

**Hocking County Housing**  
**Coalition**  
**10-Year Plan to End**  
**Homelessness,**  
**Winter 2007**

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# **I. RHISCO Project**

## ***Introduction***

There exists a discrepancy between what the HUD definition of “homelessness” is and what everyone else, it seems, believes “homelessness” is. Where HUD says someone living in conditions not meant for human habitation, the streets, or an emergency shelter is homeless; somebody else taking refuge in the home of a friend or relative might call him/herself equally “homeless.” While doubling up of families, and overcrowded housing are not unique experiences to rural areas or our nations history, it is the predominate method that people meet their shelter needs when first faced with homelessness. At some point, these informal systems of care can reach their breaking point, and the person at risk of loosing his/her shelter has to turn to a system of care that can meet the immediate and long term needs of the homeless person or family. In our community, where the person living “on the street” is an anomaly, the unseen homeless exists, but there is no coordinated point of entry for the homeless person into our system of care. The delays accessing services, and dislocation from familiar support systems adds to the stress of being homeless, often leading to costlier means of care. The Hocking County Housing Coalition believes there is a caring community willing to reach out to this vulnerable population and make available to anyone, who desires to have a place to call home, the means to accomplish this most basic of human needs.

## ***Background***

### ***Homelessness***

Twenty-five years ago there was not widespread homelessness in America. Tonight approximately 750,000 men, women and children will be homeless, despite a two billion dollar a year infrastructure designed to deal with the problem.

While the seeds of homelessness were planted in the 1960s and 1970s with de-institutionalization of people living with mental illness and loss of affordable housing stock, widespread homelessness did not emerge until the 1980s. Several factors have affected its growth over the last two decades. Housing has become scarcer for those with little money. Earnings from employment and from benefits have not kept pace with the cost of housing for low income and poor people. Services that every family needs for support and stability have become harder for very poor people to afford or find.

In addition to these systemic causes, social changes have exacerbated the personal problems of many poor Americans, leading them to be more vulnerable to homelessness. These social trends have included new kinds of illegal drugs and more single parent and teen-headed households with low earning power and thinning support networks. These causes of homelessness must be addressed. People who are homeless must be helped. The current system does this reasonably well for many of those who become homeless. But the homeless assistance system can neither prevent people from becoming homeless nor change the overall availability of housing, income and services that will truly end homelessness.

Many people think of homelessness as strictly an urban phenomenon because homeless people are greater in number and are more visible in urban areas, but homelessness, including people who live in housing not meant for habitation, is pervasive in rural areas. The number of people who experience

rural homelessness is unknown, but the last national count of homeless people found that 9 percent live in rural areas. In actual raw numbers, this translates into roughly 67,000 people on any given night. (Burt, 1996) Evidence suggests that if the number of people who experience homelessness in rural areas was viewed and counted more accurately, the number would be far greater.

### ***Rural Homelessness***

Advocates and researchers often refer to people who experience rural homelessness as the “hidden homeless.” Many people who experience housing instability in rural areas go unnoticed and uncounted because rural homelessness takes shape differently than urban homelessness. Most rural homeless people live in doubled up situations with friends or family or in motels, in cars, campgrounds and other places not intended for habitation. This is largely because most rural areas do not have large emergency shelters systems.

While those doubled up households do not meet HUD’s definition of homelessness, people living temporarily with friends and family are essentially homeless and they experience similar problems with housing instability. Many researchers and advocates argue for expanding this view of homelessness to capture the unique situations rural homeless people face. If the view of homelessness included households who double up, the numbers of people who experience homelessness in rural areas would increase exponentially.

The same structural factors that contribute to urban homelessness, such as a lack of affordable housing and inadequate income to pay for housing, can cause rural homelessness. Other predictors of homelessness, such as mental illness and drug abuse, while still present among the rural homeless, are not pervasive. However, people who experience rural homelessness do report higher rates of alcohol abuse and domestic violence than their urban counterparts.

### ***Rural Poverty***

Rural poverty has some unique characteristics. Areas concentrated with rural poverty can be identified throughout the South, West and the Midwest of the United States. The scarcity of jobs, goods, and services has caused an outward migration of rural populations to places with more opportunities. As a consequence, the rural communities with high rates of poverty are sparsely populated and their poverty populations are severely impoverished.

High rates of poverty and unemployment in rural areas also drive homelessness. Rural homelessness is most dramatic in areas that experience high rates of unemployment because of declining industries, for example farming, timber, mining, or fishing. (Aron and Fitchen, 1996) The lack of available jobs and steady incomes means that poverty rates are higher in rural areas; the poverty rate in non-metropolitan areas is 14 percent, almost 11.6 percent less than in metropolitan areas. It is not surprising that one in five children living in rural areas is below the poverty line. (USDA Economic Research Service, 2004)

### ***The RHISCO Project area***

The counting and estimating of the number of people who experience homelessness is extremely difficult and costly, even more so in rural areas. Statewide estimates from the Coalition on Homelessness and Housing in Ohio (COHHIO) report that 179,718 people experience homelessness in Ohio over the course of a year and 27,867 Ohioans are homeless on any given night. At this time,

estimates from the seventeen rural counties that comprise the Rural Homeless Initiative of Southeast and Central Ohio (RHISCO) Project area, are becoming available.

Counts of homeless people in Southeastern and Central Ohio are being planned and executed presently. The poverty and unemployment rates in these areas suggest that homelessness is prevalent. According to the U.S. Census Bureau (See Table 1, below), poverty rates in the counties of Southeastern and Central Ohio range from 3.8 percent in Delaware County to as high as 27 percent in Athens County. The poverty rates in Appalachian counties tend to be higher than other counties. About half are higher than the national poverty rate of 14 percent. Unemployment rates in rural Ohio counties are also high, ranging from 7 percent to 20 percent. In Meigs and Morgan Counties, the unemployment rates reach 20 percent, 15 percentage points higher than the national average of 5 percent. (Bureau of Labor Statistics, 2005) People who live in poverty are at higher risk of homelessness. Although relatively few people of the region are homeless, the problem affects the entire community as a persistent and debilitating social issue.

**Table 1**

County	Type	Population N	Pop over 65		Pop at or below 100% poverty		Median income \$	Household not in the Labor Force
			N	%	N	%		
Delaware	Rural	125,399	9,833	7.80%	4,118	3.80%	\$67,258	7%
Fayette	Rural	28,176	4,048	14.40%	2,810	10.10%	\$36,735	12%
Knox	Rural	56,037	7,496	13.40%	5,159	10.10%	\$38,877	13%
Licking	Rural	148,731	17,872	12.00%	10,602	7.40%	\$44,124	13%
Madison	Rural	40,365	4,498	11.10%	2,790	7.90%	\$44,212	11%
Pickaway	Rural	53,437	5,842	10.90%	4,402	9.60%	\$42,832	15%
Union	Rural	43,010	4,066	9.50%	1,763	4.60%	\$51,743	10%
Athens	Appalachian	63,266	5,860	9.30%	14,728	27.30%	\$27,322	16%
Fairfield	Appalachian	129,161	14,058	10.90%	7,064	5.90%	\$47,962	12%
<b>Hocking</b>	<b>Appalachian</b>	<b>28,481</b>	<b>3,737</b>	<b>13.10%</b>	<b>3,711</b>	<b>13.50%</b>	<b>\$34,261</b>	<b>18%</b>
Jackson	Appalachian	32,854	4,362	13.30%	5,286	16.50%	\$30,661	17%
Meigs	Appalachian	23,111	3,377	14.60%	4,506	19.80%	\$27,287	20%
Morgan	Appalachian	14,749	2,302	15.60%	2,691	18.40%	\$28,868	20%
Perry	Appalachian	34,408	4,110	11.90%	3,970	11.80%	\$34,383	16%
Ross	Appalachian	74,469	9,048	12.20%	8,120	12.00%	\$37,117	15%
Vinton	Appalachian	13,128	1,597	12.20%	2,529	20.00%	\$29,465	17%
Washington	Appalachian	62,561	9,622	15.40%	7002	11.40%	\$34,275	17%

## **II. Hocking County Housing Coalition**

Prior to January 2005, when the Hocking County Housing Coalition completed their first street count of homelessness, the number of “homeless” in Hocking County was not well defined. Data was not easy to obtain and the numbers depended on the definition used. The community, fractured about how to approach the problem of homelessness, was confused about whether it’s a law enforcement problem, landlord-tenant problem, social services problem, or health care system problem. Who ‘should’ intervene when the homeless individual had multiple needs? What happens to the person with a mental illness found trespassing on public or private property? Whose responsibility is it to intervene when someone presents to an agency announcing his or her housing crisis? Perhaps the community believed that Hocking County did not have a ‘homeless problem’ because when a person was ‘discovered’ to be homeless, he or she was sent out of county to an emergency shelter with little knowledge what happened afterward. The Coalition goal has been to quantify the extent of homelessness, take stock of available resources, and develop both the tools and resources needed to house our citizens and raise public awareness of the issue.

Tri-County Mental Health & Counseling Services (TCMHCS) and the Southeast Ohio Center for Independent Living (SOCIL) began in May 2004 to coordinate, with the Athens/Hocking/Vinton County 317 Board (317 Bd.) and the Hocking Metropolitan Housing Authority (HMHA), to develop a Continuum of Care (CoC) and a strategic planning process for the Balance of State Funding. This was the beginning of the Hocking County Housing Coalition (HCHC). Using the CoC framework, the HCHC, has been open to any individual or agency willing to attend meetings, and has had a steering committee that has been meeting monthly guiding the planning process. Decisions have been made by the full coalition, meeting quarterly, after receiving input from all participating community groups and agencies.

The Continuum of Care process is collaborative and the HCHC has a broad membership. The full coalition includes 23 different groups and agencies. (Twenty-three other groups are updated regularly or actively involved in data collection.) The full coalition has worked to identify housing resources, as well as gaps and unmet needs, and to develop planning priorities.

