

*How Do We Increase the Effectiveness of the
Montgomery County Homeless Crisis Response System?*

**COMMON
GROUND
FOR ACTION
REFLECTION
SUMMIT**

BACKGROUND

In an effort to improve the way we support people dealing with homelessness in Montgomery County, Homeless Solutions convened a total of 11 forums for service providers, key partners, and consumers. Most service providers and partners attended online forums using the deliberative decision making platform Common Ground for Action, while consumers participated in in-person forums held at service agencies throughout Dayton. All forums were moderated by professional facilitators from the Dayton Mediation Center.

The most powerful takeaways from this forum were:

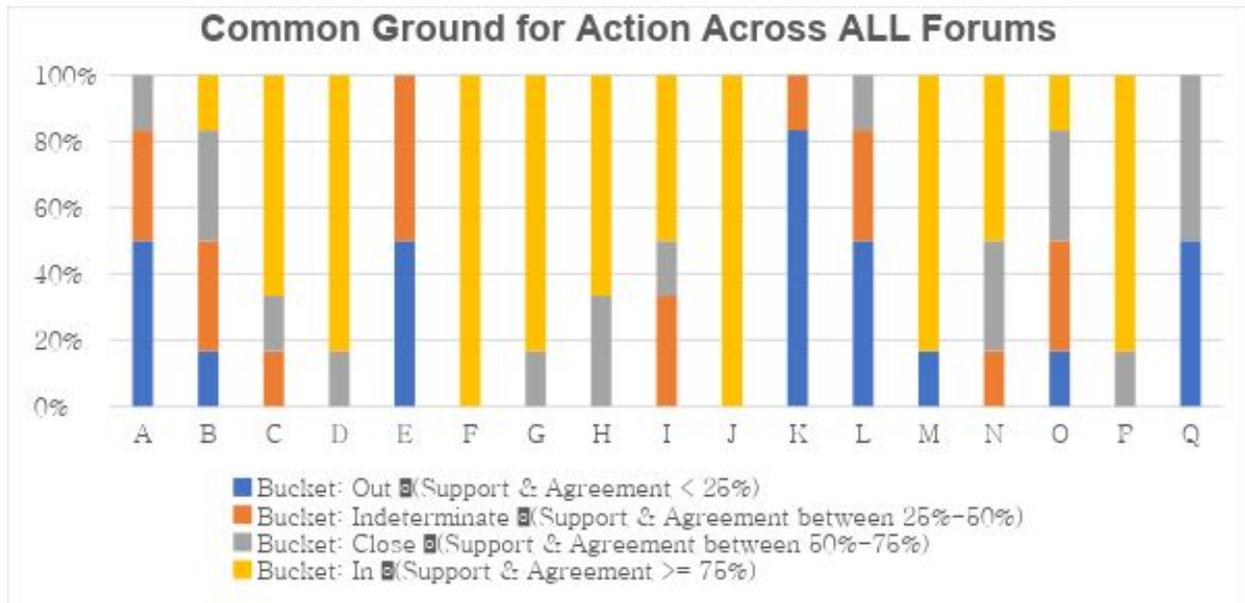
- there was broad agreement on actionable common ground to be found across the forums
- The reasons and attitudes behind participants' choices— not just what they think, but why— has been helpfully worked through
- there is broad overlap between what service providers and key partners believe will address gaps and improve the quality of services and what consumers believe, although there are a few additional concerns named by consumers that bear further consideration.

Due to scheduling and time constraints, it was not possible to have service providers and consumers together for the examination of the options, but Homeless Solutions believes it is key to have these groups together at this reflection point, to make sure we have clear shared understanding and buy-in as all stakeholders plan next steps.

This report will be the basis for our conversation today— it is emphatically intended only to be the starting point for reflection and further planning. It is only a summary of the conversations examining various options so far— the conversation to be had at the Summit may well add important new themes to plans for moving forward. Making sense of what we've said so far and determining a shared agenda for moving forward is our goal for today.

This report contains the data gathered from the online forums (attended mostly by service providers and key partners), an analysis of the results, and then additional information from the in-person consumer forums.

