least adopted the approach</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• State can incentivize and encourage adoption of best practices by funding training opportunities and by awarding more funding to providers who can demonstrate these practices are being implemented</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Summary of Responses

**July 1, 2016**

<table>
<thead>
<tr>
<th>Evidence-Based Practices/Desired State</th>
<th>Current State</th>
<th>Key to Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nothing formal implemented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Many behavioral health providers are trained at utilizing trauma informed care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Evidence-Based Practice: Critical Time Intervention for adults who have serious mental health and/or substance use problems

**Desired State**

1) Providers understand the role of CTI.
2) RRH and PSH programs use CTI when serving adults with serious mental health and/or substance abuse problems.

**Local/Regional**

- Additional training to expand knowledge and competency is needed

**Statewide**

- CABHI is funding CTI in 8 counties through FFY 2017
- Some difficulty getting providers to understand the CTI role and not to view as competition
- Nothing formal implemented

- Peer Recovery Supporters under the 1915(i), ACT and SUD Outpatient services will require trauma informed care training as part of their certification process

- Work within Medicaid redesign to ensure that parts and pieces of CTI can fit into the billing system but work to create funding sources to provide additional funds for those that this service may not be billable
- State can incentivize and encourage adoption of best practices by funding training opportunities and by awarding more funding to providers who can demonstrate these practices are being implemented.
- Medicaid will reimburse Evidence Based Practices if the individual services involved are reimbursable.

### Evidence-Based Practice: Assertive Community Treatment for adults who have serious mental health or co-occurring disorders

**Desired State**

1) PSH Providers understand the role of ACT.
2) PSH programs utilize or coordinate with ACT providers when available in the community.

**Local/Regional**

- Fully aligned with desired state criteria

**Statewide**

- ACT does not exist in all communities
- A similar service to ACT does not exist for persons solely disabled by substance use disorders
- Nothing formal implemented
- Some PSH providers are coordinating with local ACT providers
- ACT teams are currently operating in the state of Ohio, but billing for independent service.

- State can incentivize and encourage adoption of best practices by funding training opportunities and by awarding more funding to providers who can demonstrate these practices are being implemented.
- As part of Behavioral Health Redesign, Medicaid is bringing up a program specific rate for ACT Teams. Once they meet fidelity, they can begin to bill Medicaid for a rate intended to cover the entire cost of caring for the patient.

### Evidence-Based Practice: Supported

**Local/Regional**

- | Statewide |

**Statewide**

- |
# Summary of Responses

**July 1, 2016**

<table>
<thead>
<tr>
<th>Evidence-Based Practices/Desired State</th>
<th>Current State</th>
<th>Key to Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment and Transitional Jobs</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Desired State</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) PSH Providers understand the role of supported employment and transitional jobs.</td>
<td>• Fully aligned with desired state criteria</td>
<td>• The focus should be on competitive employment opportunities</td>
</tr>
<tr>
<td>2) PSH programs utilize Supported Employment or coordinate with SE providers when available in the community.</td>
<td><strong>Statewide</strong> • Nothing formal implemented • Supported Employment is not currently reimbursable as a discrete service for Ohio Medicaid</td>
<td>• Incentivize and encourage adoption of best practices by funding training opportunities and by awarding more funding to providers who can demonstrate these practices are being implemented</td>
</tr>
<tr>
<td>3) PSH programs establish effective referral relationships with TJ providers</td>
<td><strong>Local/Regional</strong> • With staff turnover, resources need to be re-communicated to shelter level staff</td>
<td>• As a part of the Specialized Recovery Services program for individuals with SPMI, Medicaid is bringing up the evidence based practice Individualized Placement and Support-Supported Employment for individuals eligible for this program. In addition, Supported Employment can be offered and billed as a part of the ACT Team under the TMCAT Fidelity Model</td>
</tr>
<tr>
<td>Evidence-Based Practice: Early Childhood Home Visiting &amp; Education</td>
<td><strong>Statewide</strong> • Early childhood development and home visiting services are narrowly targeted in Ohio, making it difficult for most families to benefit from these resources. • Nothing formal is implemented • ODM partners with Health and Education on these goals.</td>
<td>• ODM will continue to work with its state partners to ensure that community based programs exist and that case managers receive training on how to access those services.</td>
</tr>
<tr>
<td>Desired State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) All case managers have been trained in how to access Early Childhood Home Visiting &amp; Education community based services.</td>
<td><strong>Local/Regional</strong></td>
<td></td>
</tr>
<tr>
<td>2) There are sufficient Early Childhood Home Visiting &amp; Education community based programs to serve families.</td>
<td><strong>Statewide</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evidence-Based Practices/Desired State**

