

September 26, 2014 Community of Hope Summit Table Discussions: Challenges

- support systems are typically family focused and individuals can get overlooked
- birth control and family planning
- language barriers
- bilingual/cultural issues
- less punitive resources to provide mental health services - these services are also under funded
- access to supports in the community - provide access to the community where they are
- access to workforce boulder county - information about what they are offering and sharing of info that is already happening
- child care
- more child care
- duplication of services - better communication is required
- large gap in resources - housing and child care
- who can take the lead on collaboration - adding more people to the ICM committees (time commitment)
- support needed: being more constituent led
- support needed: peer support
- figure out a way to connect our community services to where and how to refer clients
- knowledge is siloed and protected
- encourage more team work in agencies
- practice change is difficult
- more extensive partnership development to include community buy-in to prevent final hour push-back



- fragmented early childhood system
- silo of agencies and government
- school district is not involved - need better communication and collaboration
- need involvement from religious or faith communities
- no common language or definitions between community agencies program to program and agency to family
- lack of institutional memory
- removal of administrative barriers
- cross-community groups
- agencies see gap and fill it themselves when someone else could be doing it but they are protective of their clients which then creates rigidity
- federal government not allowing undocumented population access to assistance.
- undocumented population is scared to share information
- not all issues can be addressed through the generative model at this time - immigration is a huge impediment at this point just as HIV status was in the past
- cultural and language barriers
- cultural and language differences
- poor working systems
- integration of data
- integration of finance
- confidentiality in information sharing - understanding barriers and flexibility when possible; respecting each other's limitations.
- how do you measure the success of prevention efforts?
- can't share substance abuse information (42CFR)
- identify and sharing information on early indicators of high risk
- more integration of case management and resources navigation
- give client a voice in the confidentiality conversation
- families are not involved in decision making as much as they need to be
- comply with federal and state mandates - too restrictive
- front line worker workload: Dr. Sanders named that adding more requirements to child protection caseworkers actually decreases child safety
- growing economic gap between rich and poor
- debate about the role of government - responsibility of the cooperative
- align regulations and policies
- funding is being siloed - need to leverage it better

- money
- funding barriers and siloes
- jobs - liveable wages
- increased rent
- limited housing stock
- market rate rentals and rent assistance gap - can't graduate to affordable market
- high cost and low availability of transitional and permanent housing
- need funding for building
- need policy to support affordability
- cooperative living environments
- lack of affordable housing
- housing
- affordable housing
- wages
- housing
- cost of housing
- landlord tolerance
- tenant stability
- housing for DV survivors - 3 months to 2 years
- more housing
- coming to an agreement on priorities
- educating policy makers - elected officials
- support needed; keeping the big picture in view for front staff
- money
- legislation and advocacy
- disconnected leadership across county
- changed the perspective from the top down
- where to start the road map - what is next?
- DHHS closing cases too soon
- how do you manage all of the services
- change philosophy around parent education
- challenges of change - reorganizing, funding, regulation

- public is not educated enough
- need to utilize navigators to help (i.e., healthcare)
- lack of dissemination of DV information/education across community including schools
- cannot be paternalistic - label families - focus on engagement
- public awareness
- education supports
- recruitment of foster and adoption families for adolescents and sibling groups
- identifying individuals in target populations and how to reach and engage them
- reducing barriers and stigmas for families
- outreach needs to be better
- educate community
- zoning limits in county preventing additional housing facilities to be built
- if you build, they will come – never-ending need for housing
- need to repeal real estate transfer tax
- regulated differently
- regulations
- programs being built from bottom up
- trying to help everybody with everything
- limited resources
- disasters created less money and low funding
- how do you focus and balance the core missions
- moving from crisis to prevention - we must leap frog to prevention
- possible duplication of work
- policy making
- hard to be prevention focused in addition to crisis focused
- support needed: infrastructure (help to pay for the system)
- support needed: defined leadership
- split focuses - so many needs and families to connect with those needs
- find more time for case managers
- not enough time
- heavy caseload
- putting aside time, priorities, planning

