

**RRH Roundtable Series Session 2**  
**Assertive Engagement**

**0:00:00.0 Speaker 1:** We're gonna give about another two minutes to kick this off. So thank you all for joining. We will start promptly on the half hour here, so give us about two more minutes, thank you so much for joining.

[pause]

**0:00:45.6 Speaker 1:** I see you all are starting to find the chat there on the side of your screen, so please feel free to give a shout. Let us know where you're from, where you're joining us from. I'm gonna say this a little bit later too, but there is also a Q&A box, so chat is wonderful for letting us know any observations you have, thoughts you have, saying hello. If you do have questions for the panelists, put those in the Q&A box, it's a little easier for us to track. Yeah. Well, I'll say that again too, but thanks again for joining us and we'll get started here in about one more minute as I stop seeing this participant list tick up, so thank you all for joining, we'll start in one minute.

[pause]

**0:02:24.3 S1:** Alright. Well, we are at 1:30 here on the East Coast, 10:30 with our friends on the West Coast and a little bit of everything in between. So I'm gonna kick us off because we have, as you can see, a lot of folks joining us from all across the country as well, and we wanna have as much time as possible to hear from them. So we have still folks trickling on... We're gonna get started with introductions here, so you can hear who all these wonderful folks on screen are. Thank you so much for joining us today. And welcome to the Rapid Rehousing Roundtable Discussion Series. Today, we are gonna be discussing assertive engagement and diving deeply into case management strategies for effective Rapid rehousing. So, this is the second in a series of five candid conversations in the Rapid Rehousing Roundtable series, where we're bringing homeless service system leaders, providers, advocates, people with lived experience of homelessness and a range of other folks, together with the aim to identify and imagine and increase trends that support innovation and Rapid Rehousing services and programs and the development of best practices within communities.

**0:03:31.9 S1:** We've been doing Rapid Rehousing now as a field for a long time, but we're still innovating and we're still learning a lot, and I think a lot of folks had to adjust a lot in the past two years and have developed some new learnings from that. So, we are here to share that, to hear from each other about what's working, about what we need to be thinking about. Grateful for this panel of experts who is joining us today. So, hopefully some of you were able to join us last Tuesday for what was an excellent kick-off session, where we talked about racial equity as the foundation for approaching Rehousing work. If you were not able to join us, a recording of that should be posted shortly on the Hud Exchange.

**0:04:11.1 S1:** We are also recording this session and we'll be making that available as soon as possible. So, if you're joining us for the first time, again, each of these conversations in the series is a facilitated dialogue amongst a group of folks that we've invited here, as well as hearing your questions and answers from you as the broader audience, so because the high number of folks on the call, we're looking at... Pushing 700 right now, you're all muted, but you can and should share your thoughts and questions with us. So, as I was mentioning at the start, there is a Q&A button down at the bottom of your screen, that's gonna be a great place to submit your questions for your panelists. We'll be tracking that there and asking as many of those as we're able to get to, but we

also do have access to the chat.

**0:05:00.3 S1:** So if you have thoughts, observations, things you just wanna share that aren't necessarily a question, saying hi to everybody like you are currently doing, please feel free to do that in the chat. We're gonna be sharing some resources and stuff there as well as things come up, so you have access to both of those. I just wanna give a quick thanks to my colleagues whose faces and names you may be able to see on the screen, Kira Zylstra, Derek Wentorf, Michelle Williams and Cherita Claitt who have been amazing in helping get this set up, and you'll see their names a bunch in the chat, sharing links and answering your questions and addressing any technical challenges or concerns you may have. So you'll see them around. But the rest of the folks here that you see are a amazing group of panelists, and we're gonna have them introduce themselves in just one second.

**0:05:48.7 S1:** So I just wanna say real quick. Again, as I mentioned, today's topic is gonna be focused on assertive engagement, which means we're gonna be really doing a deep dive into best practices around Rapid rehousing case management, around serving people with the greatest needs, and Rapid Rehousing, around how to structure and support staff in delivering services in Rapid Rehousing and a whole bunch more stuff. Whatever comes up, really. But I do wanna note that, as I mentioned, this is the second in a series of five conversations, so over the next three weeks, same time, same day, we will be hosting sessions next week on landlord engagement and unit acquisition. So, you may hear a little bit about that today. Join us next week for a really thorough conversation on that, and then the week following that, we're gonna be focused on Rapid exit, and then the final week, we're gonna be bringing back as many of our former panelists as are able to join us for a session on innovations in Rapid Rehousing and a really broad conversation around the future of the intervention and what we need to be doing, so that should be really exciting.

**0:06:55.8 S1:** So, those three sessions are still coming up, just for your information to get on your calendar. So again, those are all happening Tuesdays, same time, and they will all be recorded and shared out on the HUD Exchange as well. So please feel free to come to those and share those out with your colleagues working to end homelessness in your communities. So, without further ado, I'm gonna turn things over to our amazing group of panelists who are joining us from communities, really, all across the country today, who are doing great work in ending homelessness using Rapid Rehousing as sort of a key tool in their tool box.

**0:07:30.9 S1:** So, I'm gonna let them each introduce themselves, just ask you to state your name, your pronouns, the community you're working or living in. And I would like you to share one thing that helps you feel engaged or connected to someone you're working together with. So, I'm happy to start and sort of model it, and then I will tap folks on the shoulder to go around to introduce yourself. So my name is Ben Cattell Noll, my pronouns are he and him, and I am a HUD technical assistance provider with ICF based in South-eastern Pennsylvania, and I'm gonna serve as a facilitator for today's session. For myself, I think I feel most engaged and connected to someone when we are engaging on a human level, so whether that's sharing something that's important to who I am as a person or just like something that I enjoy, what's on my mind, how I'm feeling that day, just that sort of person-to-person engagement is really important to me.

**0:08:34.9 S1:** Not to feel like too clinical or distant, but making that human connection is always really helpful for me, and feeling connected to somebody and engage with somebody. So I will... Next step, let's start on the East coast and we'll move West, which... Let's see. Who's probably

furthest east? Meghann, you wanna start?

**0:08:58.3 Speaker 2:** Sure. I'm Meghann Cotter, I'm the Director of Micah Ministries. We are a coalition of churches in the Fredericksburg area that specifically works with the street and chronic homeless, so there are folks who are oftentimes left out of other services in our community. We do a little bit of everything, from basic street outreach or what some may even recall in reach through a day center that we operate, to Rapid Rehousing, permanent supportive housing. In a pandemic, apparently, we run a hotel shelter. But so we truly do a little bit of everything in trying to help folks move off, literally off the street back into permanent housing.

**0:09:45.7 S1:** What helps you feel engaged or connected to somebody?

**0:09:48.8 Speaker 2:** Oh gosh, I knew I was missing a question there. Gosh, these days, I just think it's spending time with people and being able to... Whether it's in our disconnected Zoom world or even in person, it's a good way to connect.

**0:10:11.3 S1:** Thanks, Meghann. Tem, let's go with you next.

**0:10:16.0 Speaker 3:** Hello, everybody. My name is Temitope Fagbemi. I am the Director for Technical Assistance and Training for the District Alliance for Safe Housing, where we serve survivors of domestic violence in the Washington metropolitan area. One thing that makes me feel connected to people, I definitely believe, is engaging... In-person engagement with people. I definitely feel that makes me feel more connected and that gets me going throughout the day. Thank you.