<table>
<thead>
<tr>
<th>Employment and Transitional Jobs</th>
<th>Current State</th>
<th>Key to Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Desired State</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) PSH Providers understand the role of supported employment and transitional jobs.</td>
<td>• Fully aligned with desired state criteria</td>
<td>• The focus should be on competitive employment opportunities</td>
</tr>
<tr>
<td>2) PSH programs utilize Supported Employment or coordinate with SE providers when available in the community.</td>
<td><strong>Statewide</strong> • Nothing formal implemented • Supported Employment is not currently reimbursable as a discrete service for Ohio Medicaid</td>
<td>• Incentivize and encourage adoption of best practices by funding training opportunities and by awarding more funding to providers who can demonstrate these practices are being implemented</td>
</tr>
<tr>
<td>3) PSH programs establish effective referral relationships with TJ providers</td>
<td><strong>Local/Regional</strong> • With staff turnover, resources need to be re-communicated to shelter level staff</td>
<td>• As a part of the Specialized Recovery Services program for individuals with SPMI, Medicaid is bringing up the evidence based practice Individualized Placement and Support-Supported Employment for individuals eligible for this program. In addition, Supported Employment can be offered and billed as a part of the ACT Team under the TMCAT Fidelity Model</td>
</tr>
<tr>
<td>Evidence-Based Practice: Early Childhood Home Visiting &amp; Education</td>
<td><strong>Statewide</strong> • Early childhood development and home visiting services are narrowly targeted in Ohio, making it difficult for most families to benefit from these resources. • Nothing formal is implemented • ODM partners with Health and Education on these goals.</td>
<td>• ODM will continue to work with its state partners to ensure that community based programs exist and that case managers receive training on how to access those services.</td>
</tr>
</tbody>
</table>
Instructions: This exercise covers the key ingredients to success in achieving an end to homelessness.

1) A high functioning, collaborative Homeless Assistance System makes strategic use of resources to provide the right amount of assistance to help individuals and families obtain or regain housing as quickly as possible and ensuring access to services to remain stably housed. The System should also help families and individuals avoid homelessness whenever possible.

2) A Plan to Achieve an End to Homelessness in Ohio (the Plan) is actively implemented. The Plan uses the best practices in planning, is administered efficiently and effectively with clear lines of accountability, has sufficient public and private investment to scale up the homeless assistance system to achieve the goals and objectives of the Plan, and has high quality data systems that can be used for planning and investment decisions.

3) Mainstream Resources are a primary foundation for the Homeless Assistance System and support homeless families with children, single adults, youth, and Veterans. These community based resources and benefits help people move out of crisis, achieve stability, and improve income, education and well-being. Given the limited resources for homeless specific assistance programs, it is essential that there is effective coordination, community partnership, and engagement.

4) The Homeless Assistance System adopts and uses Evidence Based Practices to improve outcomes for unaccompanied individuals, parents and their children and makes scarce resources go further by only investing in programs that achieve results. The impact is greater efficiency and effectiveness.

The following pages break down each key ingredient to the critical elements and the desired state (i.e. a description of what achieving success means in attainment of that critical element). You should:

1) Prepare for the exercise - quickly review the entire exercise document.

2) Complete the current state assessment - assess your understanding of the current state compared to the desired state for each critical element. If you don’t have enough information on a key element then mark it “NKI” (no known information). Provide a very brief statement within the space allowed.
3) Complete the State of Ohio Role – note what you believe should be the role for the State of Ohio to help local communities achieve the desired state.
Appendix VIII: Focus Group Report
Summary Report of feedback received from two focus groups conducted in June, 2016 as part of the Statewide Plan to End Homelessness, Phase I Quantitative and Qualitative Data Collection.
As part of the DSA Statewide Plan qualitative data collection, two focus groups were conducted of people with lived experience of homelessness. The first, held July 11th, included people who are aged 18-24, known as Transition Age Youth, and experiencing homelessness, and took place in Cincinnati’s Lighthouse Youth Services, Sheakley Center for Youth. A second focus group was conducted on July 13th of parents who were experiencing homelessness with their children, and was held in the VanBuren family shelter. In addition, consultants conducted interviews of people who experienced rural homelessness.