SUMMARY OF ONLINE FORUMS DATA



- A Using a peer model, utilize volunteers to provide community-based case management aimed at preventing individuals from entering the shelter system.
- B Implement a coordinated recruitment strategy to engage churches, civic organizations, and nonprofit agencies to identify landlords who are willing to offer free/reduced rent and other supportive services.
- C Implement an eviction prevention program targeting HUD-subsidized housing residents. Work collaboratively with institutions like jails, hospitals, nursing homes, foster care, and local housing code enforcement departments to prevent clients from being discharged into homelessness.
- D Devise an incentive-based service model for shelter residents to reinforce and/or discourage behaviors while in shelter. (i.e., clients receive "points" as a reward for attending appointments or securing housing-once they get a certain number of points they can cash them in for extra benefits, e.g. housing kit, additional toiletries, clothing items)
- E Implement dynamic case plans that clearly identify objectives and who is responsible. Case managers will share the agreed-upon case plan goals and projected timelines with clients, service team members, and shelter staff.
- F Utilize collaborative teams of multi-agency case managers to provide specialized, client-focused services that address issues of employment, mental health, housing, and addiction in shelter.
- G Administer triage assessment within 48 hours of shelter entry to quickly identify housing needs and immediate barriers. Clients determined to need Rapid Rehousing (RRH), a short-medium term rental assistance and services housing intervention, will meet with a case manager within 48 hours of the triage assessment. Clients needing other housing interventions will receive a comprehensive assessment within 5 to 7 days.

- I Create more positions for case managers who work with specialized populations (i.e., veterans, youth, families, etc.), and increase work hours to accommodate clients during early mornings, evenings, and weekends.
- J Offer clients the option to receive follow-up case management services, employment assistance, and mental health services after they are placed in housing.
- K Enact a 90-day limit on shelter stays within a 12-month time period. Clients will not be allowed to return to shelter within 12 months after they exit into permanent housing or another program.
- L Provide ALL clients who have been in shelter for 7 days or longer housing search support, rental assistance for 3 months, bus passes for employment, and necessary household supplies, if they are not assessed for Permanent Supportive Housing (PSH).
- M Develop a pool of employers who commit to hire homeless/formerly homeless individuals and work with case managers to ensure that employees are retained This may also include day labor or temporary work opportunities.
- N Provide rental subsidies and transportation assistance for clients who are participating in a skills or apprenticeship program.
- O Implement an intentional advocacy effort to broaden job training eligibility requirements, increase job training opportunities, and reduce hiring/employment barriers (i.e., drug testing, criminal background checks, etc.).
- P Expand paid job and soft skills training for clients to help them acquire and maintain employment.
- Q Provide rental assistance to clients who are most at-risk. Consider pooling resources and partnering with agencies with the same mission. ** ONLY DISCUSSED in 3 of 6 forums

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| <p>Common ground for action: Had over 75% of the group both support the action and accept the tradeoff IN EVERY FORUM</p> | <p>F: Implement dynamic case plans that clearly identify objectives and who is responsible. Case managers will share the agreed-upon case plan goals and projected timelines with clients, service team members, and shelter staff.</p> <p>J: Offer clients the option to receive follow-up case management services, employment assistance, and mental health services after they are placed in housing. (Note, however, that in the issue guide J was framed as being done in conjunction with giving all clients rental and other assistance for 90 days, and that action had only low-mixed support.)</p> <p>P: Expand paid job and soft skills training for clients to help them acquire and maintain employment.</p> |
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| <p>Had over 75% of the group both support the action and accept the tradeoff IN ALL BUT 1 FORUM</p> | <p>G: Utilize collaborative teams of multi-agency case managers to provide specialized, client-focused services that address issues of employment, mental health, housing, and addiction in shelter..</p> <p>D: Work collaboratively with institutions like jails, hospitals, nursing homes, foster care, and local housing code enforcement departments to prevent clients from being discharged into homelessness.</p> |
| <p>Fertile ground: Had more than 50% of the group both support action and accept the tradeoff in every forum</p> | <p>H: Administer triage assessment within 48 hours of shelter entry to quickly identify housing needs and immediate barriers. Clients determined to need Rapid Rehousing (RRH), a short-medium term rental assistance and services housing intervention, will meet with a case manager within 48 hours of the triage assessment. Clients needing other housing interventions will receive a comprehensive assessment within 5 to 7 days.</p> |
| <p>Mixed support</p> | <p>I: Create more positions for case managers who work with specialized populations (i.e., veterans, youth, families, etc.), and increase work hours to accommodate clients during early mornings, evenings, and weekends.</p> <p>B: Implement a coordinated recruitment strategy to engage churches, civic organizations, and nonprofit agencies to identify landlords who are willing to offer free/reduced rent and other supportive services.</p> <p>O: Implement an intentional advocacy effort to broaden job training eligibility requirements, increase job training opportunities, and reduce hiring/employment barriers (i.e., drug testing, criminal background checks, etc.).</p> <p>N: Provide rental subsidies and transportation assistance for clients who are participating in a skills or apprenticeship program.</p> <p>L: Provide ALL clients who have been in shelter for 7 days or longer housing search support,</p> |