To date, the HCHC has conducted two Point-In-Time (PIT) studies of homelessness. The first was done in January 2005 and followed by (and contrasted with) a summer count in July 2006. The first survey was limited to collecting data on homelessness and at risk of homeless as defined by HUD. Data collected from the first PIT study was used to complete the first CoC Plan for the balance of State Funding. Sixteen (16) people were documented as homeless in Hocking County during the January 2005 survey.

The HCHC completed the second PIT study approximately 18 months later and examined more risk factors. The summer count, as it was known, was also one of the goals of the first CoC Plan submitted in May 2005. The summer count asked more questions of survey respondents, and attempted to give another perspective on homeless not usually considered in PIT studies, namely, who are our summer homeless? Each PIT study has added to our understanding of homelessness in Hocking County and in rural communities of Southeast Ohio.

The HCHC, as a part of the Continuum of Care framework, annually reviews the inventory of housing-related services, identifies and prioritizes gaps and needs, and looks for possible solutions. This process helps in regularly updating the Housing Resource Guide and getting it distributed throughout the community. The HCHC will annually review the goals and implementation of the Hocking County Ten-Year Plan to End Homelessness.

#### **A. Definition of Homelessness**

For the purposes of this count, HCHC used the definition of homelessness that is identified by HUD. They define homeless persons as those who are:

- Sleeping in places not meant for human habitation, such as cars, parks, sidewalks and abandoned buildings.
- Sleeping in emergency shelters.
- Living in transitional or supportive housing for homeless persons, but who originally came from the streets or emergency shelters.
- Being evicted within the week from private dwelling units or from institutions in which they have been residents, and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing.

#### **Definition of “At Risk” of Homelessness**

HCHC has defined people who are at-risk of homelessness as those who have shelter, but who face an imminent threat to losing that housing. This may include people who are:

- Living “doubled up” with family or friends, but which this is not a permanent place to stay or there is unwanted overcrowding in the shelter.
- Living in sub-standard housing.
- Behind in mortgage or rental payments.

#### **B. Results of Point-in-Time Count January 2005**

Out of the 251 useable surveys, 195 people responded to the question of gender with 99 respondents being male (51 percent) and 96 being female (49 percent). Of the 180 people who reported their year of birth, the highest percent of respondents are between the ages of 16 and 25 (28 percent). Closely followed are people age 26-35 (27 percent) then ages 36-45 (17 percent). Of the 190 people who answered the question about family size, 25 percent of respondents report not having children. Of the people who reported having children, the largest percent have one or two children (42 percent).

Thirty-five (35) percent of Hocking County respondents report either being homeless or at-risk of becoming homeless (See Table 1). When asked what type of place people were staying in on January 24, 2005, 16 out of 249 respondents (6.4 percent) could technically be considered homeless. Of these 16 people, nine have been homeless before with two of these people having been homeless at least four times. Seven of the 16 people have been homeless for a year or longer. According to HUD, eight of these nine people would be considered *chronically homeless* because they have been homeless at least four times in the last three years or they have been homeless for a year or more. One person in this group fell into both categories and, therefore, the total number of people who are chronically homeless is eight.

Seventy-One (71) survey respondents report staying with family and friends (29 percent). Of these people, 42 report that this is not a permanent place for them to stay, nine report that there is overcrowding in this living arrangement, 10 report this housing needs serious repairs, and eight say the owners are behind in payments. Fifteen people, at-risk, report being without their own home for a year or longer (68 percent), whereas, 95% have been without their own home for at least six months to one year.

**Table 1  
Representation of Survey Population**

<b>Survey Respondents by Category</b>					
<b>Total Respondents</b>		<b>Homeless</b>		<b>People At-Risk</b>	
<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
<b>251</b>	<b>100%</b>	<b>16</b>	<b>6.4%</b>	<b>71</b>	<b>29%</b>

**C. Results of Point-in-Time Count July 2006**

During the one-week period following July 27, 2006, one hundred eleven surveys were completed. Agency representatives completed Twenty-three (23) surveys. While three respondents report living in a homeless shelter, the majority of those in temporary housing live with family, and an additional three respondents report living with friends. Two Hocking County residents report that they lived in a campground on July 27, 2006. Table 1 indicates the type of temporary housing situations people identified on the survey. Of the survey respondents, eight (8) met the criteria HUD establishes for describing homelessness.

**Table 1**

<b>Type of Temporary Housing</b>	<b>Number of Responses</b>
<b>With family (temporary)</b>	<b>15</b>
<b>Homeless shelter</b>	<b>3</b>
<b>Farm building</b>	<b>1</b>
<b>Detox facility</b>	<b>1</b>
<b>Campground</b>	<b>2</b>
<b>With friends (temporary)</b>	<b>3</b>
<b>Car</b>	<b>2</b>
<b>Hotel/motel</b>	<b>1</b>
<b>Other: (specify)</b>	<b>5</b>
	<b>Total 33</b>

Respondents listed threats to current housing. It is important to note that 54 of the 111 people who responded to the survey are at risk of losing their housing.

The types of threats are widely varied and include: drugs in nearby housing, financial issues, fire damage, mold, must vacate, need to live independently, no heat or electricity, no employment or healthcare, no septic system or water. Each type was listed only once, except lack of water and septic system, which was mentioned twice.

For the respondents who identified themselves as homeless or in temporary housing, the most commonly mentioned threat to staying in current housing was that it is “not a permanent place to stay”. Twenty-one of 33 respondents mentioned this threat, six mentioned “other”, and two reported “overcrowding” as a threat to the current situation.

Twenty-five respondents said that they have been homeless before. Twenty-two of them also reported the number of times they had been homeless before. Of those who were without a permanent residence on July 27, 2006, ten reported having been homeless between one and five times before.

According to results of this survey, people without permanent housing are not very likely to be concerned about getting help with their children, home repairs or receiving substance abuse, alcohol or domestic violence services. They are slightly more likely to be concerned about having help to find a job, pay utilities or receive mental health services. The help they most report needing is in finding a place to live.

Information about education was also obtained from the point in time survey. Of the respondents who did not have permanent housing on July 27, 2006, thirteen report having completed high school and five completed some college, though did not obtain a bachelor’s degree.

	<b>All Respondents’ History of Homelessness</b>	<b>Homeless on July 27 and History of Homelessness</b>
<b>Times Homeless Before</b>	<b>Number of Respondents</b>	
<b>1</b>	<b>8</b>	<b>4</b>
<b>2</b>	<b>8</b>	<b>4</b>
<b>3</b>	<b>5</b>	<b>1</b>
<b>5</b>	<b>1</b>	<b>1</b>
	<b>Total 22</b>	<b>Total 10</b>

## **D. Summary**

Even though there were fewer documented homeless people in the summer count compared to the winter count (something that was not intuitively obvious to the study proponents), important information was gleaned. Economic assistance and social services (such as help securing housing) were among the greatest needs identified by respondents as opposed to treatment related services. Does this mean our rural homeless (or at risk of homeless) see themselves differently than homeless service providers and program developers? In other words, do the people with the greatest housing needs reject the idea that their housing issues are related to illness and instead see their problems more closely related to economic circumstances? In rural areas, poverty and limited healthcare services are both significant problems that are growing in significance. It is fair to say, that under these circumstances, those most vulnerable to disabling conditions are also most vulnerable to homelessness.

## **III. Hocking County Needs statement**

Hocking County has . . .

- No emergency shelter.

- No domestic violence shelter.

- No immediate or low-demand housing (i.e. rooms by the week).

- No inpatient (or even intensive outpatient) substance abuse treatment options.

- No one point of entry for housing needs.

- No centralized source for housing information (no access to needed information).

- No homeless outreach services (except regional veteran's outreach).

### **Lack of information and coordination:**

People don't know there are any homeless people in Hocking County.

People don't know how to help families who are homeless.

Local professionals are unaware of available housing resources.

Families at risk of homelessness do not know who or where to call for help.

Available housing-related services work independently of other programs.

There is little structured or ongoing coordination between services.

### **Inadequate available housing:**

Hocking County suffers from a lack of safe and affordable rental housing evidenced by the number of rent subsidy vouchers returned to the HMHA because of failure to lease.

The housing stock in Hocking County is aging and in need of repair.

### **Other missing services:**

Other services that are limited in scope and availability in Hocking County include: respite care, supportive housing, housing assistance for single adults, services for childless adults aged 18-62, housing assistance or residential options for youth, after-hours crisis services, and homeless prevention funding (i.e. rent & deposit assistance).

Many programs that are in place can only serve a small proportion of individuals with identified needs.

Related issues include the lack of public transportation and employment opportunities. Hocking County has lost many of its major employers.

### **Strategies:**

- *Information:* Raise awareness of housing and homelessness issues
  - Housing Forum to educate professionals & community about housing-related resources)
  - Surveys (a) obtain good data (b) use media to share data with community
  - Ongoing inventory and gaps analysis (Continuum of Care structure)
  - Housing Resource Guide (shared with community & professionals & updated regularly)
  - Identify the housing-related needs of specific subpopulations at risk of homelessness (youth, substance abuse, corrections, etc) by focusing each quarterly meeting on the housing needs of one group.
- *Immediate housing* – work with community groups to look for uniquely rural housing options.
- *Increased funding* for homeless prevention.
- *Housing Specialist position* created and funded. Focus: centralized housing information, increased coordination and collaboration, unduplicated services, collect ongoing data, create new partnerships and strengthen relationships, identify gaps, work with the media.
- *Transportation Coalition* –look at the transportation needs of Hocking County.

