

Accessing Our

Homeless Response System

Values



Transparent



Equitable



Consistent



Community-led Prioritization



Furthers goal of ending homelessness

Timeline of Change

- November 2019 – February 2020 - Revisioning of assessment process and system mapping
- March 2020 –
 - Elimination of VISPDAT
 - Priority Pool shift
 - Implemented phased assessment
- June 2020 – SPARC presentation at SMAC Governing Board
- July-September 2020 – Prioritization discussion based on racial equity in homeless response system
- October 2020 – Implemented new prioritization to further racial equity goals

October recommendations to Governing Board

01

Prioritize Youth
(completed)

02

Increase outreach to Native Youth

03

Educate provider community about **racial disparities** in folks being deemed **unreachable** or **disengaged**



October CES Committee follow up

this does not reflect who we are serving

The representation of those mostly served or actively homeless does not seem represented.

How we need to increase our services to represent who we actually serve

BIPOC is incredibly low to who we see as homeless

- It's evident from data and experience that we have an equity issue related to Access

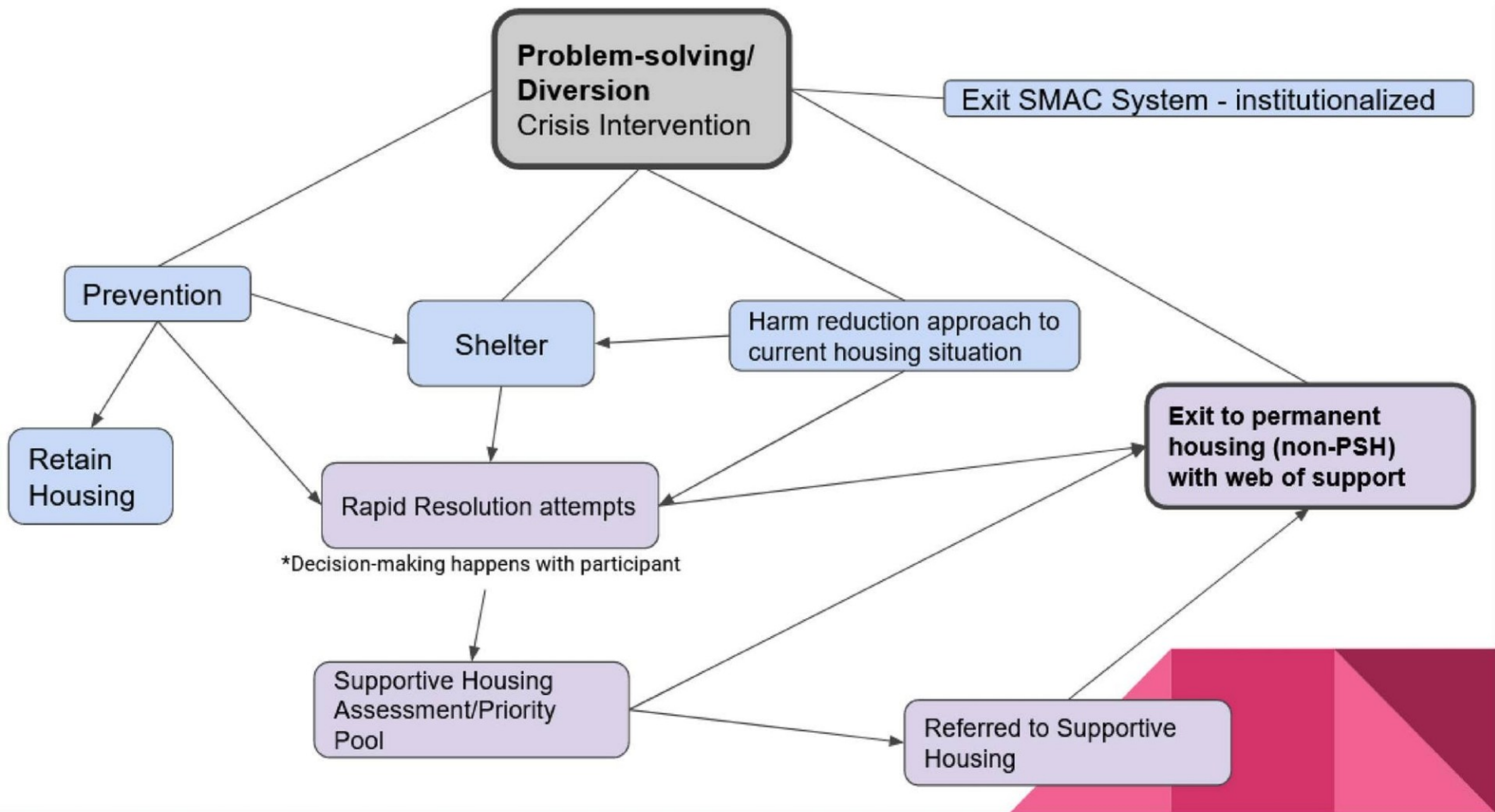
Access to What?