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| | <p>rental assistance for 3 months, bus passes for employment, and necessary household supplies, if they are not assessed for Permanent Supportive Housing (PSH).</p> <p>A: Using a peer model, utilize volunteers to provide community-based case management aimed at preventing individuals from entering the shelter system.</p> |
| <p>Forbidden ground</p> | <p>K: Enact a 90-day limit on shelter stays within a 12-month time period. Clients will not be allowed to return to shelter within 12 months after they exit into permanent housing or another program.</p> <p>E: Devise an incentive-based service model for shelter residents to reinforce and/or discourage behaviors while in shelter. (i.e., clients receive "points" as a reward for attending appointments or securing housing-once they get a certain number of points they can cash them in for extra benefits, e.g. housing kit, additional toiletries, clothing items)</p> |

ANALYSIS

Common Ground for Action

- F: Implement dynamic case plans that clearly identify objectives and who is responsible. Case managers will share the agreed-upon case plan goals and projected timelines with clients, service team members, and shelter staff.
- J: Offer clients the option to receive follow-up case management services, employment assistance, and mental health services after they are placed in housing.
- P: Expand paid job and soft skills training for clients to help them acquire and maintain employment.
- G: Utilize collaborative teams of multi-agency case managers to provide specialized, client-focused services that address issues of employment, mental health, housing, and addiction in shelter.
- D: Work collaboratively with institutions like jails, hospitals, nursing homes, foster care, and local housing code enforcement departments to prevent clients from being discharged into homelessness.

Participants in the provider forums *strongly* supported these actions, primarily because they saw them as improvements to the existing system. They were not viewed as transformational. Most of the actions focused on in-shelter services, but one focused on preventing people from entering shelters

and one focused on reducing barriers to employment—again, though, through structured services provided by professionals.

Participants in the provider forums were willing to accept the tradeoffs of these actions (several would require service providers, across agencies and systems, to have a shared vision, shared sense of accountability, and secure/consistent method for communication), because they recognized that a shared vision and cooperation *should be the ideal*. Looking at them as a group, it is possible to discern a preference for working within the agencies' locus of control, programming and routines. They are also all improvements to or expansions of existing programming, rather than entirely new initiatives or radical shifts.

Mixed support

L A, I B O N

Most of these actions had a fair bit of support, with only some mild concern about how they would be implemented— for example, while I was generally highly supported, there was some concern that specializing for various populations would reduce resources available to clients in general). These actions weren't talked about as much or as positively as some of the others, but were generally acceptable. However, there were two actions that participants tended to be ambivalent about: they were drawn to the idea, but deeply wary of the tradeoffs.

