RESOURCE ROUNDTABLE MEETING 6/21/19

WORLD CAFÉ SESSION HARVEST DATA

ROUND 1:

What is working well in the area of accessing services, resources & referrals for people who live in Whatcom County?

- Transfer of knowledge, not hoarding information.
- Schools Homeless Liaisons for families and children.
- Passion = active not passive, desire and willingness to serve/contribute.
- Continual evaluation/re-evaluation
- Local gathering places, neighborhoods, churches
- Strength, - agency collaboration
- People as resources, as powerhouses of knowledge
- Opportunity for feedback/involvement to impact resources & system.
- Service = Power, Access means Access.
- Clients advocate for other clients.
- Organizations & people desire connecting and working together
- Variety of resources – lots of specialties
- Many resources do well with helping identify needs and expand connections when possible.
- Geographically concentrated resources in some areas.
- More current resources due to technology that exists in our community.
- Variety of outreach and mobile resources to meet people where they are.
- Information and navigation exist and work well for some resources. Ex. SEAS
- Referral mechanisms made with person/consumer input is growing.
- Warm handoffs are great when they happen.
- Non-Profits are specialized and knowledgeable
- Bellingham has a lot of agencies that offer services.
- Strong relationships between public and private sectors.
- Access to Dumpsters
- **Some current organizations that are making a difference;**
- Whatcomtakingaction.org
- CRN – Community Resource Network
- SEAS – Connection to community resources, family based, guides care coordination. SEAS directory for children with special health care needs. Single entry access to services.
- Opportunity Council – meeting homeless needs, ease of services and meeting the demand for
- Homeless housing case management. Variety of services offered throughout the county.
- Food Banks - commitment to food security/capacity building. Provide access to hot meals.
- ARC of Whatcom County
- WTA – Whatcom Transit Authority
- Whatcom County, Bellingham and Alternative Library systems as community connectors. They provide internet access throughout the community.
- City Partnerships – i.e. Community Paramedics
- NWRC – Northwest Regional Council ; Resources for Seniors/ADR
- EWRRC – East Whatcom Regional Resource Center
- Project Homeless Connect
- Resources / ReStore
- Homes Now & Shower Truck
- Faith Based Resources
- Unity Care NW – Open Access day offering behavioral & physical health care. Opening of new Ferndale location.
- WWU – Interns and volunteers

ROUND 2

What is a better future for ease of access to services & coordinating resources & information for providers and end users?

- One stop shopping or connecting shops.
- Website App that collects resources across the different agencies; Easy to update, Pay someone to maintain, Database of reliable information that is Available for everyone to use.
- Single entry access for all resources
- Make Referrals easy; Singular community form, electronic database that makes sure the Program exists and is open for new referrals.
- Free public transit – transportation to appointments
- Points of contact – Designated "info giver" at each agency for updates.
- Dedicated people keeping resources up to date.
- Continuum of need for assistance with navigation.
- Who Does What? Avoid redundancy, Avoid duplication of services.
- More employees who speak multiple languages
- Community Navigators; Real jobs, scattered throughout the community
- More Regional Resource Centers
- Getting to Bellingham where most resources are located; can the connection to services be Mobile or services themselves?
- More service providers; more capacity for existing services
- Not retraumatizing clients by making them retell their stories to each agency.
- Psychiatrists provided for children age 4 between Skagit & Whatcom counties
- Housing priority for children age 2 or above.
- Dental services for children
- Pathways Hub – Common link for info sharing; remove barriers
- Agencies as stewards, not as gate keepers
- Warm handoffs
- Increased opportunities to meet and share knowledge
- Each agency is responsible to maintain their part of the resources. Take staff time, money To maintain.
- Develop system of consent/release of info/privacy to improve access, reduce barriers.
- Community Health Workers – Pathways Hub
- Paid training for service providers
- Spend provider/client time to make solid referrals.
- Physical Access Challenges for clients in rural areas with limited mobility.
- Coordination of care; Prioritize Need (MH, Housing, Family, Doctor, etc.)
- One Consent Form – to cover everyone. HIPPA is Highest Standard.
- Cross Training between agencies; Rules and What are available resources with other agencies.
- Case Managers – Staff person.
- End capitalism – move to worker based organizations.
- Childcare expected/incorporated into services.
- Normalize access to free housing
- Accountability when making/accepting referrals.
- Client can access info without organizational liaison.
- Centralized tool to connect users with needs to providers
- Providers/Decision makers are from/reflect the community groups we serve.
- Bring resources to gathering spots like libraries and schools, East County Resource Center.
- One Resource that Everyone uses, supports for all needs. 2-1-1 but more robust. This resource takes you straight to the complete answer, not just a link.

