



Fahe Spring Meeting Breakout Group Wrap-up Items April 24 – 25, 2019

1. 2GenX Tracking – EmpowOR Program

Member Expert(s): Jamie Gross, People Inc.

Fahe Staff: Vonda, Kyle, Clay

Takeaways:

1 – Organizations would have to switch from current software or use empowOR in addition. Ultimate goal would be a cross-Member system within 2 years.

2 – Consistency is key – Must enter all data and in the same way...across organization....across membership.

Summary – The system is very expensive, and would be a huge lift to get all of the network to utilize EmpowOR, but has potential to be worth the investment. This would require an analysis of value and cost of activities as well as capacity for Members to onboard and implement. Fahe could do a survey on systems used that would be necessary. Barriers to implementation include shift in culture and mindset.

What are the activities, from beginning to end?

Analyze the value and cost of the activities.

1. Does the activity make you more or less competitive?

More – more accurate reflection of outcomes achieved with data to back it up.

2. Is the activity labor intensive? How much does raw material cost?

Barriers:

- Organizational culture – shift to measures long-term to see if outcomes are achieved. Need to look at data and work in the business, maybe community based. Have we made a difference – for families housed, are the children more school ready; are the adults better educated...
- Shift in mindset
- Cost

Funding, what type?

?? Annie E. Casey and the Aspen Institute are looking at the whole family initiatives – Garrett County CAA has had funding and access to resources and expertise via those two organizations.

2. Job Training with Recovery and Housing

Member Expert(s): Scott McReynolds, Housing Development Alliance

Fahe Staff: Matt Coburn, Tina Parker, Tyler Johnson, Jim King

Takeaways:

1. analysis of funding and opportunity (state by state and who holds what);
2. coordinate site visits to an org (see what Members are doing); to Housing Authority of Mingo Co, to HDA
3. pushing at federal level with USDA and others to understand what is needed
- more and different investment

Other Possible Steps:

1. Staff person to liaison with stakeholders, working with several Members on the ground
2. External vetting process to get beyond felony/addiction; partnership with Nat'l homebuilders, shortage of carpenters nationally
3. Getting community college system to waive tuition for trades like construction
4. Create and advocate for a model for vulnerable populations to obtain Associate's Degree while incarcerated or in recovery (transition out into Youth Build-type format putting trade training to work)

Resources Required to Succeed:

1. Fahe staff time (salaries + travel)
2. Travel funds/incentives for Members to attend site visits

3. Social Enterprise

Member Expert(s): Jackie Mayo, HomeSource east tennessee

Fahe Staff: Sara Morgan, Colby Lilly

Takeaways:

1. **Growth mindset** – often times in companies we as nonprofits are not in the mindset of being an entrepreneur. We need to think entrepreneurially in order to advance opportunities for new business lines, and thus new revenue streams.
2. **“Fail Fast, Fail Cheap”** – Along with the “growth mindset” you must have a desire to learn, fail, and refine your approach in order to succeed and produce viable business lines.
3. **Self-Sufficiency** - This is something Jackie and her team excel at. It's about doing what needs to get done, prioritizing competing needs, and delegating efficiently within the organization.

Barriers:

- John Niederman (Pathfinder) – How do we get funding in order to take on risk?
- You need good legal counsel to advise on corporate set up and tax status
- Insurance
- Marketing
 - o Branding and building that capacity up
 - o Social media management
- Summary:
 - o Need for startup capital – equity/venture capital
 - o Resources – LivePlan.com, SBA, SCOR
 - o Ideas for Social Enterprise that we can articulate? ➔ What are barriers to digging into this work?

Ideas we heard:

- o Pop-up commercial buildings
- o Granny houses; micro homes
- o Market-rate rentals for mod-income
- o Nurseries & reclamation; agra-forest; superfoods; farm-to-table; breweries; Andy's hops; truffles
- o Some areas need code requirements
- o Financial coaching – community lending center as alternative to payday lending
- o Workforce development could be a connection point with all of these
- o Home rental after disaster; insurance company guarantees and Pathfinder can charge markup
- o Construction for hiring

4. Elderly Housing with Services

Member Expert(s): Karen Jacobson, Randolph Co. Housing Authority

Fahe Staff: Pam Johnson, Debbie Thompson

Takeaways:

1. DOT/HUD Partnership
2. Housing Study 2012- The aging population is doubling.
3. SASH Model – Launch low income housing for seniors

Being a Member offers:

- i. PH2 (mental assessment); assigned a nurse
- ii. Health Action Plan – Health plan and social plan
- iii. Wellness Assessment
- iv. Care transitions
- v. Care Coordinator, wellness nurse, paraprofessionals (i.e. retired social workers)

Barrier: funding sustainability.

Adult Disabled Waiver to help the elderly to stay out of nursing homes. Senior Center – Health Department – In-home care.

There is a gap in care and in home services are not well delivered.

Transportation is the biggest health care problem for seniors as they can't get to their appointments. Perhaps bus voucher would help with that.

4. AmeriCorps Model – Started by Marshall University Community Health Worker Program

- Working together
- Right partners
- Approach
- How do we build with them?

Fahe can contribute towards the technical pieces and form a working group to address needs in the community.

National Association of Care Takers could be a possible partner for the working group.

Barrier: Transportation is a problem. We need to figure out a way to bring people closer to where their health care is located.

- Possible housing on hospital property?
- Housing needs assessment with a different set of partners?
- Corp. for Supportive Housing Partner? Maybe?

Four M's:

1. What Matters
2. Medications – reducing meds
3. Mobility
4. Mentation – decrease delirium/dementia – hydration

Next Steps: Form a working group to educate and provide first conversations with outside groups.