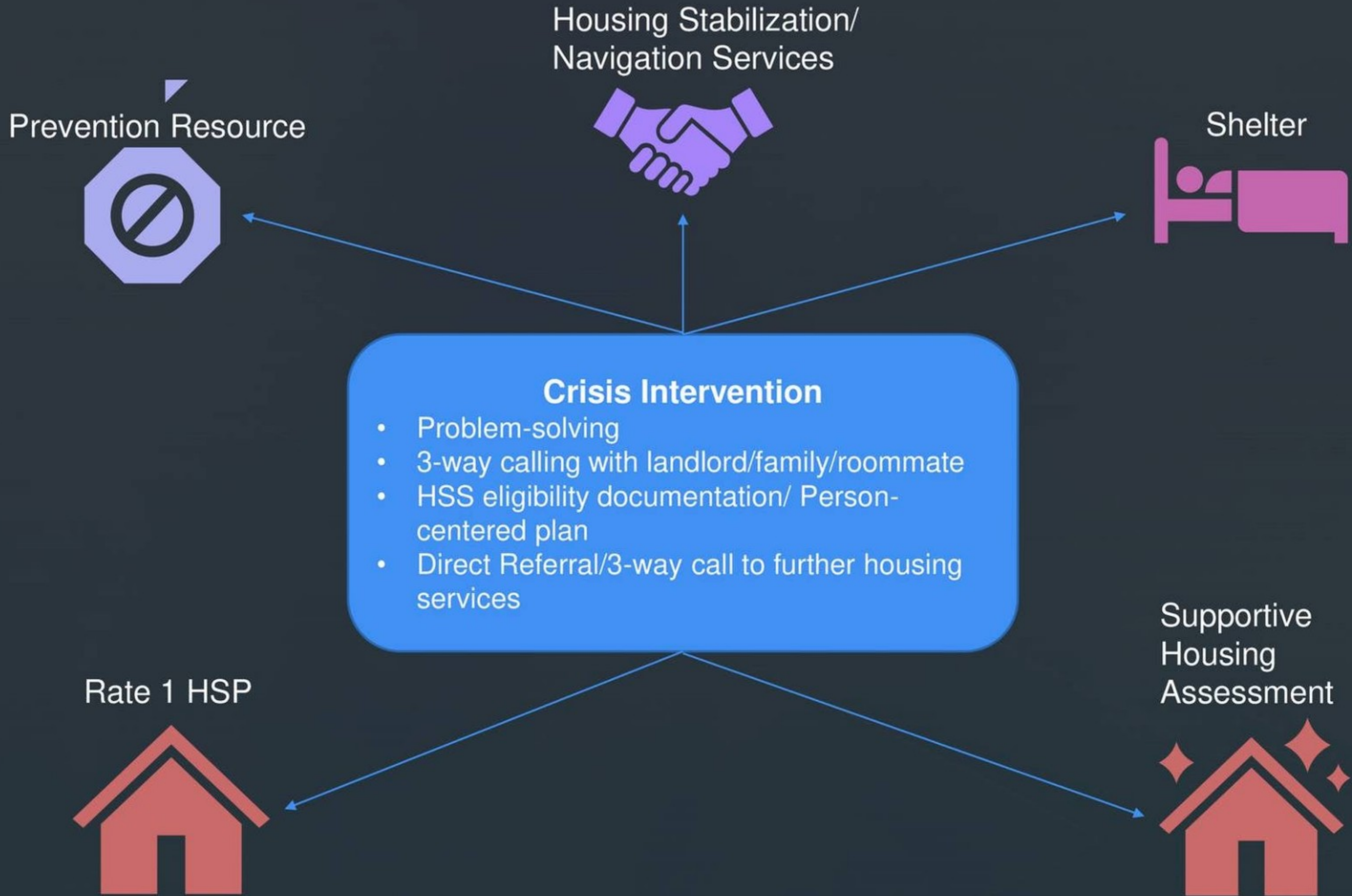
Directors Council Request

- Problem-solving
- Prevention assistance
- Emergency shelter
- Housing Stabilization Services
- Low-barrier, non-homeless housing
- Subsidized Housing lists
- Supportive Housing

Current System

- Problem-solving
- Supportive Housing
- The rest varies agency-by-agency







Breakout Sessions

- What are the pros/cons of adding a Crisis Intervention component to our homeless response system?
- What would we need to do to ensure this component would help eliminate racial disparities in access?