ROUND 3

What are possible next steps to move toward our better future?

- Develop a Referral form and or a Referral Guide for agency staff.
- Develop a centralized Intake process Database;
    - shows available spots
    - What is criteria for program services?
    - How long is the waiting list
    - Feedback and Follow-up
    - Automated "Help Me Grow" model "Within Reach Model"
    - Personal Agency responsibilities, Who? How Much Money?
    - Two way system
    - Develop community process for notifying of changes with agencies and programs.
- Ongoing Cross training between agencies.
- History inventory of past efforts; what has already been tried? How did it go?
- Resource Fair for providers and clients. Events in different locations offering fun and assistance.
- Get community/user input.
- Develop several ways for clients to access resources; WEB/Internet, Phone, in-person, other
- Database organized by user need in lay-persons terms. For community members and providers.
- Asset Mapping;
    - Inventory what organizations are holders, maintainers of Resource Service Lists.
    - HCD Human Centered Design; Process on how o address the questions and dilemmas.
    - Explore unsuspecting partners; Potential for collaboration with 211.
- Develop shared consent form. What about selective clients?
- Develop a Community Process for Agency changes or closures
    - Who, What, When, Where.
    - Who Next will fill the service gaps.
- Navigators – Mobile providers, Mobile resource ruck, flexible to level of need.
- Expand SEAS & Opportunity Council – Setup a designated system of people to keep resources up to date.
- Greater provision of services and expansion of community conversations in gathering spaces. (Senior Centers, Community Centers etc.)
- Short Term case managements/crisis management.
- toward ending transportation/language barriers
- More employees who are direct service providers = Greater involvement of these individuals at decision-making levels.
- Eliminating barriers to employment; Ex. Criminal background checks.
- Universal client database for service providers in Whatcom County to use.
- Expand Resource Centers to where people are living.
- Expand capacity for care coordination so client doesn't have to go to multiple location. Keep filling out the same forms in multiple locations.
- Open a dialogue between business/non-profits for a shared vision; Fundraising/Investment, Support and Buy-In.
- City and County government needs to invest and buy in to the system, They should be invited to Future Resource Roundtable discussions.
- Physical resources for those who don't have access.
- Resource database is a place to corral resource service. Searchable by need and provision of services.
- END CAPITALISM

Hopes for future of Resources;

- Client centered and responsive
- Clear, efficient, current, easy
- Plentiful enough
- Coordination between providers
- County-wide good referrals
- Accessible, online and physical
- Equitable, plentiful, varied
- Dynamic, Cmprehensive, Clear, Concise
- Simple, Not redundant, confidential, expedient
- Organized, Electronic, Alternative format
- One Stop Shop
- FREE
- Lived experience, Include Elders

Summary :

What patterns, themes, big ideas or big questions did you notice across the conversations?

- **Increase access to services via improved resource & referral systems.**
- **Barriers exist for privacy, liability**
- **Coordination of services across providers to support families. A point person**
- **Short term case management**
- **Shared database that can be accessed by all agencies**
- **Harness technology to increase more face time with clients**
- **Increase transportation resources**
- **More Resource Centers**
- **Reduce duplication of efforts and resources**
- **Build relationships among agencies, networks.**
- **Basic Training – Resource for Social Service organizations.**
- **Open a dialogue between business and social service agencies.**
- **Need a tech solution for bringing resources together**
- **Web based comprehensive database of community resources that is user friendly with many formats.**
- **Phone Number for clients to reach Resource information**
- **Database should have the same/common name, phone #, web address, marketing the site.**
- **Get end user advice**
- **Multi Language, vision accessible, poverty sensitive.**

Rochelle's Recap of Trends and Patterns;

- **Make Referrals easy; Singular community form, electronic database that makes sure the Program exists and is open for new referrals**.
- **Web based comprehensive database of community resources that is user friendly with many formats.**
- **Coordination of services across providers to support families. Expand capacity for care coordination so client doesn't have to go to multiple locations and keep filling out the same forms in multiple locations. Develop shared consent forms.**
- **Reduce duplication of efforts and resources**
- **Develop several ways for clients to directly access resources; WEB/Internet, Phone, in-person, other.**
- **Each agency is responsible to maintain their part of the resources. Take staff time, money to maintain and update their information.**