## **IV. Resources & Gaps Analysis**

### ***A. Prevention Services***

#### **Programs currently available in Hocking County include:**

- CHAP Board, Smith Chapel, local food pantries, and free church dinners
- Hocking-Athens-Perry Community Action: HEAP, home repair/rehab, weatherization
- Tri-County Mental Health: RHALF (revolving client loan fund), HAP subsidies & One-Time Start up grants (for consumers with monthly incomes of \$115 or less)
- Red Cross (disaster assistance)
- Jobs & Family Services (PRC funds - Prevention Retention Contingency, and Jobs Service Center Veteran's Intensive Service Coordinator)
- MR/DD (Family Resource Money)
- Case Management/Service Coordination (thru MH, MR, & Help Me Grow)
- Hocking County Veterans Service Commission (emergency funding)
- HMHA (Section 8, Public Housing, Shelter Plus Care, O'Neil-Allen & HAP-Housing Assistance Program)
- SOCIL (education, information, & advocacy)

### **Gaps in prevention services:**

- Service barriers (like income standards). Some services are only available for MH consumers. Others are only available for families with children or for the elderly (if you don't have children and you're not 62, there is nothing available)
- Diminishing funding and disappearing services
- Faith-based prevention funding is inconsistent and not always available (homeless prevention funding is an important tool in shortening homelessness and rapid re-housing)
- Individuals and professions lack knowledge of basic housing information and resources. People don't know what to do, whom to call, where to send people. Or how to help them.
- No immediate or low demand housing
- Lack of coordination with out-of-county shelters (except for MH & MR). People are forced out of town for services, risking losing their 'place' on waiting lists for needed services.

### ***B. Coordination of services***

#### **How agencies are currently coordinating services in Hocking County**

Step #1: Intake or Information and Referral

Intake is often (though not always) through the agencies listed in the first column.

Step #2: Referred for Assistance

Families are then, according to their need, referred to other agencies – perhaps to request **emergency funds** through one of the organizations listed, to look at **residential options** or **emergency shelters**, or for other **prevention services**. Families are also referred to **transportation options**

Step #3: Ongoing Support.

The second page lists more permanent options – **permanent housing, supportive housing, supportive services**, and continued **agency collaboration**. The Coalition hope is that Hocking County families will effectively access these services and locate either permanent or supportive housing along with the supports they need to be successful.

#### **Gaps or unmet needs in coordination of services**

At the point of greatest need:

1. No one point of entry or lead agency
2. No centralized housing information – website, handbook, or person
3. Lack of after hours crisis services (except for mental health)
4. People (including professionals) do not know about available services

Barriers of perception and of political reality:

5. Service barriers (i.e. "It's not my problem.")
6. Despair & hopelessness
7. Lack of focus
8. Evaporating resources
9. Lack of transportation

Lack of coordination:

10. Discharge planning (for the prison population, foster care, nursing homes, local & regional hospitals, nursing homes, foster care & Children's Services).
11. Limited case management services available to coordinate resources.

### ***C. Outreach***

#### **Outreach activities currently taking place in Hocking County**

- Housing Coalition annual point-in-time survey and street count. During the survey, homeless outreach by canvassing areas, businesses, agencies, and respondents (individuals and families who are homeless and those 'at risk' of homelessness). Flyers posted in the community (and media coverage) all include contact information.
- Coalition regularly updates and distributes to the community a "Housing Resource Guide." Guide distributed during the homeless count, Coalition meetings, and upon request.
- VA Homeless Coordinator (VAMC Chillicothe) provides regional "homeless veteran's outreach. Hocking County VSO has funds to help with rental assistance, emergency utility assistance, benefits assistance and transportation for VA medical appointments to eligible vets
- Food outreach through food pantries, CHAP, senior commodities, free church dinners, etc.
- Law enforcement, local courts, probation and parole staff may refer individuals and families to emergency shelter or to appropriate social serviced agencies.
- Red Cross disaster response offers emergency assistance, including temporary accommodations and social service referrals.

#### **Gaps in outreach activities**

1. Public awareness and perception (i.e. "there are no homeless in Hocking County").
2. Inconsistent involvement with the Housing Coalition.
3. No agency has mandated responsibility for those at risk of homelessness. Those that do have multiple responsibilities (i.e. Homeless Prevention staff at the school district).
- 4 & 5. Local professionals, law enforcement, and volunteers did not know who to call or where to refer families in need (except to CHAP). .
6. No resources available after the 3 days of housing the Red Cross can provide.

### ***D. Workforce development***

#### **Workforce development and training currently available in Hocking County**

- Local and regional colleges and universities: Hocking College, Tri County Career Center, Ohio University and OU-L, Rio Grande, etc.
- HMHA Family Self-Sufficiency program
- Logan Town Center (downtown revitalization group)
- J&FS Job Service Center one-stop: WIA (youth), Job Club (job skills), computer classes, GED class, resumes, phone/fax/copy/mail, etc.

- Chamber of Commerce and the Community Improvement Corporation (or CIC)
- Bureau for Vocational Rehabilitation and the Bureau of Employment Services
- Transportation Coalition
- ABLE and HAP-CAP both offer adult literacy and GED classes
- MR/DD Hocking Valley Industries
- Start on Success (collaborative effort) providing positive summer work experience for transitioning youth with disabilities.
- Financial skill education currently offered through effective online resources, OSU Extension, J&FS (MoneySmart), and the HMHA Homeownership Class. Some tax preparation assistance available through Scenic Hills and (soon) through HAP-CAP in Logan and VISTA.

### **Gaps or unmet needs in workforce development**

1. Need more jobs that pay a living wage and have the possibility of benefits.
2. Need access to transportation.
3. Basic job skills as well as the necessary ‘soft’ or social work skills.
4. Need for financial literacy – basic financial skills
5. Risky financial decisions and the easy availability of high interest loans (these businesses are multiplying in our area).
6. Inability to save money.

### ***E. Building support and liaison strategizing*** **(Including building political and community will)**

#### **Liaison efforts currently taking place in Hocking County**

- Family and Children First Council & Cluster
- Hocking County Housing Coalition & the Transportation Coalition
- Early Childhood Council
- CHAP Board / Ministerial Association
- Logan Town Center
- Logan-Hocking Chamber of Commerce
- Start on Success
- Job & Family Services ‘Partners Meeting’

#### **Liaison work needing to be developed**

- Community leaders, social service providers, and consumers acknowledge that Hocking County residents are indeed homeless.
- Agree that there are positive steps that can be taken to end homelessness in Hocking County.
- Commit resources to adequately address homelessness.
- Hold a community breakfast to prioritize goals around ending homelessness and to increase community commitment and buy-in regarding these goals.
- The Coalition plans to ‘assign’ members to each group listed above as a “liaison effort” and to participate in all local planning around housing (County CHIS plan, local city plan, etc).

- Aware of the need to re-involve representatives of subpopulations known to be at risk of homelessness,
- Coalition members must make **personal contacts** with staff from local agencies, resulting in effective contact and increased Coalition involvement.

Groups of concern include:

Substance Abuse	Health Recovery Services (regional services) Local 12-step group members
Mental Retardation	Hocking County Board of MR/DD
Domestic Violence	My Sister's Place (regional services)
Disability	Care Star (regional) CM waiver services SOCIL (Center for Independent Living)
Elderly	Scenic Hills Area Agency on Aging (regional)
Youth	Children's Service / Foster Care Logan-Hocking School District Health Department / BCMH / Help Me Grow
Corrections	Law Enforcement / Local Courts Probation Staff / Adult Parole Authority

- Representatives of the first four groups listed (SA, MH, DV, & disability) are now involved in the Coalition around the possibility of their constituents applying for Shelter Plus Care rental assistance. Staff from these agencies attended training opportunities provided on the Shelter Plus Care application process and have received training materials.
- Representatives of organizations serving youth, corrections, and the elderly will be invited to a quarterly meeting in 2007 focused on the housing needs of those specific population intended to increase community buy-in from those service providers.

**Liaison strategizing includes working with various stakeholder groups including:**

Senior center	County Commissioners	Landlords
J&FS	Red Cross	FEMA
United Way	Local & non-local universities	Press
Local coalition	Law enforcement	Schools
Service Providers	Downtown Revitalization Group	Judges
Funders	Regional Shelters	Courts
Local Business	Regional DV shelters	City & village officials
NAEH	Local populous	Children Services
Prosecutors	Local celebrities	Food banks
Grant writers	Restaurants	Vulnerable populations
Politicians	Other Political Figures	Governor
Faith-based	Chamber of Commerce	Social groups
Homeless people	Community Improvement Corp.	Attorneys
Former homeless	Housing Developers	Veterans groups
Philanthropists	Radio/TV stations	Health Department
Community Action	Social & service organizations	Transportation providers
Other coalitions	Foster Care Networks	Insurance providers
Medical providers	Metropolitan Housing	

## ***F. Data collection***

- Annual point-in-time survey completed through (a) agency distribution, (b) local contacts, and (c) actual street count.
- Created and modified an effective survey tool.
- Graduate social work interns provided input data and created reports for the first 2005 survey.
- Voinovich Center staff created a scanable survey document and provided data input and report writing services for the 2006 survey (through Osteopathic Heritage Foundation funding) and funded for the 2007 PIT study
- Coalition members documented techniques found to be useful in this rural Appalachian setting and shared these with others (using the RHISCO website).
- Involve more volunteers at each count and provide more information to the community each time (distributing Housing Resource Guides, apartment lists, and contact information).
- Recruit formerly homeless individuals to assist with outreach.
- Coalition also provides homeless ‘care packages’ and a local church has agreed to organize and donate these for the next Hocking County survey in January.

### **Efforts to hone, revise, and enhance this methodology**

Point-in-time survey has been revised after each count by the steering committee from input at the quarterly HCHC meetings. The next survey will address housing needs AND homelessness (upon the suggestion of community members) in hopes that this approach will be more effective in small-town rural Appalachia. Plans are to also:

- (a) Identify representatives from each agency to be responsible for collecting surveys.
- (b) Inform Family and Children First Council and local government a month ahead of time.
- (c) Increase media coverage to keep the community informed and involved.
- (d) View the process as a two-week long process of repeated contacts (rather than a one-day survey).
- (e) Increase available support for survey volunteers.
  - (1) Provide written training materials for volunteers.
  - (2) Include one experienced volunteer in each team.
  - (3) Provide an opportunity to share ‘stories’ (or to debrief) afterward.
- (f) When homeless individuals are identified, take the opportunity (when appropriate) to interview them informally. Volunteers, provided with pocket money, could offer coffee or fast food. Develop informal interview questions to use in collecting additional data on the patterns and causes of homeless – as well as possible resources and solutions.