**0:10:47.5 S1:** Thank you. Carolyn?

**0:10:51.4 Speaker 4:** Yeah. Hi everybody, my name is Carolyn Hanesworth. My pronouns are she/her. I'm a Professor of Social Work at Mercy College in New York City, and I'm also a researcher, consultant and trainer with the Center for the Advancement of Critical Time Intervention at Hunter College, Silverman School of Social Work in New York. And I'm here primarily in that context, I was the Project Director for a multi-year study that aimed to examine and implement CTI for Rapid Rehousing across the state of Connecticut, which is where I met Ben, who was also instrumental in that effort. And since then, I've been working with CACTI to really disseminate the model across the country, and Canada, by providing training and consultation in CTI, now all online, all on Zoom.

**0:11:45.2 Speaker 4:** So that's what I do. What helps me engage with others? Definitely people that are open to learning, humble... This work is so hard, there's no easy answer, so I think anybody who's willing to share their struggles and challenges as well as their victories, really be open and vulnerable, I think that helps me engage. And definitely also a sense of humor. I just started a Zoom training with some folks in California, and just as I was beginning, somebody stopped me and said, "You know, you didn't tell us where the bathrooms are" [chuckle] And I was like, "Oh no, I made a mistake," and then I realized it was a joke. I was so grateful because, again, our work is so heavy, so anybody who can lighten it, I definitely wanna work with them. Anyway, thank you so much, I'm excited to be here.

**0:12:40.0 S1:** Thank you. Let's head up to Michigan. Vera, would you like to say hey?

**0:12:48.4 Speaker 5:** Hello, I'm Vera Beech and I am the Executive Director of Community Rebuilders in Grand Rapids, Michigan. We serve five counties in Michigan, surrounding Kent County, and my pronouns are her and she. One of the things that is really helpful for me in connecting with folks is really taking the time in that very first interaction to be very intentional and welcoming. And for me that often means offering something to drink, making sure that there isn't an immediate need for food, and then also just really inviting them to share a little bit about what's really important to them on that day and why they're there, but then also sharing a little bit of what's important to me, and while I'm there and really beginning to build a productive relationship that's built on an equal partnership.

**0:13:44.0 S1:** Thank you. Alright, let's head south of there. Rie, you wanna go next?

**0:13:52.2 Speaker 6:** Hi, I'm Rie Azamoresh, she/her/hers. I am mixed, identify as Arab. I'm feeling some imposter syndrome, listening to all of these people on this panel. Wow, I'm honored that I get to be starting a conversation with y'all. I guess I'm a TA provider now, that's kind of what I do and I work around the country. I am in Austin, Texas. I never know if I'm supposed to lead with this, it feels kind of tokenizing of myself to do it, but I'm going to. So I've got lived experience of homelessness as a young person, and now work in spaces working in youth homelessness and race equity and homelessness around the country. So it's kind of cool and kind of weird and uncomfortable.

**0:14:44.9 Speaker 6:** I feel kind of uncomfortable right now, which is actually a way that I actually do feel most engaged is being allowed to make mistakes or feel uncomfortable and feel like that's not going to reflect on my ability to stay alive or to keep having work or to keep just being with people that can hold and create a space where it's like, "Yeah, it's okay..." I've done a panel before where I dropped an F-bomb and everybody was cool about it, but it was like a HUD panel, so I was like, "Oh my God, what did I do?" So yeah, I think for me, that's definitely... Yeah, yeah, that's me.

[chuckle]

**0:15:28.2 S1:** Thanks, Rie. The chat loves you. [chuckle] Summer, I think you're our next person in that geography. You wanna say hey?

**0:15:35.8 Speaker 7:** Yeah, hi, I'm Summer. My pronouns are she/her. I'm also located in Austin, and I'm also a person who has experienced homelessness, I was treating chronic homeless on and off for seven years. So that's part of the perspective I bring. I also serve on the COC governing board of Austin Travis County, and have been a big part of shaping our governance as well as adjusting our coordinated entry system and all that fun stuff. But I think the perspective I'm going to bring on Rapid Rehousing is going to be as someone who has been a client of that system. Thank you.

**0:16:20.3 S1:** Thanks so much, Summer.

**0:16:23.8 Speaker 7:** Oh, I didn't say I...

**0:16:26.9 S1:** Yeah, how you're engaged.

**0:16:27.0 S7:** I agree with Carolyn about humor. I agree with Rie about making leeway for mistakes. I think also the thing I like to bring up is the ability to respectfully disagree in order to not tokenize people, you need to treat them as intellectual equals, and that means that we disagree sometimes. And I think that's what makes me feel engaged with is to be able to do that as equals, so... Thank you.

**0:16:57.3 S1:** Thanks, Summer. Alright, and then I think we are headed to California. Who wants to go first from St. Joseph Center? Dr. Adams Kellum, you wanna go first?

**0:17:07.3 Speaker 8:** I'll go first and I was just thinking, "Ben, you got an angiography." I'm so impressed. [chuckle] Dr. Va Lecia Adams Kellum, I'm the President and CEO of St. Joseph Center. St. Joseph Center has been serving low-income and homeless individuals for 45 years, it's our 45th anniversary, hence the backdrop there. And we have four main pillars of service: Outreach and engagement, housing, mental health, and education and vocational services. My pronouns are she/her/hers. And I think what really helps me engage with people is work with folks who are walking in their purpose, kind of leaning into their authentic selves and using their authentic voices, so Rie and Summer and all of you, I really love this idea, being authentic and real. That's how we get this work done. Great to be with everyone.

**0:18:00.2 S1:** Thank you. And then Maia, I think we have you, last but not least.

**0:18:02.6 Speaker 9:** Hi. Maia Eaglin. So good to be with you, guys, I'm from the East Coast, I love to see the DC, and New York and everything. So good morning and good afternoon. My preferred pronouns are she/her/hers, and I'm the Director of Family Services and Rapid Rehousing at St. Joseph Center. And I agree with what everyone said. When that question was first asked, I like to be curious, I like to be curious about who people are and be really transparent, or the other word is authentic, and I like to be... Even though we might be in a role as a panelist or I know someone was like, are feeling nervous... Whatever, that that's okay, that that really brings the good conversation, reminds us how human we are, and we're not just experts. We're people with an entire past in history that brings us to the space.

**0:19:03.9 S1:** Thank you. I gotta know, I'm feeling nervous too, and I'm a person... I'm a theater major and I love this, but I feel like I really wanna honor this next... Not any hour and a half anymore that we have, 'cause I feel like all of you could speak for the next 60-90 minutes, and I would love to hear what you have to say, so I'm feeling a responsibility to make sure that we hear the best that all of you have to offer because, yeah. I just really appreciate all of your sharing already, but wanna kick things off so we can hear from you about this really important topic of engagement. So I think I'm gonna start with a question to Vera in Michigan. You are I remember encountering your work many, many years ago now, I feel like you've been doing Rapid Rehousing since the beginning of time. So Vera, I would just be sort of interested in how you've seen Rapid Rehousing evolve in your work, where you started and where you are today, and what have been some of the highs and lows along the way?

**0:20:02.0 Speaker 5:** Absolutely, thank you. I think... So we began providing Rapid rehousing services in 2006, and to be honest, back then our community thought we were crazy and rogue and that it would never work. And there was a really strong belief that we were just putting... Throwing money at landlords was the thing that people would often say, not recognizing the efforts that went into helping persons to connect to the supports they needed to stay stably housed.