- resources - time, people, money
- money staff
- increased demand
- cross training about services needs to occur
- need easier access to information about services and who they serve
- we don't have navigators - people who know all the services
- transportation
- access to transportation - bus routes, out of county
- confidentiality
- data availability - sharing data
- strategy and structure and logic model
- money, time, and capacity
- time/roles/type of intervention to clients to not overwhelm
- conflicting priorities
- where do we start creating the road map? guide process
- money, time, and people - not enough
- clients don't have resources to even access assistance
- housing - extremely low vacancy
- advocacy for affordable developments
- client buy-in/initiative - intimidating process, overcoming threshold/stigma
- public education/acceptance -change of perception
- supporting empowerment
- who can take the lead on better agency collaboration and communication between agencies working on the same problems?
- can be split focuses - so many agencies competing
- agreement on priorities
- educating policy-makers and funding sources on priorities and getting agreement on priorities
- hard to be prevention-focused when we have to be crisis-focused
- public opinion, culture, stigma attached
- infrastructure - help to pay for system, sharing data for agencies that cannot
- defined leadership
- more constituent-led
- peer support models and leadership opportunities

- remembering to keep the long-view and big picture in mind
- transparency of funding/community engagement
- need stringer relationships - collaboration and integrated services
- strengthen process
- build some smaller groups with more informed, engaged partners
- getting school districts on board
- increased number of people needing help
- bilingual staff/cultural competency
- better working systems - cloud-based - pa programs in 1 system
- DHHS closing delinquency cases too soon (prior to family stability)
- DHHS not allowed to talk about family planning
- real estate transfer tap
- knowledge and info are protected
- more teamwork needed in agencies
- integrating case managers and info navigators
- undocumented population vs access
- housing - 3 months to 2 year programming - DV
- cultural differences
- diversity, disparities
- workload - pull things back, don't add
- economic gap growing - sustainable, living wage
- role of government - responsibility - whose job is it?
- funding silos and limitations
- confidentiality - what can we share?
- coordination amongst involved parties on a case
- resources - funding for housing
- prevention not paid for
- how to change philosophy around prevention/education
- reward prevention - how to measure this?
- long-term data analysis
- fed/state mandates too restrictive - reactive policy with negative ramifications (ex. fingerprints within 5 days)
- growing population of seniors

- 42CFR - zero info sharing
 - differing regulations
 - disasters - low funding pool, increased need, compassion fatigue
 - compassion "escape" - moved away from homelessness
 - political will - leadership to implement is scarce and disparate
 - not enough time - heavy caseloads
 - market/assistance gap
 - getting people to the table - time, scheduling, relevance
 - communication and outreach
 - lack of resources
 - cannot overlook single adults
 - differing technologies
 - affordable housing across boulder county
 - educating public
 - siloed services
 - funding barriers (seamless service is affected) (ex. C4HCO vs. Medicaid)
 - agency noticing gap - tries to fill gap without recognizing someone else is already doing that
 - ability to prioritize
 - shifting of partners may require shift of duties
 - lack of communication
 - housing - cost of and access to
 - community support to housing stability
 - housing funding - rigid
 - advocacy at state and fed level for flexible funding
 - access to transportation - bus routes, out of county
 - school district involvement, communication, collaboration
 - religious or faith communities
 - recruitment for foster/adoption
 - how do you manage all of the services and who we serve?
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- no common language
 - program to program

- agency to family
- community wide
- examples: high risk, holistic, preventive services
- how to identify the individuals in target population
- marketing
- referrals
- common clients
- reaching those who haven't touched our services before
- confidentiality in information sharing
- understanding where barriers exist
- are the flexible
- respecting each others' boundaries
- client self-selection?
- client driven
- agency driven
- funding
- reducing stigmas
- system barriers to clients
- funding siloed
- families get more than individuals
- if we build it - they will come - county wide services funded by a few rather than the whole
- homeless families from other counties - bused here - limited housing availability and very high rents
- finite resources - limited housing stock
- needs bottomless
- zoning - commercial only (arrow up) affordable housing (arrow down)
- can't say no
- we try to help all, no political will to say no
- resources are needed to work together
- move from resourcing to prevention - front load vs. react
- look at collaborative community models
- what will work here?
- each agency has mission driven mandates