## ***G. Sustainability planning***

### **Resources and funding:**

- The Stewart B. McKinney Homeless Assistance Amendments Act of 1990 authorized a Federal grant program to deal with the needs of people who are homeless and have serious mental illnesses. PATH funds for mental health outreach to homeless are accessed through the Ohio Department of Mental Health and are currently only accessible to urban areas with a certain population density. Estimated cost is \$58,000 for one FTE position to serve 28 mentally ill homeless consumers. As authorization of funding for PATH comes due for renewal, the HCHC should join with other rural homeless advocates for expansion of this program to include rural areas.
- The Housing Assistance Program (HAP) funds for transitional housing units and subsidized housing vouchers are available to contract agencies of the 317 Board. HMHA administers this program. Housing units must meet the same guidelines used for tenant based Section 8 programs and participants may transition to this program as Section 8 vouchers are issued.
- Advocate for continued funding with local levy dollars for mental health, MR/DD, senior citizens, and substance abuse services for people without insurance.
- Maintain eligibility for HUD Shelter Plus Care grants for rental vouchers (currently \$400,000 for five years for 16 vouchers). Provide housing assisted for individuals who are both disabled and homeless.
- Apply for homeless prevention funding through the Ohio Housing Trust Fund for rent, utility, deposit, and mortgage assistance (missing service in Hocking County).
- Advocate for increased funding related to housing repair and weatherization (“aging” housing stock).
- Continue to identify possible sources of funding and share with the community. Look into re-entry funding for the corrections population, veteran’s funding related to housing, and faith-based initiative funding.
- Continue to strengthen relationships with the Ohio Department of Development, Ohio Housing Finance Agency, Area Agency on Aging, and other useful funding contacts.
- Develop relationships with nearby Continuums for regional planning.

## ***H. Permanent Housing***

### **(1) Shelter Plus Care funding:**

The January 2005 point-in-time survey identified sixteen homeless individuals. As Coalition data indicated that 95% of the identified homeless also reported having either a physical disability, mental illness, or substance abuse problem, homeless individuals with disabilities then became the first ‘target’ for Coalition efforts. Coalition members then wrote a grant, applying for Shelter Plus Care rental assistance for individuals who are both homeless and disabled. The grant was awarded and has now been implemented in Hocking County. Renewal of this grant is contingent on success of its implementation

and meeting the needs of the chronically disabled homeless in Hocking County. The current grant is funded for 16 individual tenant based vouchers for 5 years.

**(2) Immediate Housing:**

- a) Develop local boarding homes as immediate and permanent housing. Homes could specialize in young mothers, single men, or other populations. Develop agency agreements (MOU), search for appropriate funding, and work with faith-based organizations to help identify appropriate families.
- b) Advocate for the development and funding of additional Supportive Housing. Continue searching for appropriate sites for site-based Shelter Plus Care funding.
- c) Look into increasing current tenant-based Shelter Plus Care funding.
- d) Advocate for additional transitional housing units and identify possible landlords.

**(3) Permanent Housing Development:**

A new 72-unit apartment complex has just been built in collaboration with HMHA & private developers (addressing the need for affordable two- and three-bedroom units). HMHA has worked with privately owned apartment complexes to prevent bankruptcy and promote rehab of affordable housing programs (to maintain current rental stock in Hocking County).

Other community organizations are also working on this issue (including HMHA, Logan Town Center, Logan-Hocking Chamber of Commerce, the Housing Activity Committee, and the Community Improvement Corporation). More information (and involvement by & with these other organizations) is needed before the Coalition can make effective plans related to housing development. The Coalition, while willing to back any agency requesting funding for housing development (particularly those in line with Coalition data), will delay addressing this issue in order to focus on the need for immediate housing.

**V. Prioritizing Goals**

**(1) Information:**

The HCHC has produced a Housing Resource Booklet that has been distributed to the public and agencies throughout the community. This has been revised twice, and plans are being made to put this on-line through the web site [www.ConnectMeOhio.org](http://www.ConnectMeOhio.org) and updated at least annually. A step-by-step guide for consumers on how to find, secure, and keep housing is being added to the booklet.

**(2) Immediate Housing:**

The Coalition has been a forum for the community to identify uniquely rural small-town housing options to meet this need. Some ideas generated so far include:

- (a) “The Spare Room Project” allowing church families to offer their ‘spare bedroom’ with agency support.

- (b) “‘Specialized’ Boarding Homes” specializing in, for example, young mothers, transitioning youth, mental health or substance abuse.

**(3) Homeless Prevention Funding:**

The Coalition did identify homeless prevention funding as a significant gap and has been working with local agencies around applying for available funding for this purpose. Technical assistance has been requested from the Ohio Department of Development and meetings have been held with CHAP, HAP-CAP, HMHA, and various local ministers. This is an ongoing priority for the Coalition.

**(4) Accessing services:**

The Coalition is addressing some of these issues with information and with the focus on practical user-friendly instructions describing exactly who is eligible, who to call, and what information to have ready. Lack of coordination is addressed below. Some issues – like restricted eligibility, waiting lists, and budget cuts - are wide-ranging, long-term, and while out of local control, require a concerted voice through advocacy efforts.

**(5) Coordination:**

One of the objectives of the HCHC has been to identify barriers and remove them by increasing communication between service providers and:

- a. Out-of-county shelters,
- b. Agencies that provide housing-related services,
- c. Local planning groups.

People, using out of town emergency shelters, are at risk of losing social connections and support as well as their ‘spot’ on waiting lists for essential services (like case management, waiver, or rental assistance).

The Coalition itself, as a ‘Continuum of Care,’ reflects the continuum of housing-related services as well as disability-related services available locally. Meeting together, learning about the range of services available (annual housing inventory), and strengthening relationships (as a Coalition) helps to address this ‘disconnect’ between services.

The Coalition’s focus on increased coordination and collaboration also impacts this ‘disconnect’ (i.e. the work on the Shelter Plus Care grant and the annual surveys). The Housing Specialist will be given responsibility around coordination with (a) out-of-county shelters and (b) all agencies providing housing services. The Housing Specialist will also carry some responsibility around increasing coordination and opportunities for collaboration and strengthening relationships (the Coalition will monitor linkages).

The Coalition plans to participate in all local planning efforts related to housing and has initiated contact. The City of Logan plan incorporated the Continuum of Care data the Coalition collected, but has not participated in the Coalition itself. Coalition members are aware of the CHIS planning cycle (Community Housing Improvement Strategy) and in contact with Doug Stanley, who coordinates CHIS as well as CDBG funding.

The Coalition has already had a dramatic impact through increased homeless prevention outreach. Community Action staff, even volunteers at churches offering free meals, now know who to call and are referring families in need of housing.

**(6) Transportation:**

Sustaining the low cost cab token system in the City of Logan and providing handicap accessible public transportation through transportation grants is a priority. A Housing Coalition sub-committee formed to address this need has been very successful in getting local agency involvement – many of which have committed their limited transportation funding to an expanded transportation system. A free ODOT transportation need survey has been requested by the Logan mayor – the first step in applying for a large transportation coordination grant.

**(7) Emergency Homeless Shelter:**

The Coalition has met with staff from two neighboring shelters (Good Works & Lutheran Social Services). They both discussed the ongoing difficulty of staffing an emergency shelter and advised against this as a Hocking County priority. Having completed two point-in-time studies, the Coalition can clearly show that Hocking County does not have the homeless numbers that would ‘support’ the need for an emergency shelter. Though there has been some discussion in the Coalition around creating an emergency shelter in Hocking County (particularly with the Hocking Ministerial Association), it was decided to focus first on:

- (a) Identifying ways to provide for immediate housing needs.
- (b) Identify ways to effectively collaborate with out-of-county shelters.

**(8) Specific Housing Needs of Different Population Groups:**

Realizing that the Coalition does NOT have enough information on the housing needs of specific sub-populations, quarterly meetings will focus of the needs of one group at a time (youth, substance abuse, domestic violence, corrections, etc). More knowledge is needed before needs can be prioritized or possible solutions found.

Some groups, already meeting around specific needs, could perhaps benefit from Coalition support – either in informing the community about available services (like available financial education) or in applying for funding (supportive housing options). The Coalition supports local and regional collaboration around creating supportive housing options. Regional collaborative examples include

- (a) Multi-county group meeting around housing related to specialized needs in the MR/DD population.
- (b) Another group helping create John Clem Recovery House for single males in recovery.

### **(9) Rental Housing:**

HMHA, Logan Town Center, Logan-Hocking Chamber of Commerce, the Housing Activity Committee, and the Community Improvement Corporation are local organizations all working on this need. The Coalition, while willing to back any agency requesting funding for housing development (particularly those in line with Coalition data), will leave this work temporarily in the capable hands of these other groups in order to focus on the need for immediate housing.

HMHA is continually searching for appropriate housing sites for Shelter Plus Care site-based rental assistance and for transitional housing units. HMHA has increased the available rental housing through the use of collaboration in building a new 72-unit apartment complex in Logan and in applying for rehab funds in order to maintain two existing apartment complexes.

### **(10) Financial Skills & Predatory Lending:**

Several agencies in Hocking County are currently providing financial skill education (OSU Extension, J&FS through MoneySmart, HMHA through Homeownership Class, etc) and these programs include information on predatory lending. There are also good online educational resources available. As this need is currently being addressed in our community, the best contribution the Coalition can make it to ensure that these resources are heavily advertised (and better accessed) in our community.

## **VI. Goals and Strategies**

### ***A. Goal #1: Immediate Housing: Explore ways to meet the need for immediate housing.***

Objective 1: Coordinate effectively with nearby **emergency shelters** to (1) maintain homeless Hocking County families connection to needed services in Hocking County, and (2) improve access to emergency shelter services, when needed, and ease the transition back ‘home’ to permanent housing in Hocking County.