**0:20:34.7 S5:** I think the other critical thing that really changed over time was in our approach, we had started out with a set amount of assistance, so we basically sat down with a team of our staff, not with consumers, but with our staff and thought about, well, how much money do we have and how do we make this go and serve as many people as possible. And we came up with \$6,000. So for really the first couple of years, we were providing about \$6,000 of rental assistance. And then we got smart and we started engaging more with our consumers and finding out what they really needed. And what was really striking was that, the amount of financial assistance decreased from \$6,000 to \$3,001 on average that we were spending on in household. So those were really significant changes. And then the other significant change that I'll mention is the population. Because it was 2006 and Rapid Rehousing was new to a lot of folks, we actually started out with individuals who had been living on the street, who often had zero income. So there was our very first experience. So that's not the typical norm, and a lot of folks think that you've gotta start with families and lower acuity and things like that. And so watching that transition has been really important, as folks have understood that Rapid Rehousing is a really relevant solution for many folks who are also experiencing a long-term and chronic homelessness and it may not be within a family.

**0:22:12.3 S1:** Thanks, Vera, I appreciate that. And so I'm gonna turn the next question to St. Joseph Center to Dr. Adams Kellum and Maia. I think hearing how this has sort of transformed in a place like Michigan, I'm curious... I remember it from doing this work myself, going around and talking to other folks who said, "You know our community... We like Rapid Rehousing. But in our community, rents are too expensive, vacancy rates are too low." But then I'd go and talk to folks, I was doing in Washington DC, and then I hear from folks in Los Angeles who are doing this and thinking like, "Oh well, if they could do it in Los Angeles, then probably you could do it in your community," but I'm interested in what you've seen and the challenges you've experienced, but also how you made it work in a really unique community like yours.

**0:23:02.7 Speaker 9:** Thanks Ben. Yeah Different communities have different challenges and for sure. I think over the past 10 years in serving families and individuals, when it first started, the funding stream was very specific, and while it was still following a Housing First model, it really was a light touch, so it was four months of assistance and people were fairly successful it was maybe four to six months and we had landlords knocking on our door saying, Hey, I wanna be a part of this program. You kind of fast forward and you look at the change of the landscape and in compounding social problems as well as just the increase in the rent and the lack of a living wage, you do have more challenges, and those were ones that I think what was really good is that as the communities came together.

**0:23:51.4 S9:** The different service providers came together to really talk about what is changing now, looking at these exact factors and looking at how they could advocate for additional supports, and that really meant bringing in other community partners. So it wasn't just about how much can we give someone... And we did increase the amount that we give folks, it went from four months to six on say, one to 12 months with now we serve up to 24, and that was based on the reality that not all folks are gonna be a little low barrier and some folks are coming in, the tire barriers, and the barriers that are sometimes just about not having a job that will provide enough funds to meet the rent, but I think what really worked for us was coming to the table and being highly collaborative, so that was bringing in not just the Rapid Rehousing providers, but DMH, LAUSD, Department of Public Health, Workforce Development, child care all the kind of things that you can lean into

outside of the community that could really support the rental assistance.

**0:24:54.6 S9:** So that has really been, I think, the high collaborative care and really looking at how Rapid Rehousing as sometimes just a point along the path, you have to have long vision that sometimes Rapid Rehousing is an entry port that can have a medium-term goal and then a long-term goal, but really being able to look at it as, we know we can tailor this to anyone, it might be harder for other folks, but knowing that from the onset with a really thorough assessment, we can plan and we can let partners know what we're gonna need coming down the line. So that's kind of how it's changed over the years.

**0:25:32.4 S1:** Thanks so much. And Meghann I know, I'm gonna put the next question over to you. I know in our conversations, and in your sharing about kind of who you serve at Micah and Fredericksburg, you've mentioned serving folks who have been homeless for a really long time, serving folks that may have really high need. So I'm so curious as to how that's evolved in how you've wrapped Rapid Rehousing into your work, even serving folks with really, really high needs.

**0:25:58.3 S2:** Yeah, so the folks we... My organization actually exists because the downtown churches in Fredericksburg saw that there were people that were not fitting into some of the more run-of-the-mill systems and programs in our community, and so we were specifically created for the people who weren't gonna be able to stay at shelter, who weren't gonna be able to be in some of those more traditional programs. And so we tend to approach a lot of things from how-can-I-say-yes approach, which doesn't necessarily mean that it's... Many times we feel like we're inventing best practices. So Rapid Rehousing, I think for us has been something that we've somewhat tripped into, because we serve the population that by and large, people don't believe that can be housed in some ways. And so long before there really ever was Rapid Rehousing money in our community, we tripped into what is now known as shared housing, because people were oftentimes living together in campsites or bend in buildings or places not meant for human habitation.

**0:27:12.1 S2:** And they were living together, and so we didn't have any money for case management or financial assistance, but we wanted to get people off the street, and it very much was this natural progression of saying, "Well, there's two people in the woods and they each have \$750 a month and one \$750 a month is not enough to afford an apartment, but two \$750 a month, well, at least they can, they have more money coming in into the house than the rent is." And we very much, just through trial and error, started putting people in housing and trying to figure out what it would take to make them successful. And then money has come after that, and we've been able to get more organized and equipped to be able to even to do it better. But it's very much been an organic process of identifying that there are people with unique challenges that need housing and trying to figure out how to make it work.

**0:28:10.0 S1:** Thanks, Meghann. So we've sort of talked broadly about who's being served. Tem I'm gonna direct this next question over to you, I'm interested in... As we're sort of thinking about the particular sub-population that you serve, which are folks who are fleeing or survivors of domestic violence. And what are some of the unique aspects that come into play that you all have had to adapt your services to make sure that you're serving folks at their level of need through Rapid Rehousing.

**0:28:45.6 Speaker 3:** Hello, everybody. So in 2016, we started working with the Department of Human Services that serves homeless populations and has a DV community organization. We came

in actually looking for gaps in their systems, and we went in saying, "Okay, if a survivor of domestic violence is coming into the homeless system in Washington DC, what are the challenges that they're actually facing?" And through that, we've realized that survivors of domestic violence who needed Rapid Rehousing weren't being approved for Rapid Rehousing because of the assessment process. So one of the first things that we changed was actually to take down the assessment process to get services for Rapid Rehousing. We've realized that very, very few survivors of domestic violence had a history of homelessness.

**0:29:29.2 S3:** And typically, if you have a long history of homelessness, you would typically be approved for Rapid Rehousing. But survivors weren't being approved. So we took down the assessment process at the Department of Human Services for survivors of domestic violence to be approved for Rapid Rehousing. We saw a jump in service and in on our service delivery. We went from serving maybe close to, about 10 survivors to 15 survivors a month to over 100 survivors a month. And then what we did was we leveraged the rest of the other services that we provided, which is transitional housing, emergency housing programs, we leveraged those programs against Rapid Rehousing. So pretty much just giving our survivors options. And so what we did was, "Hey, we have Rapid Rehousing, we have emergency housing, we you have a shelter, we have permanent supportive housing," and we leverage all these programs for survivors and actually give them options to pick what services actually work best for them and where they are, and their continuum of care.

**0:30:28.9 S1:** Thanks. And Rie I think we're gonna put the next question over to you. So you mentioned your work with youth experiencing homelessness, and just sort of wondering about the specific adaptations of Rapid Rehousing and so what you've heard about some of these things about who you're serving, how people are being served what needs to happen in order to authentically engage young people experiencing homelessness in Rapid Rehousing?

**0:30:56.9 S6:** That was a lot of questions, Ben. [chuckle] I think a big one, there's a couple of... I wanna answer a couple of things and then I'd actually rather hear from Summer, if that's okay. But I do wanna say two things and then pass this over.