What are the pros/cons of centralized Access?

The idea in general is amazing - it just takes so much more inter-communication and knowledge of what's changing in each area

Pros = people feel heard, and get the info they are seeking so they know what to do next. Cons=call volume would be very very high, would need many staff to provide the kind of service outlined, which would be costly.

Cons-Overwhelming staff needed in order to take a large volume of calls for people in SMAC. Also, would need very high communication in order to keep it efficient.

Would need a lot of staff!

Group 2 Notes: Super helpful for clients to have 1 number to call; less confusion as to who to access
Cons: A lot of staff to spend that kind of time with each staff; high call volume; expensive!

Group 2 Pros: Centralization/Efficiency/Consistency
Cons: Staff would need to be large and know everything going on in other places...turnover, change, communication lapse

Pro-appropriate referral services, lighter touch case management to help with folks to self-resolve. Would be really helpful to have one line h of going through multiple avenues.

Minimizes the run around for clients - pros! Cons - it's a lot of information for one person to know all the resources available within each county.

Turnover while we need robust staffing is really scary = need really thoughtful intentionality

What are the pros/cons of centralized Access?

It could really address some of the equity issues so that everyone's getting similar information even if they're not as 'savy'

This was a need identified in SMAC discussions as well as at the Director's Council, so it seems like a clear need. the current system is very confusing

Pros- one place to get help decreases confusion, real time resolution to problems, one place for non housing providers to direct their clients to
Cons - how will we pay for it, coordinated entry was supposed to be this, but is not, hard to implement

Group 2 Pro: Address equity-youth ability to know/access a system doesn't determine the amount of help or what help they get

Capacity - marketing - IT

Pro: most person centered for people in housing crisis, parity in data collection, lowers challenge of accessing other resources (brings new resources into our system!!), and more accurately identifying missing resources. Cons: Revert to catch-all

Pro is consistency and a very focused lens
Con is capacity and funding

IT needs, marketing, service capacity

pros: person centered for persons experiencing housing crisis - who wants to make so many phone calls to get help
critical question: how do we ensure access for people without access to phones?

What are the pros/cons of centralized Access?

Staff, Training to all staff to be able to access the same support related to racial equity and front line support should be an option too.

2/2 unless connected by a shelter worker or other case worker, they have no idea what coordinated entry even is, what an assessment is, and how to get connected. I think that in order to shorten the time that folks spend in crisis and on the list 2/3

Pros: easy referral to make, rapid resolution opportunity, lots of information accessed quickly. Cons: centralization would threaten local community nuances and touch, central service entity not nimble enough to field widely divergent circumstances

3/3 there *needs* to be a greater public awareness and ease of access for folks who need housing and are in crisis to get assessed and get a referral.

Based on my experience since starting work in this field, I think it is going to be very important moving forward to make the public as aware and connected as possible with the CE process. The resounding response I get from folks is that, unless 1/2

What would we need to do to ensure this change would help advance racial equity?

Group 2: would really need to outreach far and wide

Need for interpreters would be high (and expensive)

outreach to diverse communities and population,
Hire multilingual staff and diverse staff in general.

We need to market and do outreach in a way that doesn't let BIPOC folks fall through the cracks. That means constant monitoring so we don't backslide, too

Marketing- getting the word out to all groups
Ensuring all ways of accessible

Group 2: We'd have to target Outreach (multiple languages, cultural experts, translation services *include this in a grant!* OR staff represents the community/language we serve)
Challenge: Lack of cultural specific organizations

adequate training, staffing, openness and willingness to humble ourselves when we don't know something or how to effectively communicate.

Assure that this is being considered in program design, assure that staff represent communities served, assure that staff have training and support needed, assure that racial equity is a constant topic of discussion and evaluation

buy-in from cultural communities
ensure access for people that are not as resourced (phones, connections)

What would we need to do to ensure this change would help advance racial equity?

Increased outreach would better ensure that meaningful connections in new communities are gained, and ensuring parity in trusted access with different demographic groups & household types that experience housing instability.

Centralization staffing would have to reflect populations served, and marketing to BIPOC would have to be extensive.

Multilingual staff instead of interpreter services since it would cut down cost. Also maybe be more culturally appropriate.