- (a) Explore ways that local agencies could be ‘notified’ of Hocking County families receiving homeless services in near by counties.
- (b) Explore ways collaboration might help resolve identified barriers and encourage dialogue on possible pro-active policy changes.

TCMHCS has been working with the emergency shelter in Athens, Ohio, Good Works, and the battered woman’s shelter, My Sister Place (MSP), to extend “case management” services to Hocking County consumers referred to the shelters by the mental health center. Coordinated services include transportation available to the homeless person from Athens to Logan during regular work hours. The Community Support Program worker (aka. Casemanagers) assists the homeless mentally ill consumer locate and apply for entitlement programs and housing units, in addition to

facilitating any needed (and available) medical, vocational, educational services. This is a model of coordinated services that can be used by other case management service providers including MR/DD Board casemanagers, and Health Recovery Services (HRS) CSP providers. Emergency shelter providers can stress this approach when accepting referrals from out-of-county treatment providers.

Objective 2: Explore, with the Hocking County community, small-town rural options around **immediate housing**.

- (a) Work with, at minimum, the Hocking County Ministerial Association, Red Cross, MSP, HMHA, HAC (Hocking County Housing Advisory Committee), and the 317 Board in exploring options. Explore a range of options from half-price hotel rooms ‘reserved’ for cases of immediate need, ‘boarding homes’ for specific populations (i.e. single men, pregnant young women, transitional youth, recovery), or “spare rooms” organized through churches.
- (b) Consider holding an open public meeting to brainstorm solutions.

TCMHCS has an emergency transitional apartment unit that is available for homeless mentally ill single adults. These types of units are leased by the 317 Board and administered by the HMHA for use by consumers referred by contract agencies of the 317 Board who provide on-going services to those consumers. The Hospital Utilization Review Committee (HURC) at TCMHCS approves those placements. The units (if unoccupied) can be accessed almost immediately. Length of stays are determined by the availability of other housing resources and treatment issues, but are generally considered short term up to 90 days. Funding for this program comes from the Ohio Department of Mental Health (ODMH) through the 317 budgeted at the fair market rent (with utility allowances) for a one-bedroom apartment for one year, plus administrative fee (\$11,500 for FY2006).

Objective 3: Create, copy, and make available clear **instructional handouts** “how to” find immediate housing. Include useful ideas as well as contact information - practical and user-friendly. Be specific about what to do, whom to call, and eligibility criteria to help increase access to services often perceived as ‘difficult.’

A “How to Secure Housing” manual is a supplement to the Housing Resource booklet. Information gathered by the HCHC is used to help consumers find and secure suitable housing in Hocking County. It is intended to offer step-by-step instructions for people looking for housing who may not have the help of a social worker or outreach worker.

Objective 4: Learn about the housing needs of specific sub-populations known to be at risk of homelessness. Organize one quarterly coalition meeting around the housing needs of specific sub-populations (like youth or corrections). Work to identify the housing needs of youth, domestic violence, elderly, substance abuse, etc.

The HCHC has scheduled two forums for the first half of 2007 with plans in development for other forums during the HCHC quarterly meetings. Presenters are asked to prepare a 10 or 15-minute overview of their programs with an equal time set aside for questions and answers. In addition to highlighting relevant housing programs and issues, it is hoped these presentations will draw more participants to quarterly HCHC meetings.

Objective 5: Utilize **Shelter Plus Care** funds. Maintain this funding for Hocking County.

The Shelter Plus Care program is being used in Hocking County to provide tenant based rental subsidies for homeless disabled people in recognized treatment programs. A subcommittee of the HCHC meets quarterly to review placements and evaluate the status of the program.

Objective 6: Explore needs and options related to **supportive housing** and **respite care**.

- (a) Support local and regional collaboration around creating supportive housing options.
- (b) Use collaboration and creative problem-solving to identify respite options (i.e. Fairfield County provides and funds mental health respite staffed by consumers).

There are Family Care Homes (FCH) funded by various agencies most notably the RSS program through the Ohio Department of Job & Family Services and the Area Agency on Aging. The funds are intended for people who meet a PASSPORT (nursing home) level of care but could be supported in a residential (home) setting. The funding for this program was suspended and no new referrals have been accepted since 2004. Depending on the size of the facility, various State Agencies license them, and the smaller (non-licensed/RSS “certified”) homes with one or two residents are closing their operations for lack of new referrals. Anna’s Retirement Center is the largest RSS funded program in Hocking County. Different agencies have affiliation agreements with home operators that accept the treatment provider’s referrals

Buckeye Community Homes operates three MR/DD group homes in Logan. One is an Intermediate Care Facility (ICF MR/DD). These homes have trained staff available 24 hours a day. The funding for these programs comes from Medicaid, MR/DD State & local money. Resident turnover is low in these programs and waiting lists can be several years.

TCMHC has one Section 8/202 Housing program, Orwig Apartments. It has the capacity for 8 Severely Mentally Disabled (SMD) adults. It is not staffed 24 hours, and offers intensive Community Support Services and Residential Services several hours daily and weekends. Occupancy rates vary depending on acuity of needs.

Funding for these program come from Section 8 Budget based rent subsidies, the 317 Board, and Medicaid (for ACPST services).

***B. Goal #2: Homeless Prevention Funding:***

Hocking County only has very limited emergency homelessness prevention funding for rent, utility, mortgage, and deposit assistance. One program is only available to contract agencies of the 317 Board providing Community Support Services to severely mentally ill consumers. The Clearing House Assistance Program (CHAP) has extremely limited funds for housing emergencies and is often depleted. This lack of funding reduces the tools available locally to help prevent homelessness in Hocking County. Referrals to these programs are through established service providers. A family in financial distress may not qualify for funds.

Objective 1: Hocking County Housing Coalition members will meet with local agencies whose mission may be a good “fit” for this service (at a minimum, HAP-CAP, CHAP (Clearing House Assistance Program), Hocking County Ministerial Association, HAC, and HMHA). Explore ways groups could collaborate around meeting this need.

TCMCH has a Revolving Housing Loan Fund (RHALF) and “One-Time Start Up” fund for housing related expenses for eligible consumers of agencies that contract to the 317 Board. It is currently funded at \$10,000. These loans (and sometimes grants) are interest free but still subject to problems from loan defaults. Designated casemanagers are necessary to assure program goals are met and consumers do not fall into repeated patterns of financial distress.

Objective 2: Identify and encourage an appropriate agency to apply for **Homeless Prevention funding**. Request whatever technical assistance might be needed to successfully complete this grant application.

Bob Johnson of ODOD has offered meet with agencies to discuss possible funding. These are funds that Hocking County may qualify for but there are limitations on administrative expenses that have discouraged appropriate non-profit agencies from applying for them. Changes in funding formulas may make this more affordable for applicants. Homeless prevention funds should be coupled with appropriate social services that help people address the immediate problem that threatens stable housing and the chronic problems associated with housing stability.

Objective 3: Work with the Hocking County HAC (Housing Advisory Committee), Hocking County Commissioners, and HAP-CAP to access CHIP and CDBG funds for homeless prevention services like **weatherization** (also reduces heating costs) and **housing repair/rehab** (preserving existing housing in Hocking County).

HCHC partners plan to be involved in the next round of grant planning when it comes up for renewal.

### ***C. Goal #3: Housing Specialist Position:***

Create a position to coordinate housing needs in Hocking County. This person will provide housing-related information as well as outreach, prevention services, and resource facilitation. This position will focus on identifying gaps and barriers, collaboration and creative problem solving, developing and strengthening partnerships.

Rationale:

- (a) Hocking County families at risk of homelessness do not know who or where to call for help. Local professionals are also unaware of basic housing resources.
- (b) Case management-type services would be helpful both in advocating for families and in developing relationships with local landlords.
- (c) Various prevention programs work independently in a vacuum and without coordination - almost disjointed.

Purpose:

- (a) The Housing Specialist position will provide Hocking County with a centralized person-to-call for housing information.
- (b) The Housing Specialist will work with families to (1) Prevent homelessness and/or be rapidly re-housed, (2) Reduce the number of families having to go outside the county for services (helping families find other options when possible), (3) Provide continuity for families and an effective transition into permanent housing for families transitioning back to Hocking County, (4) mediate with landlords as appropriate, (5) coordinate with service providers, (6) provide homeless outreach services, and (7) refer families to other regional resources as needed: COAD for foreclosure prevention, CCCS (Consumer Credit Counseling Services) for bankruptcy and serious credit problems, online financial educational resources, etc.
- (c) The Housing Specialist will work with the community to improve coordination and collaboration between multiple agencies providing housing-related services and between funding sources. The Housing Specialist will: (1) Develop relationships with local landlords, (2) Be aware of current openings, (3) Work with housing needs and discharge planning, (4) Work with the Housing Coalition and the annual count, (5) Coordinate with out-of-county emergency shelters, (6) identify additional funding sources and share with the community, and (7) work with the media.

Objective 1: Identify the parts of this job that are already being done in order to (1) identify gaps and (2) avoid duplication of services.

Several agencies already offer casemanagement services and have a high rate of success securing housing for their consumers. The development of “best practices” can greatly improve the delivery of services related to housing. TCMHCS, MR/DD, TASC, HCCS, VAMC-Chillicothe Outreach Services and HRS are most directly involved in community-based services.

Objective 2: Explore possible collaborations around meeting this need. Meet, at a minimum, with Red Cross, Athens Housing Coalition, HAP-CAP, 317 Board, TCMHCS, HRS, HAC, TASC, & HMHA to explore ways this need could be met.

Objective 3: Explore various ways that this position could be funded.

***D. Goal #4: Collect accurate and useful information on homelessness and on housing. Keep the Hocking County community informed.***

Many in people in our community are unaware that homelessness exists in Hocking County. There are many misconceptions about homelessness. Public support is an essential part of any plan to end homelessness. And, in order to plan effective solutions, accurate information is needed.