**0:31:09.6 S1:** Please.

**0:31:10.6 S6:** Cool. Yeah, so I think one of the things... And somebody mentioned this, I don't know if it was, in the Q&As or if it was in the chat. But so like with housing first, right? There has to be wrap-around services. There has to be a full suite available and not at capacity in order for this to be successful, when especially, especially for young folks moving in. There's so many additional challenges. This may be the first time you've ever rented, you don't have a credit score to look at, or you do and it's garbage 'cause nobody told you about credit cards and you got really excited for six months. There's just... There are additional barriers. And also thinking through pieces around that isolation. I'm so sorry, I don't remember who was saying on here about the shared housing option. That potentially could be a thing. We've found in Austin that not everybody was hugely excited about that, and there were some who were.

**0:32:13.7 S6:** I think that about that isolation piece and social connectedness piece is such a huge thing which leads into authentic engagement conversation of like when you are experiencing homelessness, you are othered and dehumanized to a level that trying to join back into a dominant culture that's been causing you harm for the last however long you've been on the street, is not an

easy task. We've found having like... We worked on, and summer again, I'm gonna stop here in like 10 seconds, 30 maybe. But we worked on our a project with young folks in Austin, that was almost like a peer mentoring situation where they were creating monthly social events, where folks who had been through Rapid and had done this process, were able to engage new folks to Rapid who were just now either enrolled, or were starting the whole process and really truly bringing this kind of connection to how do we bridge into...

**0:33:11.3 S6:** How do we bridge it back into this kind of culture that's been really abusive and awful for a long time. And that's a huge piece of this. I know it's not so deep into that programmatic side, and there's a lot of questions about like funding and this and that. And that's all real stuff, but I'm not to take engagement piece around creating spaces where folks are leading their own journey, that has to be a part of this whole giant piece. It can't just be like, "Hey, we've got this. We're gonna give it to you." It has to be like, "We've got this. What do you want? We've got this, how can we help you?" Right? And then yeah Summer, I'd really like it if you would take over, 'cause I'll just keep talking.

**0:33:54.6 S7:** Yeah... Just to bridge off of what Rie was saying with the social aspect as well as what Meghann was saying with youth, especially having street families and the isolation that it can cause with the people being moved into housing. And for some that might be difficulty dealing with isolation, and for others, it might be inviting all of their friends to stay with them and that causing issues with landlords. And so that's... I don't necessarily know if that's unique to youth, but I think it's pretty strong there. Personally, I might be a kind of dissenting voice in the room where I really struggle with the idea of putting high-barrier folks in Rapid Rehousing. This happens, especially with youth. Youth aren't really able to get disability in the same way, and they're not able to get permanent supportive housing in the same way, because we're scared that by acknowledging the barriers that some youth face, they'll be eating up resources for longer than older folks.

**0:35:02.1 S7:** But it leads to negative outcomes for people who shouldn't be in Rapid Rehousing who do need more long-term assistance. And so I know personally, I've been in multiple Rapid Rehousing programs because my time ran out in the first one, I was still dealing with my mental health, and now at this point, having done it three times, I'm doing better. But it would have seemed to have been easier if the correct interventions were applied, and when we're talking about 3-6 months of assistance that's, especially, I think in general, this is true for all folks, but especially if I'm bringing a youth perspective, there is a lot of fear around giving youth too much assistance, I think. And so that's to be the dissenting voice in the room, I think there needs to be more care applied to making sure that we're not putting folks with too high barriers in a program that's not going to meet their needs. So yeah.

**0:36:10.5 S1:** Thanks for that Summer.

**0:36:10.7 S6:** Can I share?

**0:36:11.9 S1:** Yeah, go ahead, Rie.

**0:36:13.3 S6:** Sorry. Summer to really... To echo uplift, that's a thing we saw during our... During YHDP, in where, Youth Homelessness Demonstration Program. Sorry, I try not to use acronyms too much. But that's the thing we really saw, right? Was that we created a Rapid Rehousing expanded program, that was one of the innovative projects. Not, no, it was innovative, I don't mean

to say it like that. But that was one of the projects that came out of our community, and what we found was we were serving young people... Yes, the correct intervention for the need is the key. We found that we were serving young people that have had a much higher need than Rapid could meet, and then we were not only not able to serve the needs of our youth and the young folks that we were working with, but it was also creating stress and burnout for the staff who were not prepared. Because that's not what they were expecting to have to do. That's not... You know, and so yeah, that authentic engagement piece, it's not just like case manager to client, it's also program director to the people in charge, the big decision-makers. Authentic engagement has to run that gamut just because you gotta be able to hear from the folks doing the work like, "Hey, this isn't working."

**0:37:28.8 S6:** And what is that feedback loop that allows there to be this people on the front lines telling the people who are advocating for funding, "We need you to be advocating for funding in this way, because this type of restriction on this funding is not supporting the needs of our clients," and then those folks need to be advocating to the front, to the actual funders saying, "This is why we need this to change." But that can only happen if there's full communication happening across the board and taking seriously the people that we're serving, who know best what they need, right? Yeah, okay, that's all.

**0:38:02.3 S9:** Yeah, I wanted to just echo that. You said that so perfectly, is that to other people's points like Rapid Rehousing does need intensive case management services, it wasn't built like that, but we all recognize that that is what is needed, and that it's not the only step, it's not the only step on the timeline, it is easily and for youth and many other folks too, a nice bridge to another type of care, whether it's permanent housing or whatever it might be. But the idea that we come down and we recognize that we're on a parallel process, like you were saying, from the top to the bottom is critical to the kind of burnout that we see, that we wanna hear so clearly what people are struggling with. What our clients are struggling with, what our staff are struggling with, and we wanna be able to tell them what our struggles are too. And I really appreciate. I like that you highlighted that. That we all need to be coming together and really expressing that and looking at how we come together for aligned efficacy. I really appreciate you saying that.

**0:39:02.6 S1:** Thanks. And Vera, I saw you would put a note in the chat, I just wanted to invite you to share that too and kind of your experience in using Rapid Rehousing. Sometimes as a bridge to something more high-level support and just interested to hear your experience around that, how you're making those determinations.

**0:39:18.4 S5:** Yeah, thanks. I think one of the things that we learned was really important in our Rapid Rehousing work was to not have arbitrary time limits, so we would never exit a person if their housing wasn't stabilized and they haven't had their needs met through support of services or been connected to those supports within the community, so that's really important. We've also recognized that Rapid Rehousing can be an important bridge, to permanent supportive housing for those who need it, so if we have very low turnover in permanent supportive housing in our community and we're not able to get someone who needs PSH in it, it's more important for us to get them off the street and stabilized, and often that means into a Rapid Rehousing program while we're waiting for that permanent supportive housing resource to become available. But while we're waiting, we're not just stopping, we're continuing to work on all of those supportive services that are needed and helping build natural supports across the community so that that household feels like they're gonna be stable. But for us, it's key to never exit someone from Rapid Rehousing until they're stably housed, and if a funding source runs out, we look for another funding source. So that's

really critically important, I think.

**0:40:37.5 S3:** I wanna grab...

**0:40:37.6 S5:** Just one thing to say... I'm sorry.

**0:40:40.3 S3:** I'm sorry.

**0:40:40.7 S5:** I was just saying... Just one thing about the natural supports, I love... St. Josephs Center we serve youth and young people, but the bulk of our work is single adults. But I created a program, a transitional living program called Pathways United Friends of the Children. And I love how youth can help and heal each other. And it is very empowering to help them rethink how relationships work and to... What I love is that 20 years ago we started the program, people are still living together, they're still cooking together, they're still shopping, traveling. So these are people now in their 40s. And it is incredible to see how, if you can teach them that non-familial relationships, people that they weren't blood with, that they can heal in relationships, the way they were hurt in relationships, and they can be the healing touch. And these are people who spent their lives moving from one house to another to another, who never believed they could be a part of something powerful, but once you show them that they can be a part of something long lasting, you just... You can't believe how beautiful it is. So I love what you're saying Rie and I love what you're saying Summer. For those people who need to heal in relationship, we need to put them in spaces where that can be inspired, and it is amazing what it can bring.