**Approach:** In both cases, a flyer was posted in advance of the focus group in common areas describing the purpose of the focus group and the opportunity for people to have their voices heard as the state assesses its efforts to address homelessness. Food was provided at the designated start time and participants were able to come in and out as they needed, but most remained throughout the meeting. There were six youth and seven parents who participated in the focus groups. The parents requested anonymity, but the youth executed releases to share their photos and feedback. A staff member from Lighthouse Youth Services, Jack Theurling, participated in the youth focus group. Van Buren staff did not participate in the family shelter group. Katie Kitchin, CSH facilitated the focus groups.

In both cases, the same five questions were asked, as follows:

1. What would you want the state to know about the experience of homelessness in Ohio?
2. Have any services or supports you’ve received since becoming homeless been more helpful than others?
3. What do you think the state could do to make homelessness rare, brief, and non-recurring?
4. Are there services or supports that could prevent more people from becoming homeless?
5. If you were in charge of ending homelessness in Ohio, what would you do?

The following feedback was received, though specific names have been removed in order to protect the anonymity of those who requested it.

1) **The experience of homelessness**

**Youth responses:** Youth participants described the difficulty of accessing services and meeting basic needs and how overwhelming and scary it feels to be so young and on the street.

“It’s rough for us youth. Parents think you can be on your own at 18…” “I didn’t have anything… social security card, ID…” “I’d been homeless three years, living in the woods. Someone called and got me help… I got kicked out of my house ’cuz I was using marijuana.” “We need more youth homeless shelters. I’ve met kids 7-13 who are homeless. It makes me emotional. I don’t know what I would’ve done…” Youth 1

“It’s what happens before you got to shelter. You have to survive. If you were to panhandle, people are incredibly inconsiderate. They will tell you it’s your fault and spit on you.” “It’s important that people know they’re not alone. I didn’t know there was any help out there.” Youth 2

**Parents responses:** Parent participants sought to stress that the experience of homelessness is extremely difficult and stressful and to dispel any myths that people who seek help are lazy or taking advantage of resources.

Parent 1: “I had a job. I wasn’t able to get PRC quick enough. Going through JFS takes forever. Landlord has to approve that they will accept it before you can apply…”

Appendix VIII
Parent 2 “I lost a job. Our household income went down dramatically.”

“Not everybody became homeless because they don’t want to pay rent. We had an accident, he lost his car, we lost our house, he can show all the proof, but he can’t get a job… My baby has been sick every day since she’s been here [at the shelter]” “They are going to evict me if I don’t have a job tomorrow…” Struggling with child care and transportation, and the impact of having to be outside all day with the hot weather.” Parent 2

2) Services or Supports that have been helpful

Youth responses: Youth expressed a mix of frustration and appreciation for services received. Behavioral health services were rated favorably, but youth complained they were difficult to access.

“ACT team – they’ve helped me get back on my meds… [before] I didn’t even sleep… They helped me get SSI, driver’s license… my caseworker calls me every day.” Youth 1

“Job and Family Services ain’t never helped me.” “My Social Security helps me.” Youth 3

“It’s uncomfortable at the shelter. It’s way out of my comfort zone. I’ve seen people go outside and shoot up. Some people here have seizures.” Youth 4

Parent responses: Similar to the responses from the youth, parents expressed a mix of frustration and appreciation for the services they’ve received. A minority, though more vocal group of parents expressed passionately their disappointment in the availability of a variety of services including case management, mental health, and employment services. There was consensus that the most critical unmet need was rent assistance and landlord engagement to help them overcome past credit or eviction histories.

