

Governance Council World Café Activity

October 1, 2019

Access/Marketing

What is your LPB doing to make sure everyone in your community has equal access to community housing programs/opportunities? What are your strategies to increase awareness of CE access points in your communities?

Main Themes

Community Partners and Outreach:

- Get more people to the meetings: “themed” meetings to help
- Going to events, libraries, stores
- Hosting events: Project Homeless Connect, Awareness Month activities

Written Materials:

- Info Cards, brochures, flyers with tear off numbers
- Social Media
- Yard Signs

Information & Referral:

- Connecting with 211

Phone number:

- Having a toll-free line to advertise

Notable

- One comment that DV program handles all housing calls instead of the HARA.
- Two comments about “no wrong door”, what does that look like?

Barriers

- No outreach, not all consumers have phones, transportation barriers, lack of marketing strategy

Idea

- Can we ask consumers how they found access information?

Referrals

Someone comes into your CE access points and is assessed; what is the referral process to the appropriate “next step” in CE? Who decides and how is the decision made to refer someone to your housing programs?

Main Themes

After Hours Coverage and ESP:

- Numerous responses regarding how to connect people to hotel vouchers during off-hours

HARA Referral:

- Responses regarding housing referrals were straight from the HARA, one using Call Point specifically

Shelter:

- Focus on referrals to shelters, specifically that there aren’t resources to do so reliably

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Notable

- Potentially people focused to after-hours access here because its so large an issue. More comments about shelter than permanent housing

By-Name List

Who attends your by-name list meetings and why? How do you populate your by-name list and where does it live?

Main Themes

Not Going Well-- Issues:

- Too many people to manage effectively
- Too few people—no one on the list
- People need prevention

Going Well--Partners:

- Case mangers
- HARA
- SSVF, Youth
- Shelter, PSH

Automation:

- Every two weeks most common
- Highest VI gets opening
- Able to make cross-county referrals
- Lists generated in HMIS for chronic and youth

Notable

- Divided between those having it go well, and those where it's bad or non-existent
- Idea of the tabbed worksheet, a person is entered on every project-type they are eligible for

Assessment

Who administers the various VI-SPDATs in your LPB? At what point are the Vis administered; at first contact, after X days in shelter? Etc.

Main Themes

The Right-Away Camp:

- At call-in, walk-in or shelter check-in

The Wait-Two-Weeks Camp:

- Waiting two-weeks before
- One said if they sense distress they'll do it at entry, then re-verify in 2 weeks
- Another said they wait but have a need for shelter in the interim

Shelter Role:

- If there are shelters, they frequently do the VI, potentially after 2 weeks time

In-Person:

- Shortly after first call, set up in person meeting to do VI, at least three answered this way

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- Using something like Street Outreach to get out to people for in person assessments

Full SPDAT:

- Most aren't, one comment the full is done if VI seems inaccurate

Notable

- Questions around racial equity, might need supplemental tools
- How this interfaces with DV providers is interesting
- Unevenness of waiting or not and if this changes based on shelter availability

Prioritization

Which populations are the top of your prioritization procedures? How did your LPB come to agreement on those priorities?

Main Themes

Struggle is Real:

- Multiple answers of no prioritization in place
- Issues with who would participate in the process, what tools to use

Sub-population Order:

- For those with Prioritization, chronic homeless was the top, followed by youth
- One LPB said families are prioritized after LPB vote and data review

Prevention:

- One asked about the VI-SPDAT for prevention

Tools:

- Uses a modification of the SSVF tool

Notable

- One LPB said prevention is prioritized
- Another wants to prioritize mental health—ADA training & chronic definition could help here
- Follow up—are Veterans prioritized for all resources or just Veteran-specific ones?