Objective 1: Complete an annual homeless count. Gather and analyze information.

- (a) Improve our **survey approach** to gather as much useful information as possible. Broaden the survey by including other housing issues. Present the survey to FCFC a month ahead of time. Work to identify representatives who will present the survey to their agency staff and coordinate data collection.
- (b) Document and share effective **rural outreach** techniques developed. Train volunteers in useful techniques related to the homeless count and survey.

Objective 2: Keep the Hocking County community **informed**.

- (a) Explore ways to involve the Logan Daily News in the Housing Coalition.
- (b) Create a media liaison for the coalition.
- (c) Continue to provide regular reports to the FCFC and to local government.

Objective 3: Collect all local **housing plans** and identify ways to participate in (and timelines for) their next planning cycle.

- a) Hocking County CHIS plan. Contact: Doug Stanley (HAP-CAP).
- b) City of Logan plan. Contact: Shan Brown (College Prospects).
- c) HMHA plan. Contact: Craig Garrelts (HMHA)
- d) Housing Advisory Committee (HAC): Identify contact person.

Objective 4: **Increase community involvement** in the Hocking County Housing Coalition. Increase local government involvement, commitment, and buy-in to the goals of the Housing Coalition. Support HCHC goals with accurate information based on research and best practices.

***E. Goal #5: Inform the community about housing-related resources.***

Families at risk of homelessness do not know who or where to call for help. Local professionals are also unaware of needed local resources.

Objective 1: Explore ways to make this information more accessible.

- (a) Identify **websites** that may be appropriate vehicles for the provision of housing information.
- (b) Create, copy, and make available **handouts** on housing-related resources.

Objective 2: Organize a **Housing Forum** (a free housing workshop) to educate the community (and professionals) about available housing resources. Collaborate with organizations offering housing-related services. Focus on practical and user-friendly information (effective access). Invite organizations able to provide legal advice related to housing and Fair Housing information.

Objective 3: Distribute the “**Housing Resource Guide**” to the community. Utilize the Continuum of Care framework of an annual Housing Inventory and Gaps Analysis to regularly update this reference guide.

Objective 4: As the community keeps asking for centralized information (and for someone to whom they can refer families in need), the Coalition began to look at creating a **Housing Specialist** position.

***F. Goal #6: Increase and Repair Existing Housing Stock***

Why? There is a lack of safe and affordable rental housing in Hocking County. Three-quarters of the families receiving a Section 8 voucher are not able to find affordable housing to rent. The housing stock in Hocking County is aging (HMHA reports continuing problems with units passing inspections). Many families are living in homes needing serious repair. Many downtown buildings are vacant.

Objective 1: Identify possible **funding sources** and share this information.

Objective 2: **Increase community involvement** in the Hocking County Housing Coalition. Increase local government involvement, commitment, and buy-in to the goals of the Housing Coalition (in part, through joint planning efforts like the CHIS plan).

Objective 3: Encourage responsibility, collaboration, and creative use of funding around **housing development**. Share local and regional ideas and successes. Examples:

- (a) HMHA creative financing to build Pine Ridge 72-unit apartment complex.
- (b) HMHA continue to develop grants for rehab of existing apartment complexes.

Objective 4: Involve representatives of other **local advocacy groups** in the Housing Coalition. Contact Logan Town Center (downtown revitalization group) for mutual support as this group has identified downtown housing and empty rentals as a priority. Other community groups like the Logan-Hocking Chamber of Commerce and the Community Improvement Corporation are also concerned and working on this issue. Find ways to involve these groups, share information, hold joint meetings, and collaborate.

Objective 5: Involve **HAP-CAP** in the Coalition's efforts. HAP-CAP, focused on collaboration and community development, provides many housing-related services (HEAP, down payment assistance, housing repair/rehab, weatherization, etc) and also helps coordinate CDBG funding and CHIS planning (Community Housing and Improvement Strategy).

Objective 6: Participate in local and regional **planning efforts** related to housing.

- a) Participate in the next CHIS plan created for Hocking County.
- b) Contact local city representatives, as the City of Logan has recently worked on their own housing plan.

Objective 7: Work with local government, Hocking County HAC (Housing Advisory Committee), and HAP-CAP to access CHIP and CDBG funds for homeless prevention services like **weatherization** (which also reduces heating costs) and housing **repair/rehab funds** (which preserves existing housing).

### ***G. Goal #7: Increase the housing options available for Hocking county residents.***

Objective 1: Support HMHA Homeownership Program in their efforts to increase **Homeownership** among low- and moderate-income Hocking County families.

- (a) Homeownership class (offered three times a year) and case management-type services (through a Homeownership Coordinator) are provided through HMHA. Families are provided with budgeting education, resources on financial skills, as well as credit repair planning assistance and support on their way to becoming successful homeowners.
- (b) Homeownership Coordinator assists families in accessing (and coordinating) financial assistance available through Section 8, USDA Rural Development, HAP-CAP, CHIP (Community Housing Improvement Program), OHTF (Ohio Housing Trust Fund), COAD (Corporation for Ohio Appalachian Development), and others.

Objective 2: Increase Hocking County access to education around **financial skills**.

Currently in Hocking County, (a) HMHA provides free credit reports to families interested in Homeownership (Homeownership Coordinator assists families in creating a credit repair plan and also provides support and encouragement). (b) OSU Extension offers two types of financial skills education. (c) Jobs & Family Services now offers online financial education through Money Smart. (d) BVR will at times, for their consumers, fund one-on-one financial education.

- (a) Explore possible collaborations around this need, meeting with (at a minimum) Jobs & Family Services, HMHA FSS Coordinator, and BVR.
- (a) Work with local banks and other organizations to explore educational training that they could offer the community.

Objective 3: Encourage local agencies to explore the use of **IDA** (Individual Development Accounts) to encourage (and match!) families' savings. Support any such local efforts.

- (a) The **Family Self-Sufficiency Program**, new to Hocking County and offered through HMHA, provides saving opportunities and case management-like support for education and employment goals.
- (b) HMHA is currently exploring an IDA funding source for Hocking County. **WECO Ohio Homeownership IDA Program**, funded through Ohio J&FS, provides matching funds for families with children who open an IDA account and save \$750 toward a home purchase.

Objective 4: Collaborate with other groups (Habitat for Humanity, Rural Appalachian Housing Development, etc) around mutual self-help housing.

- (a) Work with Rural Action Housing Development (RAHD) to gather information needed to apply for funding around mutual self-help housing. Need 150 signatures of interested families as well as appropriate property.
- (b) Talk with Habitat for Humanity about ways to collaborate, avoid duplication of services, and increase housing options for families.

## **VII. Concluding Remarks**

### ***A. Different aspects of Homelessness***

The United States Department of Housing and Urban Development (or HUD) provides very clear definitions of homelessness (and these definitions appear to be narrowing even further):

- 1) Living on the street.

- 2) Living in places not meant for human habitation (“car, park, sidewalk, abandoned or condemned building”).
- 3) Staying at an emergency shelter.
- 4) Staying in transitional housing (for Shelter Plus Care, ONLY if you were “homeless before entering”).
- 5) Coming from a short-term stay (up to 30 consecutive days) in an institution (again, for Shelter Plus Care, ONLY if you “previously resided on the street or in an emergency shelter”).
- 6) Being discharged from a longer stay in an institution (ONLY if the person “will be homeless if not provided assistance”). In the case of Shelter Plus Care funding, agencies were forced to sign an agreement that they would NOT provide rental assistance to those being discharged from “public institutions” – one of the populations identified as high risk.
- 7) Being evicted without the “resources needed to obtain new housing” (for Shelter Plus Care eligibility, ONLY with proof of legal eviction within one week).

**The Hocking County community considers it an emergency when:**

- Family homes are in foreclosure.
- Families are doubled or tripled up – ‘split up’ among various households – some due to job loss or financial problems - some due to disability.
- Children are not residing with their families.
- Young adults ‘leave’ school or ‘age out’ of the system at 18 without the skills and resources needed to obtain and maintain housing.
- People need treatment that they can’t get (community concerned also about their families).
- Families who need assistance after the three days of housing assistance the Red Cross can provide after a disaster.
- People living in tents or cars.
- People living in barns, outbuildings, campers or trailers without water, plumbing, or heat.

**The Hocking County community is concerned about those who only have very temporary housing - particularly those in more volatile situations:**

- People staying someplace where their physical health and well-being are not a priority and who are at risk of violence, drugs, or abuse.
- Those who risk the physical safety or mental health of others who allow them to stay there.
- Transition-aged youth and young adults - who tend to move in with friends (or let friends move in with them) - to each other’s detriment.
- Those who lose housing due to domestic violence, substance abuse, or other criminal behavior of family members or friends.
- Inaccessible housing units for individuals with physical impairments.

**Individuals or families, who do not meet the HUD definition of homelessness AND do not consider themselves homeless, still present a concern to the HCHC when their housing is not stable.**

People who appear relatively ‘content’ “couch surfing” moving from place to place (read: no hope for more) are often NOT welcome where they are staying and can be forced to leave at a moment’s notice for little or no reason or recourse. People who are renting and hosting a guest for an extended length of time are often at RISK of loosing permanent housing, too - as they may be violating their lease (i.e. someone staying in the rental without the landlord’s permission or consent) and their ‘kindness’ could lead to homelessness for both the guest family and the host family.

## ***B. Regionalism***

Southeast Ohio is the least populated area of our state. Political representation is dispersed over large geographical areas. Resources for social services are distributed regionally by economic necessity. Consumers must travel greater distances to access goods and services not available in their communities. It is sometimes believed that the same services available in Athens or Fairfield County are available in Hocking, Vinton, or Perry. Service areas that encompass three (or even seven) counties are not uncommon. While economies of scale are a fiscal necessity, it does not mean that every area is equally served.