“PRC if it works.” “I couldn’t find a landlord to accept it.” Parent 1

[PRC takes too long] “By the time you save up another check…[faster to do that than to apply for PRC] Parent 3

“They [shelter staff] have been helping me. I’ve only been here for 7 days. I got job interviews. I came here at 4 am. They paid for my cab to get to the shelter.” Parent 5

Parent 6 expressed concerns about Rapid Rehousing “I don’t feel comfortable because I’ve dealt with Rapid Rehousing. It’s going to take me 3 months to get my [money from new job]…”

“Shelter expects you to move quickly… If you don’t get the landlord on time, they’ll tell you we’re going to give your children to Children’s Services… You can’t come back here because of the 180 days.” Parent 4

“If you’re a drug addict, they’ll pay your rent for 5 years…” “I have to put a needle in my arm to get help.” Parent 6

“I have a friend who’s been trying to get into a shelter for a week and a half.” Parent 1
“I had to sleep in my van with my child... I know people who were turned away.” Parent 6
“I don’t want to ‘volunteer’ 20 hours a week for $300/month... People still abuse the system. One bad apple spoils the bunch... some people were living off their checks. Now people can’t do it...” Parent 1

“I’ve been here 2 months. I was supposed to be getting into a [RRH or transitional] program. I got denied. A second program offers low income housing, but I need to get mental health... runaround all these places... It’s hard to get your birth certificate when you weren’t born here... I’ve been working 4-12:30 (am), now I’m sleeping on my couch at my job... I can’t keep up with it so I had to leave. I have until Friday to find a house...”
Parent 3

Parent 2 also talked about how long it takes to get the Title XX child care... most agreed they could get subsidized or affordable care, but getting the paperwork completed so the provider can be paid was a big challenge.

3) What the state could do to make homelessness rare, brief, and non-recurring

Youth responses: Youth expressed ambivalent feelings about low barriers to shelter and housing. They both thought it should be easier to access, but they also wanted to be sure it was safe and free from illegal activities or safety threats. They discussed how this was a complex challenge. Some participants described the need for the state to help ensure that vulnerable youth know how to get help, as they are very unlikely to be familiar with any programs or supports. They requested the state help youth access vital documents such as social security cards, IDs, etc. which can be very difficult without parental assistance.

“Don’t do no application... It’s hard for people who aren’t that smart. They stole people’s bags. Everybody’s hungry.” Youth 3

“The Main problem hindering me is documents. I’m running on an old ID. You have to have 2 forms of ID... It could get stolen...” Youth 2

“Certain shelters are better than others. There are some that are places where stuff happens. It’s terrifying. But he probably doesn’t belong there.” Talks about the need for more mental health services “there isn’t free counseling...” Need someone to say “Hey, I’m here to help...” Youth 2

“There’s not enough beds.” Youth 4

“It helps start... you have to provide them with more resources. Guide them through it. Let them back. Have them explain what the mistake was.” Youth 3

“They aren’t being provided with appropriate mental health because there isn’t free counseling.” Youth 2

“I was in a group home. It’s not a good place to live. I see a lot of people complain. Not allowed to go in ‘fridge... make it easier to raise money. I seen people ask for money. They understand... I haven’t eaten in 2-5 days...” Youth 3
Parent responses: Parents offered specific, concrete suggestions on what additional resources they believe could help reduce the length of homeless episodes. This includes medium term rental assistance, employment supports, particularly easily accessible child care when parents are participating in job interviews, and a process to expunge old evictions or abandoned complaints that remain in the public records search even when they were dropped by the landlord.

“We need more than one month of rent and security deposit.” Parent 5

“More social services – more employment specialists at the shelter to help people get jobs; day care to help while people go to interviews…” Parent 2

Parent 3 talked about needing a way to expunge past landlord debt/evictions… “they can hold things against you that happened 20 years ago… was dismissed, or an open case that never got filed… FAPCO reports show all these things…”

Parent 1: “If I take this job at McDonald’s… then I set myself up for failure. I’d rather wait and get a better job…”

“There are employers that won’t let you bring your kids…” “My first interview at [bank]. She told me [looking at my daughter] ‘She can’t come in here’… They think if you can’t find child care for 15 minutes, you can you do it when I hire you.” Parent 4

4) Recommendations for Prevention Services

Youth responses: Youth had less insight into what could prevent people from becoming homelessness.

“Hurry up and get me a place… I spent a couple nights sleeping in the park… now in shelter… I’m still in school… need first month’s rent… [I] just need assistance, need people to help and need money.” Youth 4

“people don’t choose to be homeless… they just don’t know what to do. You ain’t got nothing to pay your car insurance. People living in their cars. Brother and sister say I don’t want you here ’cause you have to pay the rent. [described abuse by sister’s boyfriend, involvement with CPS, and subsequent homelessness.] Youth 3

Youth 2 discussed the need for youth to know what resources exist, suggested bus shelter flyers…

Parent responses: Parents focused on eviction prevention, quality affordable housing, and access to mental health services.