**0:42:03.0 S2:** I would really echo that, and I also would agree that shared housing and shared housing situations are not for everyone, but I really do... We've seen really beautiful things happen between high barrier people where I often say caregivers that are just naturally gifted and caring for others, not living with people to care for people, but just people who have a need to care for others, being paired with people who need someone to care for them really creates some interesting dynamics. And part of the reason that a lot of the people we care for are in the homeless situation they are in is because they've experienced a catastrophic loss of relationship and relationships don't work well for them a lot of times, and there's plenty of examples where people really need to live by themselves because of that, but there's also plenty of examples where people can really learn to re-engage with society in some new ways when they have good support and are in paired situations.

**0:43:14.2 S6:** Oh, I have a thing. Can I say a thing? Is it okay? I have to say it. Okay, listen, here's the thing. I love everything ya'll are saying, and I'm gonna also name... Actually, I'm gonna name two things. One, some of you have made a request that we stop using acronyms in the chat box or at least explain what they are, and I was trying to type it out but then kept getting drawn into the conversation. So ROH is Rapid Rehousing, PSH is Permanent Support of Housing. The other one that was in the message, that was right before that was TLP, which I believe is Transitional Living Program. Correct? Yes? Yes. Okay.

**0:43:43.9 S1:** Sounds correct for me, yes.

**0:43:45.4 S6:** Also in the future, if you're putting stuff in the chat, please try to put the name next to acronym, 'cause people are learning and literacy moments are important. The other thing I'm gonna say is, I'm not just saying this as somebody who was a street kid because I was for a long time, I'm also saying this as somebody who's seen all the research and stuff. Chosen family is not like... We

don't need to be taught about chosen family, you know what I'm saying? We survive because of chosen family, in fact, we get kicked out of housing because... They've done studies that have shown it's the same cycle-emotional attachments that you have with a blood relation. They've shown it. They can, there's evidence of it. I'll find the guy, if you don't believe me 'cause often I need a white man to back me up. It's alright. That's the world we're in. But there is evidence that exists that we know that when you are on the street, those relationships that you build are the same psycho-emotional, psychosocial, the same attachment that you would have to a cousin that you grew up next to.

**0:44:48.0 S6:** Or, maybe even a sibling in some cases. And so really, to me, it's much more my idea would be around the things I'm hearing is how are we opening pathways where there is a way to encourage folks to see that as a boon and not the street folks. And I know we're not supposed to... I'm sorry, not the people experiencing homelessness or lived experience or however y'all wanna say it. I don't know, there's a lot of ways to say it. I still call a street kid, I'm 38 listen, but it's really more how do y'all as case managers see that as a boon. You don't have to tell me that it's a value to my life, the core people that I traveled with and I lived with, but how do you as the person walking alongside me in my journey, in my growth, in my evolution 'cause you don't control any of that for me. You can be a guide. I do it. I did a training for a while in Southern Nevada that we talked about Rapid Rehousing and we talked about progressive engagement models, we talked about housing problem solving. And we used this...

**0:46:03.5 S6:** We created this person called Andy, and Andy was a person that's an expert at Home Depot. And when you walk into Home Depot and I come to you and say, "I need to fix my toilet," you're not gonna tell me as an expert at Home Depot, "Well, here's where the wood section is," you're also not gonna come fix my toilet. What you will do is say, "Here are the things available to how you fix this toilet," and then you leave it up to me what I'm gonna purchase, what I'm gonna buy, and how I'm gonna do it. But you're not doing it for me. And I think that that's the key piece to all of this, is that it's we know the value of our street family, but do our case managers know the value? Do our case managers know how to leverage that value? What does that look like? And I think somebody was mentioning shared housing earlier and the potential of like, say you've got two people that are camping out in the woods together, well, maybe they would be down to do some shared housing together and you could offer that to them. So I didn't mean to get preachy, I get real, this is all the stuff I love...

**0:47:00.3 Speaker 8:** No, Rie I love what you're saying, because I think part of it is for us, we couldn't even get street kids and kids out of care to come in the program, if you wanted to call it like social workers and stuff, 'cause they were tired of people telling them so yes, pointing them to each other. We started something that I think is still going on 20 years later is, "Make your Thanksgiving list." I know you wanna connect with family and stuff, what if they don't show up. Make your list, go shopping together, cook and tell us what you want. You lead this. This is your non-familial gathering that you own and 20 years later, some of these kids are still doing it because and they're not... They're my kids, but because they own that and it was theirs. It wasn't staff facilitated, whatever, it was like, "Find your people, this is your tribe and you run it," so you're very... I totally agree, and I love that you're saying this, this is your experience, and I love that I've been able to walk alongside and see the beauty of it.

**0:48:04.5 S1:** I see your on mute and I was gonna kick it over to you 'cause I'm interested in how this applies to your space as well, and in folks or survivors, and everybody's had ruptures in

household experiences, but you're dealing with the specifics of population, [0:48:18.9] \_\_\_\_.

**0:48:20.4 S3:** There's a different challenge that we have and for a lot of survivors that we face, they're typically in safe houses, so they have very, very limited time. So we're looking at between anywhere from 20-30 days max and we have to figure out housing solutions in that time frame. And a lot of times they don't come to us when they first go into the safe house, they come to us when they have a week left. So we're under the gun tried to find housing as quickly as possible. And yes, Rapid rehousing has helped us a lot. But we also have flexible funds that we use, so if you are a survivor who's fleeing, who wants to go to a different state, we can financially assist you to move if you need to.

**0:49:00.6 S3:** We can assist you with first month's rent and security deposit. And so for our agency, we know the best way we've known is to provide as many options as possible to make sure that survivors understand that wherever you wanna go, if you want Rapid rehousing, that's fine. We will talk about the pros and the cons of Rapid Rehousing, 'cause there are the benefits of Rapid, yes, you have your own apartment, but then can you afford the utilities in that place? And so that's how we leverage our transitional housing program. So if you're a youth coming to us, we can say, "Hey, if you want Rapid Rehousing, yes, that's fine." We'll bring to you the pros and the cons of Rapid Rehousing, but we'll also suggest, "Hey, we have transitional housing and you can stay in transitional housing for up to two years, and if you wanna leave, that's fine, and we'll place you on Rapid Rehousing." And so for us, it's more about presenting the options for survivors and letting survivors make their choices for themselves on what they wanna do with their lives. We are just there to provide the options and make it as clear as possible, and for every service that we have, there are always gonna be pros and cons to it.

**0:50:00.7 S3:** So we just try to let the survivors pick and choose what option works best for them, and we just simply just guide them to the right path. Of course, with youth, we look at age, we look at housing history, we look at employment history, we look at the domestic violence that they're going through, so all those factors play into what kind of services we provide to any individual.

