

## Alliance For Housing, Oakland County Continuum of Care Outcomes Committee Meeting Minutes

|              |                        |                    |                   |                   |                   |                  |            |
|--------------|------------------------|--------------------|-------------------|-------------------|-------------------|------------------|------------|
| <b>Date:</b> | <b>January 8, 2018</b> | <b>Start Time:</b> | <b>10:05 a.m.</b> | <b>Stop Time:</b> | <b>11:20 a.m.</b> | <b>Location:</b> | <b>CHN</b> |
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**Members Present:** Marc Craig, Leah McCall, Angela Gougherty, Erinn Johnson, Jenny Roma, Keri Kennedy, Charlotte Blackwell, David Permaloff, Rebecca Fitzgerald

**Members Absent:** Rosie Jones

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| <b>Facilitator:</b> | Marc Craig & Leah McCall | <b>Scribe:</b> | Ashley Burton |
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| <b>Item</b>   | <b>Discussion</b>   | <b>Outcome</b>  | <b>Action Item</b>      | <b>Responsible Person and Due Date</b> |
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| <b>Community outcomes across the CoC-Increase permanent housing destination and CM for HCV.</b> | PSH Handout-report where we are losing people and what trends are |   |                         |  |
|   | Gaps/ Barriers preventing non-permanent destinations              | Communication with the landlord, losing contact, self-sabotage, housing first (working through other issues while being served w/ housing, may need additional support), want freedom of choice, confusion regarding multiple CM and program requirements |                         |  |
|   | Best Practices/ Strategies  | Renter readiness course-CHN offers for free.<br><br>Motivational interviewing -CM training day  | Put into intake process |  |

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|  | <p>CM for HCV<br/>Best Practices/ Strategies</p> | <p>-Wichita State University has good handouts</p> <p>Build on social capital<br/>-Having clients share their emergency contact info<br/>-Peer connections, permanent community connections<br/>-Social gathering, peer reports back, agencies can come and tell about resources</p> <p>Double-down on resources<br/>-Easier for clients to access other resources<br/>-Streamline services<br/>-Leverage supportive services in a targeted way for wrap around services they need</p> <p>Increase communication when exiting</p> <p>Ask people what they want<br/>-CoC process, get feedback as to what would help them the most</p> | <p>Bring up in Housing Meeting<br/>-Criteria: time, cost, volunteer, paid position<br/>-Driven towards PSH?</p> <p>A way to not have an expedited process with MI Works, and employment programs</p> <p>Connect w/ other agencies to look back to where they have been, catch people before they fall back in to homelessness.<br/>-go back in and review info to complete exit interview<br/>-pick project to start with</p> | <p>Reach out to Deb Hendren to get referral sheet. Follow up with contact we have/had at MI Works-Leah</p> <p>Angela look into HMIS to reconnect, pull out the permanent discharge destination<br/>-CoC follow up what didn't work and what was helpful</p> |
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|  |  | <p>to stay housed</p> <p>Help get CM feeling more connected to client to help in a positive way</p> <p>Client emergency contacts<br/>-figure out where they are at to catch them before they fall back into homelessness</p> <p>If we get a Community Grant</p> | <p>Training built on CoC level, built on all communities</p> <p>If we get a community grant, we want to also reach out to MSHDA to see if they will support the CM after that grant ended</p> | <p>CG talk to Heather McNutt</p> <p>Leah</p> |
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Ashley Burton  
Secretary/Scribe

1/16/18  
Date

**The next Outcomes Committee Meeting will be held on February 12, 2018 at 10:00am at CHN**