“Landlords want to see your credit report… they should be able to [expunge records] especially after its paid.” Parent 2

“Even if you get a letter of forgiveness… it shows up on the report… Franklin County Clerk of Courts shows
where my landlord took me to court, but it was dismissed last October…” Parent 1

We need more supportive services.” Describes going to the mental health center… “one to two months [to see psychiatrist]… it’s hard to get in.” Parent 4

“My husband has a felony… from child support… keeps him from getting a job” Parent 1

5) If you were in charge of ending homelessness in Ohio, what would you do?

Youth responses: Youth participants struggled with the seemingly overwhelming problems of substance abuse, domestic violence, and poverty and mostly sought to emphasize the need for empathy and for opportunities for them to give back to others in need.

“There’s a cause… domestic violence, drugs, in my case both.” Had she known there was help… things would’ve gone differently. She was afraid of losing her family. “We were very young. It was a situation that was impossible.” Mother had her do home schooling so she could take care of siblings while mom worked – “dad was in prison…” “My stepfather was a drug addict and felon. He couldn’t get a job; got depressed; he couldn’t find a way out of that cycle.” Youth 3

“My father was a drug addict. I was a drug addict. My caseworker was talking to me… ‘You’ll be life in prison.’ I’m trying to be a better person. I have to learn to trust my heart… My father never taught me to be a man…” Youth 2

“We’ve talked about working [in the field]… They told me once I have 6 months in stable housing, I could help other people…” Youth 1

“I would like to help with counseling. I’ve observed so much from people here. It’s what I do. I want to assist.” Youth 3. Youth 1 agreed: “She’s the person everyone goes to for help.”

Parent responses: The focus group concluded before this question could be further explored, however, during other parts of the discussion, the parents expressed ideas about opportunities to expunge past credit or eviction issues and the need for additional staff support at the shelters.
Focus Group/Rural Interview Report

Interviews with people who lived in rural Ohio
Wapakoneta, Ohio
July 2016

PROCESS:
Staff from the West Ohio Community Action Partnership, formerly known as LACCA, Lima/Allen County Community Action Agency, contacted clients residing within Auglaize County who had been assisted by HCRP (see below) and received housing assistance in the prior 12 months. They asked if they would be willing to provide feedback on their experience through a 15-minute telephone interview. They were told that their name and identifying information would not be provided in the report.

Of 14 possible households, seven (7) were unable to be reached (no contact number, no answer when staff call, or no working number), three (3) did not answer so message was left, one (1) declined to be interviewed, three (3) agreed to participate.

Barbara Poppe reached out to the three who had agreed to participated and re-contacted the three for whom messages were left. Of the six (6) households that were contacted, two interviews were conducted. The other four (4) households did not respond to the outreach. The notes from each completed call are included at the end of the document.

CONTEXT:
Auglaize County, located in western Ohio, is a rural area with low poverty and unemployment rates. Manufacturing sector is strong.

<table>
<thead>
<tr>
<th>Population¹</th>
<th>45,876</th>
</tr>
</thead>
<tbody>
<tr>
<td>% white¹</td>
<td>97%</td>
</tr>
<tr>
<td>High school graduate¹</td>
<td>92%</td>
</tr>
<tr>
<td>Median household income¹</td>
<td>$52,773</td>
</tr>
<tr>
<td>% persons in poverty¹</td>
<td>8.3%</td>
</tr>
<tr>
<td>Unemployment rate¹</td>
<td>3.3%</td>
</tr>
<tr>
<td>Housing wage 2 bedroom apartment³</td>
<td>$13.06</td>
</tr>
<tr>
<td>FMR 2 bedroom apartment³</td>
<td>$679</td>
</tr>
</tbody>
</table>

INTERVIEW QUESTIONS:

1. How did LACCA help you with your housing crisis?

2. The funding LACCA used to help you was from the State of Ohio. What would you want the State to know about the help you got from LACCA?