**0:50:25.7 S1:** Thanks so much for that. And I wanted to piggy back off of that and also to tie in, we are getting a million questions in the chat, which is great, and I knew we were not gonna get to all of them, it's even more maybe than I expected, but I love that you all are asking each other questions and this conversation is lovely, so thank you. I wanna Carolyn tie you in here too and see... So there's a lot of questions coming in around length of service, and we've heard folks on here talk about it. There's been a lot of discussion around how do we make connections to supportive services in our community, and so you mentioned you noticed the critical time intervention, Rapid Rehousing pilot, and I would just be kind of interested in hearing a little bit more about that as an intervention, and also particularly what you've learned about helping communities and some of the challenges and the pros that have come in navigating some of those challenges of time-limited services and making connections to things outside of the homeless system in your work in that space.

**0:51:26.3 S4:** Yeah, thanks, Ben. So I was just sitting here thinking like, "Where do I fit in here?" 'Cause critical time intervention is, it's a care coordination model. It's a case management model. It's a framework. So I'm sitting here listening to Meghann and Rie and everybody talk about these amazing... Like the collaboration element, the... Rie was really talking about the idea that we need to tune in to the youth. We have all these resources and tools, but how is it they want to use them

and what is... How can we honor their self-determination. So critical time intervention, is... We used to call it the case management model, we're really using the term, care coordination model. It's just a structure, a way to organize your care for people that really aligns with anyone who is transitioning from any kind of institution or the street to the community to living in the housed world in the community. So people can be coming from shelter, they can be coming from the street, they can be coming from doubled-up housing, they can be coming from foster care, incarceration, all kinds of places, and CTI works to... The purpose of it really is to provide a bridge, a bridge of care into the community with the aim of increasing the likelihood that that person's going to remain stable in the community and decrease the likelihood that they will return to shelter or the street.

**0:53:10.0 S4:** How do we do that? What is so special about CTI that makes it different from all the case management we've all been doing all these years? It's not perfect, it's not... When I first got into CTI, I was like, so burned out. I worked in homeless service for about 15, 20 years before I even encountered CTI. And at that point, I was like, "Can we stop with the interventions already," like "Can we just get living wage jobs and affordable housing? Why are we trying to change the people experiencing homelessness. It doesn't..." And then Daniel Herman, who's one of the pioneers of CTI, he was my professor at the time. He said, "Carolyn, yes. But in the meantime, a whole lot of people are suffering and they're going to be given case management, why don't we give them the best possible intervention? The most ethical respectful intervention?" So what CTI really promotes is small case loads, first of all, an intensive interaction in a phased-based focus targeted intervention model. So the idea is the worker asks the person, what is it? That, what happened? What is it that led you to this place of struggle, and what do we need to do to prevent that from ever happening again?

**0:54:35.6 S4:** What do you think we need to do? What do you need? And then that worker jumps into action in a very intense way to connect the person to anything they need to prevent a return to that state of life. Okay? So on the surface, it sounds great, it's like, "Yes, they need this, they need that." It's a very collaborative in partnership and in heavily resourced areas like New York City, it can work very well because we have everything here. In rural areas, it can be more difficult because when there's a lack of resources, what are we connecting them to exactly? And how long does that take? There is a time limit to CTI. Why is there a time limit? Well, because there's... Well, I'll just put it to you kind of straight. If you can't connect people deeply and meaningfully to the resources that exist in their community in 6-9 months, you're probably not gonna connect them, or the resources don't exist. So you have to move on to people coming through. Does that mean we abandon people and let them fail? No, we connect them to everything we possibly can, and then what I like to say is the CTI workers, which I call them in trainings, but you know that you can call them whatever you want.

**0:56:00.5 S4:** I'm trying to get them all involved with policy work, so I'm like, "Okay, if there's a deficit in your community, what are you doing about it?" If you're on the ground, seeing... People look... The frontline workers, they have all the information, they know what exists and they know what doesn't exist, but who's listening to them? So often, the executive directors of organizations don't even talk to the frontline workers. They go and they write grants, they get money for certain projects that may or may not really serve the needs of the population. So I always say take that information to your supervisor. You know what? We've got housing for these folks, we've got jobs for these folks, we don't have child care for these folks. Or there's no transportation in our community. We've got no mental health clinic, we can't get them there. So the state wants us to reduce homelessness, we need help with transportation. So CTI wraps all of this together in a way

that we hope is serving, really helping to... Helping you guys do the work that you do and complete your goals. So that's my, I hope not too long-winded attempt to explain what CTI, Critical Time Intervention is, and... Yeah, I don't know if that was helpful, Ben.

**0:57:20.3 S1:** Very helpful. Thank you, Carolyn. I appreciate that overview and I did throw, there's some really great resources from that pilot that are available online through the website of the National Alliance to End Homelessness. I threw that link in the chat as well for folks to peruse a little bit further and dive deeper. I wanna draw on a thread that I think Rie teed up for us thinking about how who is delivering the services and your comments around case managers and what they are able to see and not see, and whether they're able to see folks support networks or not. I think who is delivering the services sometimes can have a big impact on how they're received. And I wanna pull on that thread a little bit, and I'm... Dr. Adams Kellum, I'm interested in hearing from you on this, 'cause I know, and I'm gonna share this in the link as well. I think some of your work came on my radar through a really wonderful blog post you wrote around some of the transformation happening at St. Joseph Center around your staff and around looking at them. And this would be really interested in hearing about the transformation that you've seen as you've engaged more diverse staff, staff that involves people who've lived experience of homelessness and just your journey through that process.

**0:58:35.2 S8:** Thank you. Well, I was at an NAEH conference and the folks there were the authors of the Stark study, which really started to look at the over-representation of Black and Brown people among the homeless. And we, up to that point, we're really a color-blind sector, we weren't looking at the over-representation in the way we needed to. And in that study, it also looked at who's doing the work, and sadly, the vast majority of our organizations were run by White people, and the case managers were White, they were not looking like the people we're serving. Well, here I am, an African-American woman, I've been the CEO of this organization for all these years, and I'm thinking, "Okay, I wonder how we look." I have Black people and Brown people at every level of the organization, but how is it looking? And I was mortified and embarrassed that what we found in St. Joseph Center back in 2012, 'cause I went back, I was in 2017 in that conference, but I went back to 2012 and I'm like, "What does it look like?" And the same.

**0:59:30.0 S8:** We had 60% of our organization was White, 40% people of color, and the vast majority of people in power and management were White, and I was mortified and embarrassed that I hadn't been paying attention to that. And so we set out to look at our hiring practices, we looked at our job descriptions, we got rid of requirements for degrees when they were unnecessary, and we set out to really hire people who are closest to the issues, people with lived experience, people who have the experience of a long stays and incarceration. We just busted up the whole deal, and today we have 75%-80% of our organization are people of color, we have folks with lived experience at every single level of our organization, including our board. So when we talk about engagement, we're talking about really getting people into Rapid rehousing and getting them to respond. It is powerful to have someone who said, "I've done it. I get it. It's hard, it's humiliating, and I'm gonna walk alongside you." And I came up in an era where you didn't have to be a person with drug addiction in order to help someone drug addiction. You didn't have to be a person of color to help a person of color.

**1:00:41.5 S8:** So I think in my training as a PhD it's like, we learn all these things, but when it gets right down to it, it all has to be about being multi-disciplinary and meeting the clients where they are. And when you're talking about folks in deep, deep poverty, trauma, chronic homelessness, it is

powerful to have that multi-disciplinary team be led by a brother, by a sister, by a person of color who's been out there struggling, who's lost their family, who's had to deal with DCFS, Department of Children and Family Services, losing their kids and going before judges and knowing how to navigate that, navigate depression and addiction. So we are just seeing our work get so much better when we can be authentic in this space, when people have lived experience that are, for the first time, making money, for the first time, paying their own rent and being able to share that with a brother or sister and say, "I can walk alongside you. I can show you that you can do it."