- L: Giving all clients who do not qualify for PSH rental assistance was viewed as “probably great for some, disastrous for others,” “very risky” and, widely, “too expensive.” Participants were also concerned that the jobs clients were likely to get would not support rent after assistance was over. Participants tied this to need for more affordable housing. However, most participants saw expanding the number of landlords willing to accept vouchers as more likely to succeed than B (engaging churches, civic organizations, and non-profit agencies to identify landlords who are willing to offer free/reduced rent and other supportive services)

I think that this (B) is a good strategy. However, it is going to be very difficult to identify for profit landlords to offer free or reduced rent with the extra expense of supportive services. the focus should focus on expanding the landlords that are willing to take a voucher subsidy.

I can say from experience that there are families that lose their voucher subsidy because they cannot find a landlord willing to accept Section 8.

- A: Forum participants also voiced concerns about training volunteers to provide case management, expressing that volunteer programs often are a lot of work that may not justify the return. Others said that volunteer programs could justify the time spent to organize, train and manage, but perhaps for tasks less complex than case management.

Forbidden

K: Participants roundly rejected the idea of a 90-day limit on shelter stays within a 12-month time period, even if done in conjunction with L. They expressed that this would result in people actually just sleeping on the streets or in unsafe conditions.

E: Participants were also extremely skeptical of the an incentive-based service model for shelter residents to reinforce and/or discourage behaviors while in shelter, noting that they didn't think lack of incentives was the issue for clients, the difficulty of managing such a system, and the possible unintended consequences (a black market).

WHAT DOES THIS BLEND OF STRATEGIES SUGGEST?

Across all six forums, a distinct blend of the strategies emerged as the common ground for action. Generally, forum participants broadly supported most of Option 2 (Shelter Services), augmented with some actions from Options 1 (Prevention) and 4 (Employment).

Across all six forums, participants recognized the problem of lack of coordination, duplicative services and lost efficiency, and thought collaboration would make more efficient use of resources. Participants recognized the tradeoffs (the need for shared vision and implementation and accountability), but actually identified these things as *needing* to be accepted and developed. The other notable characteristic of the common ground identified across the forums was a strong preference for actions that could be undertaken by agencies themselves, rather than those that involved other institutions or the community.

To drill down a bit into the common ground described above:

- Option 2 (Shelter Services) received strong support across all six forums. The actions related to dynamic case plans that clearly identify objectives and who is responsible unanimous high support, and all the other actions in this option (with the exception of the incentive system for clients) were also broadly and deeply supported. Overall, as participant put it, "I think this is an ideal situation. the issue is getting all of the community agencies on board. the benefit of multi-agency case management would intentionally address all needs coordinated by each agency representative. instead of blind referrals and breaks in communication," and, "Even if you only get half of the organizations on board, there would still be an improvement."
- Option 1 (Prevention): The actions "Implement an eviction prevention program targeting HUD-subsidized housing residents," and "Work collaboratively with institutions like jails, hospitals, nursing homes, foster care, and local housing code enforcement departments to prevent clients from being discharged into homelessness" were widely and deeply supported. "From a community perspective, and from what I've heard about collective impact, we all need to be in this together. It makes sense to have other institutions on board with a strategy to make sure people don't end up on the street." The other two actions, which involved training community volunteers and working with churches, non-profits, and other civic groups had some support, but participants were more concerned about the tradeoffs.
- Option 4 (Employment): Expanding paid job and soft skills training as well as developing a pool of employers who commit to hire homeless/formerly homeless individuals both had extremely high support. The other actions had milder support, and participants had concerns such as, "All of these are good things but I am not sure if they should happen in shelter to any great extent. May delay exits or will cause people to not complete trainings - unless those are

done off-site and can be continued. These are issues that could be addressed by case managers in programs or by other organizations in the community.”

- Option 3 (Assistance After Shelter) was largely rejected— interestingly, voluntary after care services received extremely high support across all six forums, but the other two actions in the strategy—providing all clients with housing search support, rental assistance for 3 months, bus passes for employment, and necessary household supplies and limiting shelter stays— were not supported widely at all.

Additional notes:

- No polarization: No actions seemed particularly polarizing, ie. to have both strong support and equally strong opposition.
- Movement/opinion change: Action G, moving up triage in shelter, became more supported as people considered it.
- Support for common ground: Most participants said they would be satisfied taking the blend of actions identified as common ground. **The average satisfaction for common ground was 4.15 out of a possible 5. This indicates strong, stable desire to act on what has been decided.**
- Engagement in process: many participants expressed desire to see how other forums talked about the issue, and expressed appreciation for the chance to hear the views of others, especially new ones.