3. Have any services or supports you’ve received from LACCA been more helpful than others?

4. What do you think the State could do to help other people facing your situation avoid it or get over it quickly?

5. If you were in charge of helping people avoid a housing crisis in Ohio, what would you do?

¹ US Census, QuickFacts, Auglaize County, Ohio
² Ohio Labor Market Information, May 2016
³ NLIHC, Out of Reach, Auglaize County, Ohio
THEMES:

• Even rural communities with stable employment will have people who will need help due to some unexpected emergency. The two interviewees reported that they needed help due to 1) layoff coupled with recent divorce and 2) a disability check being stolen.

• Assistance with emergency rent assistance and referrals to community resources and public programs was very helpful to averting the loss of housing.

• Being treated in courteous, respectful, and helpful way by staff was very important. The support helped both clients feel more confident about the ability to get through their situation.

• Helping people apply for public programs like LIHEAP, PIP, SNAP, Medicaid, financial aid for college, etc. is very important for someone who has never been poor before.

• More quality apartments of various sizes for households with low incomes are needed.

• Even small amounts of rent assistance are helpful.

• Programs to help disabled, unemployed, and low income are not readily available within Auglaize County but WOCAP staff were very good at finding every available resource.

• Need unemployment assistance to be one year not just six months as it can take longer than six months to find a comparable job if you were laid off from a good job.

• Helping people learn how to manage limited income and pay bills was very helpful.

• Offer help for people to keep their license active and renewed while unemployed by paying for fees and continuing education credits.
Appendix IX: Best Practices Presentation
Best Practices & Lessons Learned:

Strategies to end homelessness

Barbara Poppe and associates
The collective for impact

poppeassociates.com
barbara@poppeassociates.com
Columbus, Ohio

“Since the launch of Opening Doors, nationally there has been a 10% reduction in overall homelessness.”
Ending Veteran homelessness doesn’t mean we’ll never see a Veteran on the street, Mrs. Obama said. “That’s an unfortunate reality. It means when someone does experience a housing crisis, we will be prepared to get them back into a home right away and for good.”

First Lady Michelle Obama in New Orleans, April 20, 2015

What Does Ending Homelessness Mean?

An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible, or if it can’t be prevented, it is a rare, brief, and non-recurring experience.

Specifically, every community will have the capacity to:

Â Quicklly identify and engage people at risk of and experiencing homelessness.

Â Intervene to prevent the loss of housing and divert people from entering the homelessness services system.

Â When homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services tailored to their unique needs and strengths to help them achieve and maintain stable housing.
### Achieved Functional End to Veteran Homelessness

<table>
<thead>
<tr>
<th>Location</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany, NY</td>
<td>Montgomery County, MD</td>
</tr>
<tr>
<td>Biloxi, MS</td>
<td>New Orleans, LA</td>
</tr>
<tr>
<td><strong>Connecticut</strong></td>
<td>Philadelphia, PA</td>
</tr>
<tr>
<td>Cumberland County/Fayetteville, NC</td>
<td>Reading/Berks County, PA</td>
</tr>
<tr>
<td>Dayton Beach/Volusia County, FL</td>
<td>Rochester, NY</td>
</tr>
<tr>
<td>Des Moines, IA</td>
<td>Rockford, IL</td>
</tr>
<tr>
<td>Flagler County, FL</td>
<td>San Antonio, TX</td>
</tr>
<tr>
<td>Houston, TX</td>
<td>Saratoga Springs, NY</td>
</tr>
<tr>
<td>La Cruces, NM</td>
<td>Schenectady, NY</td>
</tr>
<tr>
<td>Lancaster City and County, PA</td>
<td>Syracuse, NY</td>
</tr>
<tr>
<td>Las Vegas, NV</td>
<td>Troy, NY</td>
</tr>
<tr>
<td>Lynn, MA</td>
<td>Virginia</td>
</tr>
<tr>
<td>Mississippi Gulfport/Gulf Coast Regional CoC</td>
<td>Winston-Salem, NC</td>
</tr>
<tr>
<td>Mobile, AL</td>
<td></td>
</tr>
</tbody>
</table>

### Connecticut sees an end to chronic homelessness in 2016

Connecticut has about 1,000 chronic homeless, including veterans, down from 10,000 a decade ago, a reduction that anti-poverty workers attribute to a smarter national approach and increased resources committed locally by the Malloy administration.
Connecticut – 1st state to end homelessness among Veterans

- Key initiatives:
  - Mayor’s Challenge
  - 100-Day challenge
  - Zero 2016

- State built the infrastructure, through a network of partnerships and investments.