Hocking County relies on a vast network of “regional services.” Depending on the treatment need, a minor referred to a child & adolescent psychiatric unit would need to travel up to 50 miles to be admitted to an in-patient facility. Adult psychiatric units for someone under 60 without Medicare are 28 to 50 miles away (or more). Adult detox facilities are 50 to 75 miles away. The nearest Emergency Shelter is 26 miles from Logan, Ohio, and the domestic violence shelter is equally distant. Social Security has offices in two adjacent counties but not in Hocking. The differences between counties that ‘have’ and ‘have not’ are obvious, but even the “have not’s” experience differences in service needs and availability that also depend on whether you have the infrastructure to be able to access neighboring community or regional resources.

Any successful plan to end homelessness will require, by necessity, a greater coordination with regional service providers. The HCHC includes many of the regional service partners with experience in serving multiple counties. Besides bringing the needs of Hocking County citizens to the regional table, we hope to share our successes with other struggling communities. Because homelessness involves transience, it would not serve our goals to ignore the needs of our neighbors, since “exporting our homeless” is a road that travels both directions.

## ***C. Conclusion***

The Hocking County Housing Coalition was formed because of fear about shrinking resources related to housing. The HCHC applied for a Shelter Plus Care grant twelve months after the group was first organized. Those who have participated in the coalition have greatly increased the body of knowledge about the homeless in Hocking County. Our community is better informed about the scope of homelessness and available resources. Acting together, as a community, we have made a difference. We have replaced fear with information, collaboration, confidence, and hope. Our community, facing the challenge, is committed to ending homelessness.

## Appendix A

Names and types of organizations involved in the community's Continuum of Care planning process. For this purpose, participation is determined using three classifications (high – if an organization attended 67% or more of all meetings; medium – if an organization attended between 34% and 66% of all meetings; and low – if an organization attended 33% or less of all meetings).

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
<b>Example: Nonprofit Org.: ABC, Inc.</b>	City of Ajax	HIV/AIDS	<b>Com. Chair attends 100% planning meetings</b>
<b>State agencies:</b> Ohio University Dept. of Social Work	Southeast OH		100% (high)
Ohio State University Coop. Extension	Hocking Co.	Low income (LI), Families & Youth	<b>83% (high)</b>
Bureau of Vocational Rehab/RSC	Southeast OH	DIS, SMD, SA	17% (low)
<b>Local government agencies:</b> A/H/V 317 (or ADAMHS) Board	Hocking, Athens, & Vinton Co.	SMD, DV, SA, Families & Youth	100% (high)
Hocking Co. Job & Family Services	Hocking Co.	Low Income, DIS, Families & Youth	33% (low)
Hocking Co. Health Dept. (WIC, BCMH, etc)	Hocking Co.	Families, DIS, Youth	33% (low)
Hocking Co. MR/DD Board	Hocking Co.	MR/DD adults & Youth Families & Youth	<b>83% (high)</b> 17% (low)
Hocking Co. Children Services	Hocking Co.	Elderly	17% (low)
Scenic Hills Senior Center	Logan		33% (low)
Logan City Council	Hocking Co.	Youth & Families	<b>100% (high)</b>
Family & Children First Council	Hocking Co.	Youth	17% (low)
Logan-Hocking School System	Hocking Co.	Youth & Families Low Income	17% (low)
Help Me Grow			
<b>Public Housing Authorities:</b>			
Hocking Metro Housing Authority	Hocking Co.	Disabled & Families	100% (high)
<b>Nonprofit organizations:</b> (include Faith-Based Organizations): Tri-Co Mental Health & Counseling	Hocking, Athens, & Vinton Co.	SMD/SED, Youth & Families	100% (high)
Southeast Ohio Center for Indep. Living	Hocking & Fairfield Co.	Disabled & Youth	100% (high)
Planned Parenthood of Southeast Ohio	Southeast OH	Youth & Families	33% (low)
My Sister's Place	Hocking, Athens, & Perry Co.	DV	50% (medium)
Good Works	Southeast OH	Homeless, Families	17% (low)

United Way of Hocking Co.	Hocking Co.	Families & Youth	17% (low)
American Red Cross, Hocking Co Chap.	<b>Hocking Co.</b>	Homeless, Families & Youth	80% (high)
Hocking, Athens Perry Co Comm. Action	Hocking, Athens, Perry Co.	Families, Low Income, Disabled	67% (high)
Hocking Behavioral Health / HRS	Hocking Co.	SA/MI, Youth & Families	17% (low)
Hocking Co. Ministerial Association	Hocking Co.	Families	17% (low)
UMC Smith Chapel	Hocking Co.	Homeless	17% (low)
Lutheran Social Services	Fairfield Co.	Homeless	17% (low)
<b>Businesses / Business Associations:</b>			
<b>Homeless / Formerly homeless persons:</b>			
Juanita H.		Homeless	17% (low)
<b>Other:</b>			
<b>e.g.: Law Enforcement, Hospital/Medical, Funding bodies</b>			
VAMC Chillicothe	Southeast OH	Veterans	83% (high)
Hocking Valley Comm. Hospital	Southeast OH	SA, MI, Y, DV	17% (low)
Osteopathic Heritage Foundation	Southeast OH		33% (low)

**NOTE:**  
[Subpopulation Key: Seriously Mentally Disabled (SMD), Substance Abuse (SA), Substance Abuse with mental illness (SA/MI) Veterans (VET), HIV/AIDS, Domestic Violence (DV), and Youth (Y). Coalition added subpopulation notes for low income (LI), families (FAM), & the physically disabled (DIS).]

## Appendix B

**Prevention, outreach, and supportive services are service components of the Continuum of Care.**

**Charts indicate services that are in place as well as service provider and coverage area.**

<b>Fundamental Components in CoC System - Service Activity</b>		
<i><b>Homelessness Prevention</b></i>		
<b>Service(s) Provided</b>	<b>Service Provider</b>	<b>County(s) Served</b>
Rent, Mortgage, and Utility Assistance; Info & Referral	Tri-Co. Mental Health & Counseling Hocking/Athens/Perry Community Action Agency "HEAP" Red Cross (in cases of fire, flood, & natural disaster) VAMC Chillicothe (Outreach Services)	Hocking, Athens, Vinton Co. Hocking, Athens, Perry Co.  Currently in flux Southeast OH
Emergency Funds	Clearing House Assistance Program (CHAP) Hocking Job & Family Services "PRC" (Prevention funds) Tri-Co. Mental Health & Counseling "revolving client loan fund" Hocking Co. Veteran's Service Commission "emergency funds" Hocking County Board of MR/DD "Family Resource" funds Athens AIDS Task Force "HOPWA" (emergency housing funds) Hocking Co. Children's Services limited "family stability funds" Hocking Co VSO (veteran emergency funds)	Hocking Co. Hocking Co.  Hocking Co. Hocking Co. Hocking Co. Regional Hocking Co. Hocking Co.
Counseling; Info & Referral	Tri-Co Mental Health & Counseling Health Recovery Services (substance abuse) My Sister's Place (related to domestic violence)	Hocking, Athens, Vinton Co. Hocking, Athens, Vinton, Meigs Co. Hocking, Athens, Vinton Co.
Case Management or Service Coordination	Tri-Co. Mental Health & Counseling HRS – Hocking Behavioral Health (youth only) My Sister's Place (domestic violence) Hocking County Board of MR/DD Care Star (case manages Ohio Home Care waiver for disabled) Help Me Grow (for families w/ children under age 3) Athens AIDS Task Force	Hocking, Athens, Vinton Co. Hocking, Athens, Vinton, Meigs Co. Hocking, Athens, Vinton Co. Hocking Co. Ohio (2 Hocking Co. CM) Hocking Co. Regional
Info and Referral	Tri-Co. Mental Health & Counseling Good Works Hocking Metropolitan Housing Authority SOCIL (Center for Independent Living) Corporation for Ohio Appalachian Dev. (foreclosure prevention) Consumer Credit Counseling of Mid-Ohio Valley Hocking County Housing Coalition Hocking/Athens/Perry Community Action "Fair Housing" Ohio Legal Rights / Ohio Civil Rights Southeast Ohio Legal Services VAMA Chillicothe (Outreach Services to homeless vets)	Hocking, Athens, Vinton Co. Southeast OH Hocking, Athens, Perry Co. Hocking & Fairfield Co. 30 counties & 17 CA agencies Ohio & West Virginia Hocking Hocking, Athens, Perry Co. Ohio Southeast Ohio Regional Regional

Home Repair	Hocking/Athens/Perry Co. Community Action Agency Area Agency on Aging "PASSPORT" (seniors only) Ohio J&FS "Home Care Waiver" Hocking Co. Veteran's Service Commission (occasionally) USDA Rural Development (very low income and/or elderly)	Hocking, Athens, Perry Co. Southeast OH Ohio Hocking Co. Regional
Health Care	Hocking Valley Community Hospital J&FS Healthy Start, Medicaid, etc Planned Parenthood of Southeast Ohio Veteran's Medical Center (Chillicothe) H/A/P Community Action "prescription assistance information"	Hocking Co. Hocking Co. Southeast Ohio Regional Hocking, Athens, Perry Co.
Financial skill education	OSU Extension J&FS Job Service Center "Money Smart" Hocking Metro Housing "Homeownership Program" Online educational resources H/A/P Community Action "tax assistance program"	Hocking Co. Hocking Co. Hocking, Athens, and Vinton Co. Regional/National Hocking Co.