- core mission - how much resource can go into partnership and strategic focus?
- intentional shift to prevention = resource because it also needs to meet the basic needs
- what can be sourced to meet new target focuses / how to be strategic
- done best when partners share this same focus
- so many competing demands for focus/time: resources
- early childhood - what do we do at earliest opportunities for prevention?
- what is needed to invest in early childhood intervention?
- knowledgeable
- family friends and neighbors
- health care links for infant/toddlers
- parenting supports of all kinds - educate, support, stabilize
- more head start slots
- access and resources for families that just fall outside of eligibility domains (this is very true!)
- strengthening families quality child care and relationships - support caregiver providers
- promote protective factors (online and in person)
- how do we move away from institutional service delivery - away from that to neighborhood and families - break out of old service delivery models
- our job is to engage in ways that work for families - go to them
- not paternalistic but family driven - break down barriers - dramatic change
- how are we showing up?
- safety net - smaller steps in between
- brings prevention oriented resources collectively into the community
- engage those that are not yet at the table - beyond the choir
- non-system folks who know and have access to families
- keep getting at full-community engagement message
- start with small successes and engagement
- our partners can help share same messages through their outreach (not alone in it)
- empower shared value and message - simple shared message
- "pound away"
- resources for data collection and sharing to articulate impact and connect that data to shared assessment and what is gathered
- what is preventing coordinating services?
- outcome is prioritized

- collaborative case plan driven by family
- our ability to take risks can be supported by collective ownership and risk tolerance so we stand together and rely on each other when things don't work or need to be fixed
- bridge issues - looking at tools we can use to access to be more global (sa, dv, nutrition)
- collaborative holistic case planning
- ask the client what they need - broadly
- how do we re-align core resources to individualized and aggregate outcomes
- agreement on larger initiatives
- coordination of efforts on larger initiatives
- managing the workers (direct service providers)
- fear - provide support for day to day trauma so decisions are not made from a place of fear
- take care of the health of the workforce
- shirt-in practice: time and resources to prioritize
- create less overwhelm for staff and families by thoughtfully sharing the work and reduce duplication
- shifting to front end of case, instead of reacting to allow good assessment and coordinate multiple assessments - family wants to determine how they use the that info and better individualize
- inclusion of "partners" in front-end meetings
- regulations and policies can limit us
- lack of coordination of initiatives
- lack of clarity around where we want to focus shifts as a community to prevention
- core resources not always aligned together to outcome
- difficulty sharing data makes seeing impact differently
- data systems not robust enough
- difficult to resource the really, really, high risk persistent cases
- difficulty to access resources
- lack of focus on the early years (0-3)
- lack of resources for adolescence
- transitional and permanent housing
- funding - availability and priority - policy focus
- more partnerships and more community buy-in
- lack of dv education in schools and other agencies
- leadership to defragment education system

- less punitive resources (underlying) of mental health programs
- access to transportation - bus routes out of county
- school district involvement, communication and collaboration
- religious/faith communities
- recruitment for foster/adoption families for adolescents, sibling groups
- how do you manage all of the services and who they serve?
- remove duplication
- improve communication
- improve funding
- large gap in resources - housing and child care
- align regulation with policy
- multiple priorities in an environment where there is work overload
- inform/educate decision makers
- regulations and policies
- limited access to resources
- need to focus where we want to shift
- core resources are not always aligned together to support healthy outcomes
- data system not robust enough
- difficult to access resources and lack of focus on early years and development
- need more money, more time and more people
- services are in too many places or buildings so clients do not have the resources to even access resources
- housing – too expensive, landlord relationships need improvement and there is not enough availability
- need more client buy-in to pursue the services...stigma is still an issue
- getting people to the table can be challenging
- communication and outreach
- lack of resources
- overlooking single adults
- differing technologies
- affordable housing across boulder county is sparse
- compassion escape