



Introductions: In the chat

Please chat in:

- Name
- Community
- Organization
- One thing on the horizon you're looking forward to

Introductions















Catherine Mather **Project Director**

Laura Baker **Project Manager**

Lauran Hardin **Faculty Coach**

Catherine Craig

Anna Bialik Faculty Coach Improvement Advisor

Meg Arsenault **Senior Manager**

Andi Broffman Project Advisor



Danielle Augustine **Project Manager**



Ben Bradley **Improvement Advisor**





Participating Pilot Teams



Upcoming Dates

- Anchorage April Coaching Coaching Call
 - Thurs 4/28 2-3:00pm ET / 10-11:.00am AKT
- Chattanooga May Coaching Call
 - Mon 5/23 12-1:30pm ET
- Bakersfield May Coaching Call
 - Mon 5/23 1:30-3pm ET / 10:30am-12pm PT
- Sacramento May Coaching Call
 - Wed 5/25 12-1:30pm ET / 9-10:30 am PT
- Washington County May Coaching Call
 - Rescheduling
- May All-Team Call
 - Wed 5/25 2 3 pm ET/11-12 pm PT/10-11 am AKT

Our Agenda

- 1. Welcome and Intro
- 2. Discussion: How are you engaging people with lived experience?
- 3. Presentation: Meaningful engagement of people with lived experience
- 4. Q&A/Discussion
- 5. Next Steps and Closing

Our Aim

Over the course of this 2 year Pilot initiative, pilot teams will have made measurable progress toward ending chronic homelessness, with a focus on building racially equitable systems.

Introducing our Guests



Amber Chandler Systems Improvement Advisor



Aly Ainscough
Built for Zero Consultant



COMMUNITY SOLUTIONS

Engaging People with Lived Experience

April 27, 2022





COMMUNITY

Prompt Question

How are you currently engaging people with lived experience of homelessness (PLEH) in your communities?

Design of PLEH Advisor Sessions

Scope of Work:

3 PLEH Advisors will provide guidance to Built for Zero on various elements related to projects to identify opportunities to strengthen system change ideas to reduce homelessness.

- Weekly Hour PLEH Advisor sessions with Built for Zero team & coaches connected to projects to discuss:
- Sustain trust and relationships with 3 local consultants with subject matter expertise (SME)

 Majority BIPOC Advisor Team with recent experience of homelessness (within past 5 years)

• Consultancy fee of **\$125 per hour** to reflect value

PLEH Partnership Theory of Change

BUILD AND SUSTAIN
PARTNERSHIPS THAT ARE
MEANINGFULLY ENGAGING
WITH PEOPLE MOST
IMPACTED BY THE PROBLEM
TO CREATE REPLICABLE
MODELS THAT DRIVE
REDUCTIONS AND ADDRESS
RACIAL DISPARITIES

BUILD VULNERABLE, AUTHENTIC, AND TRUSTING RELATIONSHIPS WITH DISPROPORTIONATELY IMPACTED PLEH

FORM & SUSTAIN GROUP OF PLEH ADVISORS CENTERING RACIAL EQUITY

FACILITATE HUMAN CENTERED DESIGN SESSIONS TIED TO PROJECTS
AND DISSEMINATE FEEDBACK TO TEAM

DEVELOP CAPACITY FOR PILOT COMMUNITIES TO MEANINGFULLY ENGAGE WITH PLEH

CENTER AND INCORPORATE TRAUMA INFORMED PRACTICES AND PERSPECTIVES

Emerging Learnings:

Medical Respite, Data Collection,

& Case Conferencing

Emerging Learning #1: Medical Respite

Need for medical respite facilities in communities

- 1. Homelessness already is traumatizing on the body and medical experiences can be additionally traumatic; **need for services** and place to recover in the midst of crisis
- 2. Hospital should be **connecting to services** post crisis.
- 3. Staff of hospital and respite care need to be **trauma informed** and understand real world experiences regarding PLEH
- 4. **Barriers** to recuperative care needed to be considered and addressed in order for it to be successful
- 5. Discharge should be **thoughtfully planned** and there needs to be an **exit strategy for discharge** from medical respite
- 6. There are **multiple types of medical respite models** to meet PLEH where they are and be inclusive

Emerging Learning #2: Data Collection

Information is important but how you collect it is important too

- 1. <u>How</u> questions are asked, <u>what</u> questions are asked, <u>who</u> asks the questions, and how that information will be used is <u>important</u>
- 2. Patients/clients should be treated with **dignity and respect**; many times treated with arrogance which has caused those experiencing homelessness to not come in for care
- 3. A **safe atmosphere**, primarily mentally, is needed so that people can be open and honest
- 4. Providers need to be **focused on the user** and not the paperwork; talking to the patient/client to understand them

Emerging Learning #3: Case Conferencing

The client and their advocates are needed in the conversation

- 1. Having access to information is powerful; ability to admit or refute the data
- 2. Case conferencing is like triage. Some patients/clients will be able to participate and others may not due to incapacitation
 - Need for peer advocates for patients in hospital for long period for medical condition (i.e. diabetes) or healing from surgery.
- 3. A designated advocate could be the voice for the patient/client but there is also a place for PLEH in case conferencing
- 4. For patients in ER, since chaotic this is where connection with a case manager is needed and where case manager could be connected to HMIS to better understand and inform next steps for patient/client
- 5. In case conferencing important to know a multitude of aspects such as:
 - Demographic
 - Known barriers in housing (ie. rental history, safety considerations)
 - Transportation needs
 - Awareness of housing preference (including ability to own a home)

What We Learned:



Discussion Questions

- What opportunities do you see in your system to engage PLEH?
- What barriers exist to meaningfully engage PLEH?
- What ideas do you have for next steps of engaging PLEH in your projects?

Schedule of Events Ahead



All Pilot Site Call Upcoming Content

April 27: PLE engagement on care coordination, ways to move forward with meaningful engagement

May 25: Increasing Housing Supply (housing placements)