<b>Fundamental Components in CoC System - Service Activity</b>			
<b><i>Outreach</i></b>			
<b>Subpopulation</b>	<b>Service Provider</b>	<b>County(s) Served</b>	<b>Type of Outreach</b>
Veterans	Hocking County Veteran's Service Commission HCJFS Veteran's Representative Veteran's Medical Arts Center Chillicothe	Hocking Co. Hocking Co. Regional	Info & Referral I&R Personal contact I&R
Seriously Mentally Ill	Tri-Co. Mental Health & Counseling  317 Board (ADAMHS)	Hocking, Athens, & Vinton Co. Hocking, Athens, & Vinton Co.	Crisis Hotline I&R I&R
MR/DD	Hocking Co. Board of MR/DD	Hocking Co.	I&R. CM.
Substance Abuse	Substance Abuse Hotlines HRS-Hocking Behavioral Health Logan-Hocking School District	Regional/National Hocking, Athens, etc Hocking Co.	Hotline. I&R I&R. CM (youth). I&R. Educate.
HIV/AIDS	Athens AIDS Task Force	Southeast OH	Case management. I&R.
Domestic Violence	My Sister's Place	Hocking, Athens, & Vinton Co.	Hotline. CM. I&R. Legal advocate.
Youth	Hocking Co. Children's Services  HAP-CAP Head Start Hocking Col Health Department  Help Me Grow Special Friends (Big Brothers-type) EMPACT parent support group	Hocking Co. Hocking Co. Hocking Co. Hocking Co. Hocking Co.	I&R Investigate dependency I&R. Specialty clinics. BCMh. I&R. I&R. Education. Activities & support. I&R. Support.
Elderly	Scenic Hills Senior Center  Scenic Hills "Retired Senior Volunteer Program"	Hocking Co. Hocking Co.	I&R. Education. Activities. Homemaker services

	J&FS Adult Protective Services	Hocking Co.	I&R. Investigate.
General Homeless	Local food pantries Free church dinners Clearinghouse Assistance Program Red Cross Good Works	Hocking Co. Hocking Co. Hocking Co. Hocking Co. Hocking, Athens, & Perry Co.	I&R I&R I&R. I&R. Temporary Hsg I&R. Shelter.
Early (age 0-3) Intervention	Help Me Grow Health Department “newborn visits” MR/DD Early Intervention	Hocking Co. Hocking Co. Hocking Co.	CM. I&R Nurse visits; I&R CM. I&R
Physically Disabled	Care Star (Ohio Home Care Waiver) SOCIL (Ctr for Independent Living)	Ohio Hocking & Fairfield	I&R. CM. Nursing. I&R. Education.
ALL	Hocking Co. Housing Coalition	Hocking Co.	I&R. Educate. Point-in-time survey.

**Fundamental Components in CoC System - Service Activity**

***Supportive Services***

<b>Service(s) Provided</b>	<b>Service Provider</b>	<b>County(s) Served</b>
Case Management	My Sister's Place (domestic violence) Tri-Co Mental Health & Counseling HRS – Hocking Behavioral Health (substance abuse – youth only) Hocking Co. Board of MR/DD AAA PASSPORT (elderly) Athens Aids Task Force	Hocking, Athens, & Vinton Co. Hocking, Athens, & Vinton Co. Hocking, Athens, Vinton, Meigs Co. Hocking Co. Southeast OH Southeast OH
Life Skills	Southeast Ohio Center for Independent Living Hocking Co. Board of MR/DD “Hocking Valley Industries” Hocking Co. Health Dept., Early Intervention & Help Me Grow OSU Cooperative Extension Office HRS-Hocking Behavioral Health	Hocking & Fairfield Co. Hocking Co. Hocking Co. Hocking Co. Hocking, Athens, Vinton, Meigs Co.
Alcohol & Drug Abuse Treatment	HRS-Hocking Behavioral Health Counseling Directions Community 12-step meetings, conferences, and sponsors Municipal Drug Court	Hocking Co. Hocking Co. Nationwide Hocking Co.
Mental Health Treatment	Tri-Co. Mental Health & Counseling Tri Co MH “Home Away from Home” (MH Drop-In Center) Summit Behavioral Health-HVCH Appalachian Behavioral Healthcare (psychiatric hospital in Athens) Community support groups	Hocking, Athens, Vinton Co. Hocking Co. Southeast OH Regional Hocking Co & regional
HIV/AIDS	Athens Aids Task Force	Southeast OH
Education Info & Referral	Southeast Ohio Center for Independent Living ABLE GED class Hocking co. Job & Family Services GED class & computer classes	Hocking & Fairfield Co. Hocking Co. Hocking Co.
Employment Assistance	Hocking Co. Job & Family Services “Job Service Center” one-stop (Job Club; WIA (youth); Resource Room; etc) Ohio Rehabilitation Services Commission / Bureau of Vocational Rehabilitation Hocking Co. Board of MR/DD “Hocking Valley Industries”	Hocking Co.  Ohio (Rebecca Bates - Hocking Co. RSC counselor) Hocking Co.
Income Support	Social Security Administration Bureau of Workman's Compensation Veteran's Benefits Administration Bureau of Employment	Office in Lancaster / Regional phone Office in Logan / Regional phone Regional phone (Cleve/Detroit offices) Regional phone
Child Care	Corporation for Ohio Appalachian Development (COAD) “Child Care Resource Network” Logan-Hocking School “Sprouts” pre-school & after-school Hocking Co. Job & Family Services child care assistance	Regional resource  Hocking Co. Hocking Co.
Transportation	Scenic Hills Senior Center (only for those over 62) Hocking Co. Job & Family Services (medical appts/ pregnant teens) Tri-Co. Mental Health & Counseling (very limited) Hocking Co. MR/DD Board (MR/DD only) Veteran's transportation to VA Hospital (veterans only) Logan Program for the Handicapped/Logan Transit Dixie Cab (cash only) Mid-Ohio Ambulance (cash or Medicaid only) Logan-Hocking School District (school-related transportation only) Transportation Coalition (sub-committee of Housing Coalition)	Hocking Co. Hocking Co. Hocking, Athens, Vinton Co. Hocking Co. Regional City of Logan ONLY (Sue McBroom) Logan Regional Hocking Co. Hocking Co.
Food assistance	OSU Extension (education) H/A/P Community Action Second Harvest Food Bank Smith Chapel Food Ministry Laurelville Food Pantry Hocking Co. Jobs & Family Services (food stamps)	Hocking Co. Hocking Co. facility/Regional Hocking Co. Hocking Co. Hocking Co.

## Appendix C: RHISCO Chart

### **Intake (I & R):**

Red Cross  
 Children's Services  
 Jobs & Family Services  
 Community Action (Logan) and  
 Second Harvest Food Bank  
 Smith Chapel, other local food pantries  
 & free church dinners  
 Tri-County Mental Health  
 Veteran's Service Commission  
 MR/DD Board  
 Bureau of Vocational Rehabilitation  
 Law Enforcement/Local courts  
 317 (or ADAMHS) Board  
 HMHA information/application  
 HVCH (ER/SW) & regional hospitals  
 Health Department (Visiting Nurses/  
 WIC/BCMH/clinics)  
 Scenic Hills Senior Center  
 VMAC Chillicothe Outreach Services to  
 homeless vets  
 Homeless veteran outreach worker)

### **Emergency funds:**

Red Cross housing assistance  
Ch Services limited emergency funds  
J&FS "PRC funds (Prevention, Retention,  
 and Contingency)  
CA HEAP (prevent utility shut-offs)  
CHAP funds (thru local churches,  
 Ministerial Association, United Way)  
TCMH "revolving client loan fund"  
HCVSC "emergency funds"  
MR/DD "Family Resource" funds  
AIDS Task Force HOPWA funds

### **Local & regional shelters:**

Good Works regional emergency shelter  
My Sister's Place regional DV shelter  
 Lancaster emergency shelters  
Lutheran Social Services shelter  
Lighthouse DV shelter  
The Foundation Shelter (& meals)  
Lancaster-Fairfield CA  
 family shelter  
 Regional DV (Haven House Circleville,  
Transitions Zanesville, etc)  
Transitional Unit (thru Tri Co MH) 1 units

### **Prevention:**

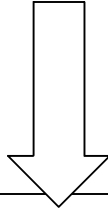
Help Me Grow & MR/DD EI  
Scenic Hills homemaker services  
 Regional veterans health care  
HAP-CAP Fair Housing  
 Housing Repair/Rehab  
 Weatherization  
 CHIP/OHTF DP/repair  
AAA/Passport/Home Care Waiver  
 Accessibility modifications  
J&FS Healthy Start, Medicaid, TANF, etc  
Planned Parenthood sliding-fee health care  
Health Recovery Services sliding-fee scale  
 Substance abuse counseling  
CHAP funds  
SOCIL education, information & advocacy  
 USDA Rural Development  
OLR/SEOLS (legal resources)  
MSP free or sliding scale DV counseling  
 & legal advocacy  
COAD Foreclosure Prevention  
CCCS credit problems/bankruptcy

### **Residential options:**

HMHA voucher  
Red Cross 3-day emergency housing  
 Respite care (MH & MR/DD)  
 Residential treatment (MH/SA)  
 Foster care  
FCFC/Cluster (very limited funding  
 for treatment)

### **Transportation:**

Regional veteran's transportation  
Scenic Hills transportation  
 for those over 62  
Logan Program for the Handicapped/  
Logan Transit (reduced-fee  
 taxi tokens elderly/disabled)  
Dixie Cab  
Mid-Ohio Ambulance



**Permanent Housing:**

HMHA rental assistance (116 units funded through low-income housing tax credits)

262 Section 8 vouchers

164 Public Housing units

16 Shelter Plus Care vouchers

**Supportive Housing:**

Buckeye Community Services runs three MR/DD group homes  
(intermediate care facilities) - total of 23 beds

Orwig Apartments (through Tri Co MH) - 8 beds

Carlin House (assisted living facility) - 20 units

Anna's Retirement Center (assisted living facility) - 16 beds

**Ongoing Supportive Services:**

CareStar (waiver case management)/Visiting Nurses or Home Health services  
Case Management (or Service Coordination) available through Tri Co MH,

MR/DD, HRS (kids only), Children's Services, and Help Me Grow.

Home Away from Home (mental health drop-in center)

Athens AIDS Task Force case management and service coordination

**Agency Collaboration:**

Family and Children First Council & Cluster

Hocking County Housing Coalition

Early Childhood Council

CHAP Board/United Way Board/etc

Transportation Coalition