FROM THE CONSUMER FORUMS

Similarities:

The forums with consumers overlapped a lot of the same desires and concerns as the provider forums. Their examination of the options resulted in the a very similar basic distribution of support: mostly Option 2 (improving shelter services), with particular focus on the quality of case management. Consumers did tend to support the ideas behind Options 1 and 4 a bit more than providers, although they did not necessarily grapple with the tradeoffs for particular actions. Many voiced that they wished there were resources available or known to them when they were facing eviction, or noted that they had been discharged into the shelter from another institution. With regard to Option 4 (Employment), most agreed heartily that this was the key to long-term stability in housing, and identified needing more and varying support to be able to secure and maintain employment, particularly highlighting transportation as needing to be stable as they faced other circumstances changing.

Also similarly to providers, most of the clients who participated felt that Option 3 (providing immediate rental assistance to all immediately) would work for some consumers, but definitely not for others. They suggested this strategy could be used with consumers who had demonstrated initiative in-shelter, by keeping their appointments, seeking employment or other available assistance, meeting behavior standards, and contributing to shelter life (things like laundry, other chores, etc.)

Difference and additional notes

- Knowledgeable, motivated case managers are the key. Clients spoke of the quality of their case manager as determinative of their experience in shelter—some spoke of spending more than a month waiting for one case manager to progress on an issue, whereas another was able to resolve multiple issues in a week. Consumers said they well understood how the volume of work could result in burnout or exhaustion, and said they were open to any means of making it easier for case managers—either fewer cases each or more easily coordinated support for special services.
- Transportation is a huge issue. Consumers spoke of transportation as being extremely difficult to coordinate, making it much more difficult to keep appointments or do them efficiently, and making it very difficult to secure or maintain a job. Participants said they needed bus passes, and would be willing to have it verified that they were using them appropriately.
- Medical care— several consumers mentioned that other people in shelter were dealing with medical conditions that needed treatment, and that not having any of those service available in-shelter meant that they required transportation, which was viewed as one of the biggest hurdles to many needed services.
- Relationship with staff, feeling of empathy, respect, and personal is key. Consumers voiced that they wanted to be treated as people with valid ideas and concerns and struggles, and that sometimes, to them, staff seemed to lack empathy for situations beyond consumers' control, or willingness to support individuals beyond a very minimal level— that staff were so concerned with keeping order that they were restricting even positive behavior.
- Incentives would actually be welcomed by clients. Consumers who participated in these forums wanted good behavior and initiative to be recognized, and spoke of the demotivation that occurred when good and bad behavior received identical treatment. They acknowledge somewhat the difficulties of devising such a system that would be fair to people with a wide diversity of needs and capacities, and said they understood that there might be different standards for people in different situations.

SO, WHERE DO WE HAVE COMMON GROUND?

The summary above lists what people talked about as they were examining the four options, as well as the common ground in their individual forum. But this isn't just survey data that can be aggregated—the meaning of this information needs to be digested and reflected upon by all of us, so that we can figure out what changes we need to make individually and as a group in order to move forward based on it.

In order to do that, we'll be breaking into groups just small enough to allow for collaboration, to reflect on the following questions, then we'll bring all of these reflections together as a large group.

Here are the basic questions we'll be discussing:

- **What seems clearest to you based on these conversations? What seems to be common amongst all participants?**
- **Are there particular actions we all discussed we agree should be implemented?**
 - When looked at in totality, do we think the actions in common ground should all be implemented?
 - Are there any others, including any of the notes from consumer forums, that should be added?
 - Any that should be revised or excluded?
- **Are there strategies we support that we still need to figure out specific actions to implement?**
- **Which tradeoffs are we willing to make, and which are we not? Why?**
- **What shifts or changes in our thinking did these conversations prompt? What did you hear here that needs to be acted on?**