The extensive diversity of our state demands that any effort would have to account for that so would have to be lead by BIPOC

Have the Directors Council be integral in program design, selection of organization, and monitoring of the agency that plays this role

Connecting and engaging more meaningfully and building trust via outreach and other orgs in predominantly Black neighborhoods and communities

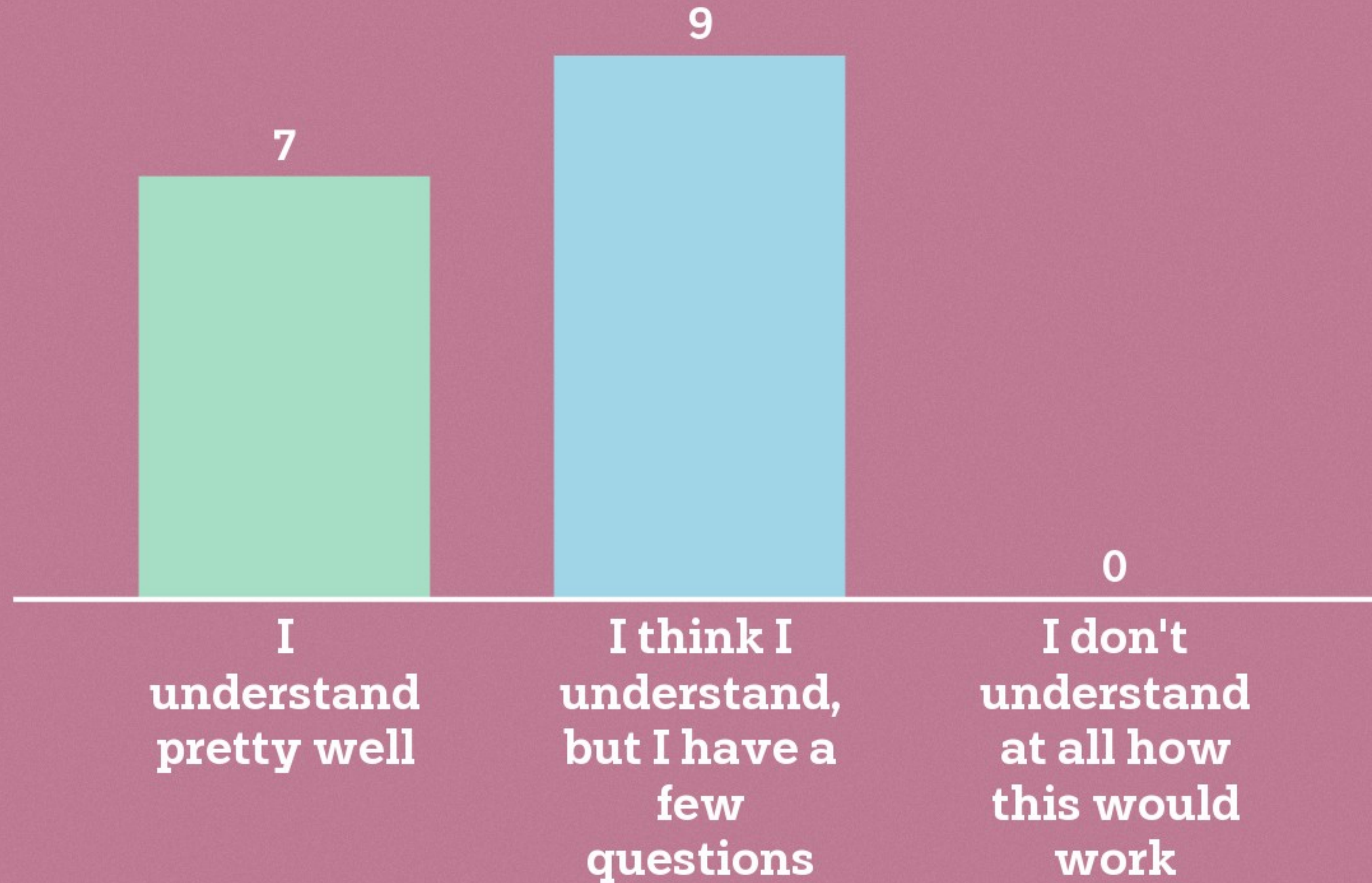
What stays the same?