**1:01:40.9 S8:** And so I love also the idea of changing someone's life, I love that as NGOs, we put money in retirement that people don't have to match because we're an organization that is giving everyone equal access. And Rie, I must tell you, I got that from a sister who worked in the mayor's office. It was not my original idea, but I went to my board and I said, look, so long when I was struggling, my agency would say, "If you match 10%, if you..." And my sister said, "That's only gonna help people who can afford to save and nobody can do that. So put it in for folks," and that's what we do. And so we're an enclave of folks that have been through it, dealing with racial trauma, chronic homelessness, the majority of my staff now say they have experienced some kind of trauma, homelessness, addiction. So we're just a rowdy bunch of lived experts trying to do our thing. Come on and join us, we're in LA.

**1:02:38.9 S6:** Where do I sign up? Can I come work with you? [1:02:40.8] \_\_\_\_\_.

**1:02:42.2 S8:** Absolutely. That's a promise.

**1:02:47.3 S6:** I'm just saying. I wanna say something different. I wanna ask you a question really and truly, because in Austin, Summer... I'm giving you some roses right now, Summer. But in Austin, Summer was a member of the Austin [1:02:58.2] \_\_\_\_\_, is a member of our leadership council associate board, I'm also a number of that. But Summer was a member of a group of seven who developed the new governance. So this group developed and it was intentionally like, we have a certain number of people who must have lived experience across the board. We've got this amazing compensation policy, and I'm gonna get real vulnerable here and hope that if there are Austin people on this call, I don't know I might be getting some phone calls later, and I'm okay with that. But the thing is that sometimes there's not preparation for what it means when we start evolving these systems, and when we start looking at power, not as hierarchical, but as collaborative. And what does that mean? And are you prepared for that? Are you sowing an ally badge or are you doing the work and getting dirty so you don't even need to wear the badge, you know what I'm saying? And so I'm curious if you have any information or any thoughts around, how is it that we work to create these spaces that are about collaborative sharing of power and not hierarchical?

**1:04:02.9 S8:** First of all, I'd love for you to call me up, come visit, we'll send you out. I wanna get with you. Okay? That's that. I'm gonna be on a panel for NAH, where I'm talking about, let's stop bringing lived experts to a table talking about something. Lived experts want to do something. They want to shape something, they want to own something, they wanna run something. Enough listening, let's just do. So along those lines, yes, I have to talk to my team about power, how are you dealing with your power? How are you doing inclusive work? Yeah, and the way you do that is by bringing lived experts in and give them authority on hiring, on firing, on how the program looks, how people get paid, and that's how you change it. And that's where the rubber meets the road, 'cause people love it until they lose power, until they lose the decision-making of it.

**1:04:54.9 S6:** Yes, and they get scared. I wanna say something to you, 'cause this is what I say on my spaces that I work in, and we really should hang out. Because one of the things I'm always saying is, I don't want an invitation to your table. Your table has never fit me. If it fit, then I wouldn't need an invitation to it 'cause I'd have already been there. What I would like is the invitation to walk alongside you, join you and build a new table. We are looking to build new tables, not sit at ones that already exist and don't work. People have been in this work for 25 years. If you've been doing this work for 25 years, let me tell you something, I love you, I appreciate you, I'm grateful to you for dedicating who you are and your soul and spirit to this work.

**1:05:29.9 S6:** But if you've been doing this stuff for 25 years, something isn't working. And now, we gotta start trying this new way, we gotta be open to it. And that means you have this... Let me tell you, you get somebody like me at the table, it's gonna get real uncomfortable, real, real quick. Not because I think that people are evil or bad, but because I'm sitting here going, you, it's like, we're having a fight in my community right now around what the threshold is for cold weather emergency shelter. And I'm sitting here going, "The people who make that determination have never once in their life slept outside when it's 40 degrees, but I sure have. And let me tell you what that experience is, and why are you the one making this decision?" So this is all the time, always. And that's the thing, it gets overwhelming. And I imagine for folks are like, "Case managers and shit here," anybody here who... Oh, I did curse. Dang it, I'm sorry. I was trying really hard not to curse. Imagine people here who are working on frontline area and feeling I don't have any power. This is all fine and good what they're talking about, but there ain't nobody sharing power with me either. You know what I mean? That's real, that's real. But that's part of how that it's all... It's gotta be symbiotic and it's gotta go in all directions, right?

**1:06:35.7 S6:** Folks who are working on the frontlines, like Dr. LaMont Green, if y'all don't know who he is, look him up, he's amazing. Dr. LaMont Green is quoting somebody all the time, I don't know who he's quoting, so I'mma quote him, saying, "Those who are closest to the problem are closest to the solution." That's real. It doesn't have to be just 'cause I slept outside or because I exited a Rapid rehousing program this summer on my own by self-resolving or however that happened, you know what I'm saying? It doesn't have to be because of that. It could be because I'm sitting here every day telling you I know what the struggles are, where we are having a hard time meeting the needs of our clients, those folks are just screaming out into the void. So what are we doing to bring all... Yeah. But I love you, and I would like to learn more about how you got people to be cool with power shifting because that's one of the hardest things, that's a barrier all the time.

**1:07:25.9 S8:** It's an everyday process. People do not wanna give up power. Maia works for me, so she knows how we talk about it every day. What people don't know is embedded in St. Josephs Center, are those kids that I described that still have Thanksgiving. A lot of them work for us. Folks do not know when they're at that table and they're in power and they're talking about, no, we don't need to put the money there, put it there, they don't know they're talking about somebody and to somebody who was in that bed when mom died. Do you understand? Who was on that street, in that tent. Who was in that vehicle sleeping every day and showering before high school. They work for us and they're running it, and I make people listen. I make VOCA listen.

**1:08:13.2 S3:** One of the things I quickly wanted to highlight, I really appreciate this panel. And one of the things that we do in our organization's we have a proactive approach. Social service is so reactive, but we try to think proactively, like what are the gaps in the systems? And so what we do

is we have our frontline staff all come together where we just do a dump dive of what are the gaps in the system, what are the pressure points in your systems? There's a pressure point in every system, so we do a dump dive where we just list of everything. We have pizza, and cake and ice cream, and everybody just does a dump dive of gaps in systems. And from there, that's how we create programs. So I just wanted to highlight that. I really appreciate this panel, I've learned so much so far.

**1:09:01.2 S1:** Yeah, I appreciate that, and I wanna follow up with that, and I think with this conversation, I also wanna note that it looks like somebody's broken all the cap... Caps lock is just on permanently for everybody in the chat and exclamation point. So thanks all for bringing your passion, it's being noted and appreciated. So there's a question that came in into us that I really appreciate, and just wanna throw it out not to anybody specific. But I think it ties into this conversation. So as we were talking about who's the right fit for Rapid rehousing? How do we prioritize services?

**1:09:33.7 S1:** How do we make this work for, I think, I will say it, I think I said, folks who have high barriers or high need households, and there was a question that came in to that. And I think Tem gets exactly to what you're talking about, and Carolyn to what you were saying too about bringing policy work into this, which somebody asked, "Are the clients or the people we're working with really high barrier? Are they experiencing multiple interlocking barriers from the system? Are the barriers endemic to the person or to the system?" And I see some stats going on. I think we know the answer to that, but how does that impact the way we provide our services? How does that impact the way we meet people and how we help them navigate this world that we know is holding them down? It's not their own barriers, but barriers that are being imposed on them. So I would open that to anybody who has thoughts about that. Yeah, it's a big question, but I think it's important.

