

# **The Path Forward:** *Strategies to advance an end to homelessness in Mahoning County*

Homeless Response System Strategic Plan

August 2019

Prepared by Jill Spangler

**Barbara Poppe and associates**

*The collective for impact*

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## Acknowledgements

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Jill Spangler is a mastery-trained facilitator with a long record of success in collaborative program development and funding, strengthening organizational and system level capacity and effectiveness, results-based planning and evaluation, and multiple-partner visioning and accountability. Her practice is grounded in the belief in the inherent dignity and worth of all people, the practical use of factual qualitative and quantitative shared data, expert knowledge of rules and funding trends, deep understanding of best practice models and approaches, and years of experience in planning and outcome evaluation. Ms. Spangler has worked with many cities, counties, states and nonprofit organizations and during an eight-year stint at Abt Associates (from 2010 to 2018) served as Co-Chair of HUD's Continuum of Care Program Workgroup and answered questions for HUD's Ask-A-Question desk. Ms. Spangler founded the

Spangler & Associates consulting firm in 1997 as a flexible way to develop capacity, collaboration and impact in programs, organizations and communities working to end homelessness and tackle other important issues of our time. In addition to her consulting work for Spangler & Associates and [Barbara Poppe and Associates](#), she is currently a HUD Technical Assistance contractor through Training and Development Associates (TDA).

Barbara Poppe assisted in the refinement of strategy recommendations and production of the final report.

## Acknowledgments

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## Background

Leaders in the Mahoning County Continuum of Care (CoC) homeless response system came together in early 2019 to develop a new strategic plan to make the system more efficient, effective and successful. They were especially concerned that system and project performance issues that seemed intractable would endanger support from their largest funding source: HUD's CoC Program funds. They sought guidance from Barbara Poppe and Associates (BPA), and in March began working with BPA associate Jill Spangler on the process of analyzing system performance, identifying key areas of improvement, and developing goals and actions based on local and national expertise.

Over the course of the next months, the project Leadership Team and Ms. Spangler reviewed information from ten community interviews; tours of housing assistance projects; data on homeless trends, system performance, project performance, funding sources and recipients, and Coordinated Entry (CE). That information was shared in public meetings on May 14 and August 6, after which Ms. Spangler and the Leadership Team determined the main areas of improvement and developed a list of goals and actions. Those areas, goals and actions were refined and approved during an afternoon community meeting at the County offices.

This document is the result of those processes and the input of the Leadership Team and the community.

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**Individuals and organizations participating in planning meetings**

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Strategic Plan

Goal 1: Identify a clear and accountable governance structure with written protocols and standards and a strong conflict of interest policy.

Outcome measures:

- Annual CoC membership survey shows increases in knowledge, understanding, and actions taken by the CoC board
- Increase in numbers and range of participating organizations
- Increase in CoC NOFA score
- Increase in resources to resolve homelessness

Goal 1 Actions
1. Develop a small ad hoc committee of the CoC Board to refine the purpose, responsibilities and deliverables of both the CoC Lead organization and the CoC Board and committees. This should include a strong conflict of interest policy. The CoC board should adopt/modify recommendations of the task force and determine how and when the CoC Board and committees will implement the new conflict of interest policy.
2. Assess how the current CoC Lead performs the purpose, responsibilities and deliverables and manages perceived and real conflicts of interest. As needed, determine ways to improve current capacity to better meet CoC expectations and their ability to erect fire walls to eliminate real conflicts of interest and mitigate perceived conflicts of interest.
<b>OR</b>
Hold an open process to select a new CoC Lead. Publicize the selection criteria and requirements, the decision, and the CoC Lead duties. Review the CoC Lead performance annually.
3. Ensure that all CoC Board and committee members, as well as providers and consumers, understand the purpose/role/duties of the CoC Lead.

- |   |
|---|
| 4. Recruit representative from mainstream stakeholder organizations (e.g. Youngstown Metropolitan Housing Authority, law enforcement, local foundations, healthcare organizations) to participate on the board and committees or task forces. |
| 5. Establish an annual process to assess CoC governance outcomes performance. Report at the annual meeting of the CoC membership.   |

Goal 2: Provide 24/7 low barrier emergency shelter that is focused on housing.

Outcome measures:

- Decrease in unsheltered homeless
- Decrease in average length of time homeless

Goal 2 Actions
1. Determine how the newly configured Rescue Mission can be used to identify, engage and get housing for literally homeless individuals and families AND how the Rescue Mission can point people who are still housed but at imminent risk to the diversion process.
2. Undertake the development of a new low barrier emergency shelter that is scaled to ensure no one is unsheltered. This will include designing the new shelter, raising funds for the new facility and its ongoing operations, selecting an operator and a site, and garnering public support and political will for the new program.
<p>The process should be informed by:</p> <ul style="list-style-type: none"> <li>▪ local data about population needs (e.g. PIT, HMIS, etc.),</li> <li>▪ desired performance outcomes (length of stay, rate of exit to permanent housing, etc.),</li> <li>▪ input from people who have lived experience of homelessness,</li> <li>▪ consultation with other agencies and programs that serve people who experience homelessness,</li> <li>▪ review of national best practices (National Alliance to End Homelessness, US Interagency Council on Homelessness, OrgCode, etc.), and</li> <li>▪ contact with organizations that operate high quality emergency shelters that are low-barrier, housing focused, and trauma-informed.</li> </ul> <p>The new emergency shelter design should:</p> <ul style="list-style-type: none"> <li>▪ align with trauma informed care,</li> <li>▪ offer diversion before admission,</li> <li>▪ be open to shelter residents 24/7 and provide for all basic needs (e.g. meals, showers, storage for personal belongings, etc.),</li> <li>▪ offer easy to access links, information, and tools to solve housing-related obstacles and access housing assistance, including coordinated entry,</li> <li>▪ provide practical tools necessary to connect with housing and income, including wireless connections and computers, address for mail, job and school postings, job fairs, etc.</li> <li>▪ provide supportive services, including transportation, housing case management or navigation, benefits enrollment, health and behavioral health, etc., and</li> </ul>

- align with the CoC performance metrics for emergency shelter.
3. Due to the urgency of opening a new shelter, there should be at least monthly updates to the CoC board and CoC membership.

**Goal 3: Reduce the average length of time that people are homeless**

Outcome measures:

- Current long-time stayers will be exited to permanent housing
- Average length of time homeless per the annual System Performance Measure report will decrease by benchmarked degrees
- Centralized roster of landlords increases and is up-to-date (real-time vacancies)

<b>Goal 3 Actions</b>
1. Conduct a focused surge campaign to house the long-time stayers from the Rescue Mission who will not be participating in the new program. Interview and assess their needs as well as current obstacles to housing, then identify necessary housing and service assistance to help them exit the Rescue Mission to stable housing. Use the VA by-name-list, case conferencing technique and benchmarks to solve problems and conquer obstacles.
2. Develop an improved process to quickly connect homeless people to housing. This should include housing navigation and connections to “friendly” landlords. Conduct a landlord recruitment campaign tied to access to a risk mitigation fund and other landlord incentives when they reduce their admission barriers.
3. Restrict access and admission to rapid re-housing to families and individuals who are literally homeless per the HUD definition. Require all RRH providers to adopt and align with Housing First. Remove all admission barriers related to substance abuse, mental illness, prior convictions and evictions, and limited income or employment.
4. Report quarterly to the CoC Board on progress in meeting outcomes. Report at the annual meeting of the CoC membership.

**Goal 4: Increase access to permanent supportive housing (PSH) for people experiencing chronic homelessness and focus all parts of the system on doing their part in assisting clients to quickly access permanent housing**

Outcome measures:

- Decrease in average length of time homeless
- Decrease in number of chronically homeless
- Increase in PSH utilization rate
- Decrease in returns to homelessness
- Increase in renewal project scores
- Increase in NOFA application score

Goal 4 Actions
1. Reserve admissions to permanent supportive housing for people who are chronically homeless. Require all PSH providers to adopt and align with Housing First. Remove all admission barriers related to substance abuse, mental illness, prior convictions and evictions, no income or employment.
2. Implement a move-on strategy for current PSH residents who are highly stable. Partner with the housing authority to provide housing vouchers and with community agencies to ensure services needs are met.
3. Train PSH staff in Housing First, trauma-informed care, problem-solving, motivational interviewing, and harm reduction. Establish initial and ongoing training programs to ensure staff are able to effectively meet the needs of PSH participants.
4. Develop a housing navigation approach to help households approved for scattered site PSH find a willing landlord quickly. This strategy should include coordinated landlord recruitment and development of risk mitigation fund.
5. Develop a Housing First marketing message and aggressively disseminate to promote and increase support for a positive Housing First message.
6. Consider the feasibility of contracting with a clinician at CE to speed diagnosis and disability documentation. NOTE: This could be done immediately.
7. Report quarterly to the CoC Board on progress in meeting outcomes. Report at the annual meeting of the CoC membership.

### Goal 5: Close gaps in data and increase utilization of data for decisions

#### Outcome measures:

- Data quality (completeness, accuracy and timeliness) improves per HUD and COHHIO standards
- Increase in CoC competitiveness

Goal 5 Actions
1. Set system and program performance goals to increase exits to permanent housing and reduce length of time to permanent housing. Monitor data quality and outcomes. Report quarterly to the CoC board and at the annual meeting of the CoC membership.
2. Provide ongoing training and practice at CoC meetings and in other settings to improve understanding of terminology, standards for data quality, and roles in oversight.
3. Communicate with agency directors and program managers what is expected of their data quality, how it is used, and the consequences of poor data. Utilize COHHIO training and technical assistance resources as much as possible.
4. Review and correct the Housing Inventory Count (HIC) according to common definitions. Remove treatment programs (including spiritual treatment) from the HIC since they are not exclusively serving homeless people.
5. Standardize Point In Time (PIT) methodology.
6. Maximize COHHIO training and technical assistance to provide regular training to provider staff and management on data entry, data correction, data quality, data policies, how to use reports.