- Shelters still maintain their own wait lists
- Prevention providers maintain their own intake and screening processes
- Current Access Points still complete supportive housing assessment

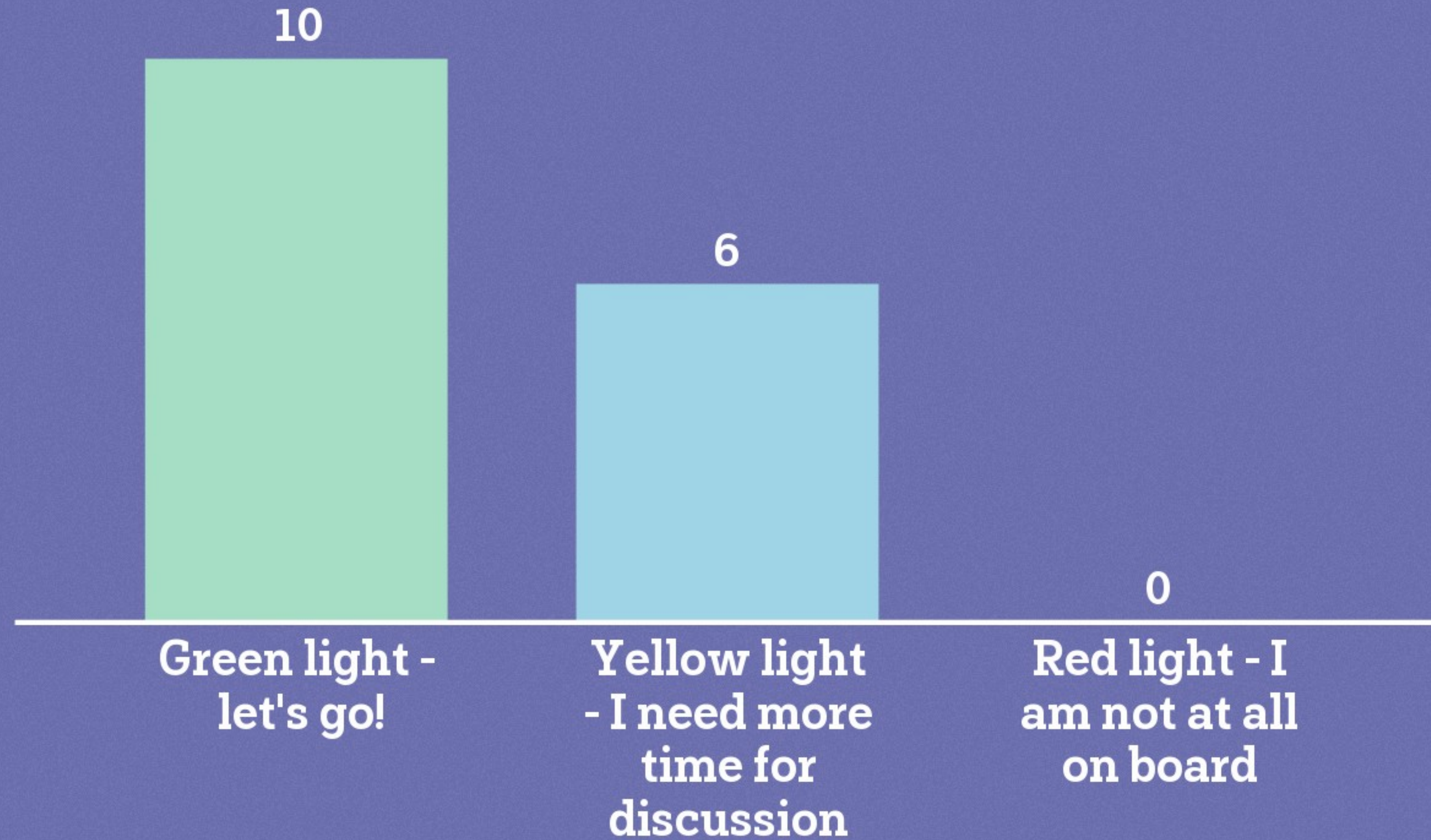
What changes?

- First call/Access marketing
- Crisis counseling
- 3-way calling, mobile to meet in person when requested
- Referral source for prevention, shelter, etc.
- Housing Stabilization consultation (eligibility/person centered plan creation)

Rate your understanding of the vision for centralized access/crisis intervention



How on board are you with this direction?



How can the Directors directly inform implementation strategy?

Director's can be very helpful in informing our outreach/marketing strategy, as well as identifying barriers in how we set it up

However they want?

I agree with what is on the screen at this point!

Consider several members of the Directors Council be involved in leading the effort in planning and strategizing (a kind of a Champion, if you will)

Share our thoughts and see what ideas spark for them

Involve the council every step of the way. Get their advise and actually implement it.

Anecdotal evidence/stories could conceivably assist in the pitch to funders