- Reaching Home Campaign’s Veterans Workgroup:
  - VA Connecticut Healthcare System (VACT)
  - Connecticut Department of Housing (DOH)
  - Connecticut Veterans Project (CTVP)
  - U.S. Department of Housing and Urban Development’s Hartford Field Office (HUD)
  - Connecticut’s Supportive Services for Veteran Families (SSVF) grantees
  - Connecticut Coalition to End Homelessness (CCEH)
  - Connecticut Department of Veterans’ Affairs (DVA)
  - Partnership for Strong Communities (PSC)
  - Connecticut Department of Correction (DOC), and
  - Connecticut Department of Labor (DOL)

Utah Ends Chronic Homelessness

- Utah Homeless Coordinating Committee
  - Established measurable plan to end chronic homelessness
  - Lead statewide implementation of Housing First practices
  - Directed state and federal funds to providers for proven practices
  - Held state agencies, communities, and providers accountable to achieve results
How Virginia Reduced Family Homelessness by 25% in 4 Years

- Encouraged buy-in and commitment from influential leadership.
- Created financial incentives for shifting to Rapid Rehousing.
- Defined and rewarded high performance.
- Communicated early and often.
- Built provider capacity to deliver Rapid Rehousing.
- Helped communities analyze their resource investments.

Heading Home Minnesota
A coordinated public-private partnership to end homelessness

- Minnesota is getting closer to ending homelessness
  - The 2015 point-in-time count saw a 10 percent drop since 2014 in homelessness among all Minnesotans, the first such year-over-year decline since 2011.
  - A 17 percent decline was registered last year in homelessness among families with children, a cohort among whom homelessness had been climbing since the Great Recession.

- What changed?
  - Better coordination of services that can be brought to bear to either prevent the imminent loss of a home or remedy that loss soon thereafter. That, plus an infusion of state funds: the 2014 Legislature invested $110 million via both housing and general-obligation bonds to create or preserve more than 4,000 units of affordable housing.
Reductions in Homelessness in Houston

While the city spends several million dollars in municipal-bond funds each year on homelessness, Houston’s shelters are largely funded by private entities, such as churches and foundations.

The city also streamlined existing federal money spent on affordable housing into building permanent housing.

Best Practices – service delivery

- Individualized approaches that are asset-based
- Trauma informed care and approaches
- Housing First (all levels)
  - Low barrier admission
  - Assertive engagement
  - Quick rehousing as primary focus
- Motivational interviewing
- Assertive Community Treatment
- Critical Time Intervention
- High Fidelity Wraparound Services
- Early Childhood Home Visiting Programs
Best Practices – program models

- Diversion
- Rapid Rehousing with progressive engagement
- Permanent Supportive Housing
- Alternatives to criminalization
- SOAR

Community Engagement Strategies

- 100,000 Homes Campaign
- Rethink Homelessness (Orlando Florida)
- Zero 2016
- Mayor’s Challenge to End Veterans Homelessness
- Collective Impact
- 100 vets in 100 days
Best Practices: System & Community

• Using data for system planning and resource allocation
• Coordinated Entry
• Coordinated outreach
• Housing First – as system and across all programs
• By Name lists and housing prioritization
• Landlord engagement
• Criminal justice triage tools and frequent user programs
• Public Housing Agencies and Multi-Family Housing partnerships

Emerging Practices & Innovations

• Health & Housing including Medicaid strategies
• Pay for Success
• Youth - cross sector collaboration; USICH Youth Framework; Voices of Youth Count
• Employment and training – Partnerships Summit to end homeless through integration of employment and training
• Children: Access to early childhood education and school partnerships
• Equal access regardless of sexual orientation or gender identify
• Partnerships with Child Welfare and Housing organizations
Critical Success Factors

A fully operational local system that:
- has a goal to make homelessness rare, brief, and one time;
- focuses on housing solutions like rapid rehousing, permanent supportive housing and Housing First practices;
- uses data to track progress and monitor performance;
- invests only in proven solutions to homelessness; and
- directs sufficient resources from the public and private sector to right-size the system and programs to be sufficient to match the community’s unique needs.

“Ending homelessness not only is the right thing to do, it makes economic sense.”