Begin hosting a User group to identify and solve problems and keep up with shifting requirements.
7. Seek out ways that technology can increase real time data entry.
8. Implement a data quality improvement plan and include data quality as competitive factor on funding applications.
9. Post system and program performance reports on a centralized web page for the CoC.
10. Report quarterly to the CoC Board on progress in meeting outcomes. Report at the annual meeting of the CoC membership.

Goal 6: Design and implement a systematic, strategic diversion process with pool of resources.

Outcome measures:

- Decrease in number entering emergency shelter
- Decrease in number of homeless people who are unsheltered

Goal 6 Actions
1. Establish “diversion first” as a community wide practice endorsed by the CoC.
2. Implement diversion process at 211, emergency shelters, coordinated entry and the VA.
3. Secure funding for staff training, administration, and flexible assistance funds.
4. Train staff/volunteers in problem solving and motivational interviewing.
5. Keep track of number assessed, served, amount/type of service – and enter into HMIS.
6. Extend Legal Aid and Mahoning Valley Dispute Resolution eviction appeals help to people in the diversion process.
7. Develop a local decision tree, protocols and administrative support to guide and monitor financial assistance.
8. Report quarterly to the CoC Board on progress in meeting outcomes. Report at the annual meeting of the CoC membership.

Goal 7: Increase effectiveness and efficiency of coordinated entry (CE)

Outcome measures:

- Decrease in homeless numbers
- Decrease in length of time homeless
- Increase in permanent housing program utilization
- Decrease in returns to homelessness

Goal 7 Actions
1. Implement “diversion first” before CE assessment. Encourage self-resolution.
2. Assess adequacy of CE housing resources and adopt a dynamic prioritization process to avoid a growing and static queue. Report to CoC on gaps in meeting most critical needs.

3. Update the CE flow chart to mark decision points and places where clients drop out, get stuck, or are found ineligible. Identify and resolve bottlenecks. Assess adequacy of CE staffing needs and adjust as needed.
4. Coordinate with and learn from VA experience related to initiative to end veteran homelessness, including active case conferencing, use of by-name lists set into benchmarks, engagement of partners. Make the VA an access point or points for CE.
5. Evaluate case conferencing effectiveness in connecting people to CE and other community resources quickly. Increase capacity for problem-solving and connection to community resources that are outside of the CE resources.
6. Develop written protocol, common training and outcome measurement for case conferencing, by-name-lists, and tracking benchmarks.
7. Report on progress with improvements and attainment of outcomes on a quarterly basis to the CoC board and at the annual meeting of the CoC membership.

## Goal 8: Increase opportunities to listen and learn from people experiencing homelessness

### Outcome measures:

- Increased number of people with lived experience of homelessness participate on the CoC board, committees and task forces.
- Increased number of people with lived experience of homelessness provide input into the annual funding process that ranks projects for CoC funding.
- CoC funded agencies provide results from customer satisfaction and plans to address customer recommendations.

Goal 8 Actions
1. Recruit and support at least two people with lived experience to serve on the CoC Board; compensate them for time and expenses related to participation.
2. Hold annual CoC meetings that welcome and include people with lived experience.
3. Conduct subpopulation listening sessions (e.g. homeless families, chronically homeless, unsheltered, youth, DV experience) groups to receive input at least bi-annually. Topics: effectiveness of programs and coordinated entry; understand what's working, as well as, barriers, bottlenecks and concerns about overall system of care; provide a more complete picture about the experience of homelessness.
4. Report on progress with improvements and attainment of outcomes on a quarterly basis to the CoC board and at the annual meeting of the CoC membership.

## Conclusion

A broad group of stakeholders contributed to developing this plan. Youngstown's mayor, the Executive Director and Associate Director of the Mahoning County Mental Health & Recovery Board, and the CEO/Executive Director of the Youngstown Metropolitan Housing Authority participated in this assessment and planning process, along with the Veterans Administration, faith-based organizations, nonprofit agencies and advocates. And the people experiencing homelessness in Mahoning County have

been open and generous with their time and knowledge while they persist in their efforts to help themselves and each other.

The first step after acceptance of this report by the CoC Board, is to share it with the Youngstown Mayor and City Council, the Mahoning County Commissioner, the Youngstown Municipal Funding Agency, and the CoC membership. Post one-page plan summaries at provider agencies and at places frequented by people experiencing homelessness (e.g. public libraries). The goal is to make the plan widely visible to promote participation and accountability.

Each goal should be assigned a point-of-contact and a timeline for achievement, along with a group responsible for implementing the actions.

And finally, progress on the plan will need to be measured, regularly reported and evaluated, and then improved with new goals.

Ultimately, the success of the plan will be gauged by the community's success in making homelessness in Mahoning County rare, brief and non-recurring. The currently housed and currently homeless residents of neighborhoods throughout Mahoning County should be able to see the first-hand impact of this effort over the next few years.



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