**1:10:33.2 S8:** Can I be one minute, and I won't talk again 'cause I know I'm taking a lot of space. But I answered this in the Q&A, because I think this is really, really important and I really want everybody to hear this. The barriers are always endemic to the system. Barriers are never endemic to the client. It is never the fault of the client, because if you get down into the roots of these systems, you understand. It may look like today, "Oh, that person is, da, da, da, da, da." But it's like they say, the therapist that says, "You're not lazy, you've just used all the energy you have to stay alive." It's that. And so all of us are this system, every single person sitting here right now. The systems are nothing but people. So our duty to me, and to my mind, is that understanding when a client presents with a barrier, the client is not the barrier. The client is not at fault for the barrier, the system is. So what are the gaps in the system that we need to address them. Does that mean we gotta get down to some root stuff in address it?

**1:11:27.9 S8:** I don't know. I don't know. Maybe 400 years of White supremacy, we probably need to be looking at that. But there's all kinds of stuff we gotta be looking at. This is multi-layered. But it is never the fault of the client, and that has to be forefront in your mind always. Because if you are looking at somebody an going, "You're here 'cause you did this to yourself," there's no way you're providing care or support or need to help any human being walk on their own path. So that's all. That's all I have to say. I'll be quiet now from this because y'all might disagree with me, and that's alright too.

**1:12:00.7 S9:** I'll say that, I'm not gonna disagree with you [chuckle] at all. I do say that one of the

things is, when we look at Rapid rehousing with fresh eyes, it is always from that lens, not what has this person done wrong, but what have we not got right? And so some of those changes that are happening are really coming down to being able to do critical time intervention, requires that you have a small case load. Our system has been over-capacity for a long time, all of our systems, but recognizing too, people are coming to us with these institutional barriers, it is our job to ensure that what we say we are gonna do and can do, can happen. And we solve that together through really rich education. When people talk about working the system, we need to teach people how to work the system.

**1:12:46.3 S9:** It's not a perfect system, but this is what we're gonna do in this part of your plan, and then the next piece is what we're gonna do, 'cause we are gonna get there one way or another. But it might take some time and we're gonna be frustrated and we're gonna come back and talk about that again. It's not, we just got this plan, and it stays that way. No, we're looking at it consistently, and we're really looking at how the person is feeling in that process. Because if it's client-led and they're learning about themselves and how they interact with the system, change will always come. But you have to allow it to happen. And I think you've spoken to a lot of that. So 'cause with Rapid rehousing, I think everyone said, is it the right thing for everyone? It is a housing resource, one of which was the only resource that we had, so we did the best with it.

**1:13:31.8 S9:** And from that we've learned that it can be for everyone, but it has to come with the tailored care. For some people, it's a couple of months, for some people, they need to exit out to something like shallow subsidy, but for a lot of people, as long as that case management ratio is low and the real care is coming from client-centered, there's nothing we can't do. There really isn't. If you're wrapping that collaboration around, there isn't anything that you can't do. I always say everyone eventually gets housed, everyone eventually. And we have to stay hopeful in that, 'cause it's not eventually, but everyone will eventually be stable and it might take some times. And that's okay too, we have to be okay with that and stop saying, "Oh, now this person came back into the system and we're getting dinged for that." No, this is another time around, and it's another time to get it right. So it is part of the... The system always has to be examined through those multiple lenses. And if we keep that fresh and keep looking at it, I think it's an appropriate intervention with many different ways to use it. It's not a cookie cutter. And now I just got passionate.

[laughter]

**1:14:43.3 S1:** Anybody else wanna hop in on that? Vera, I thought I saw you come off mute like you had something to say, but I don't wanna put you on the spot.

**1:14:50.1 S5:** No, that's fine. I think the critical thing for us that we learned over time was that there were not enough supportive service in our community that were meeting the needs of people who wanted a service. But when they went to access that service, it wasn't provided in a way that was empowering to them. So one of the things that we've done is really identified ways that we can change our system so that when folks are coming in seeking help, they have choices and who they meet with and who they choose to see, but also so that we can track what is the consumer feedback about that service in the community. Historically, in our community anyways, there's been this real system of if a consumer doesn't use an employment service, for example, then there's something wrong with the consumer.

**1:15:35.7 S5:** And instead of organizations looking at, no, what is wrong about the service that

we're providing in that employment service, and how do we adjust it and bring those consumers in and ask them, "Hey what would make this worthwhile for you?" So that is really the shift that we're trying to make in our community. We're doing that through revamping our coordinated entry system, as well as a collaborative effort to bring all of cross-sector partners together in a shared network where we're sharing referrals and outcomes and sharing data so we know what works and what doesn't, and what is the consumer feedback about that program really say? So that when we are investing dollars in our community, it'd go to the most effective programs and solutions from the viewpoint of the people who use the services.

**1:16:21.3 S5:** So I think we all struggle to have that need to find all of the dollars and supports within our community, and they're just not there. And so for us, we're kind of at that point of, "How do we make sure that those programs that are most valuable and important to the people who need them and want them, are available?" And that is tough, and that's where you really come up against the power struggle is when you're talking about reallocation of resources to really impact the views and desires of persons with lived experience.

**1:17:00.4 S1:** Thanks, Vera. And Carolyn, I'll be interested you sort of in your earlier comment, you hinted at this, and I think sort of teed this off when you talked about sort of a need to be an advocate sometimes for what's needed, but I'd just be interested in digging a little deeper into as communities you work with, we're piloting critical time intervention. Again, it's like we're here... It is one thing to say let's help people connect to resources, but what if the resources aren't there? What if they're terrible? What if they're judgmental? What if people are choosing not to engage with them and it's from a place of self-protection or wisdom? Just be interested to hear you that.

**1:17:34.3 S4:** And critical time... That's part of the tenants of critical time intervention is that it's always driven by the needs of the person participating in the intervention. So in Connecticut, what happened there was the state was highly invested in Rapid Rehousing, had provided grant monies for Rapid Rehousing to 13 different agencies across the state and had asked them all to implement CTI alongside it, and so we did. And we're just kind of moving along, implementing the model, and a lot of families are being served in these organizations, and what came up was... And we also had a really powerful and robust job training program going on that was being funded by the Melville Trust at the time. So it was like these people were getting jobs and they were working and they were starting to contribute to their rent. No child care at all could be found for these families, so our number... The outcome started to reduce, people started to stop paying their rent, lose the jobs that they got, all the work that we saw, was kind of taking steps backwards. So we went to the state and we said, "You gave us all this money or you gave them all this money and you want them to come up with these outcomes that reduce return to shelter, but there's no child care."

**1:19:11.6 S4:** So the state actually jumped into action and I don't know, went down the hall in the state capital to talk the people who do the childcare work [chuckle] said we need childcare vouchers and now, and we need to have people who are experiencing homelessness or at risk be prioritized for those vouchers, and they did. And the child care money was released, and I don't know if that was a permanent thing that happened, but that's kind of an example of how you gotta take what you're seeing up to higher levels. I hate to use a hierarchical example, but oftentimes, the right hand's not talking... The tail's wagging the dog, I think is the expression. The people who know what's needed to keep people housed are not heard, they're not really asked. The people experiencing homelessness, but also the frontline workers who are there with them, their voices need to be heard too. So yeah, I can get on a soapbox for days about that.

**1:20:25.0 S3:** I think also there's a real fear about talking about gaps in systems also, because I experienced this. When I saw problems and I saw the issues with what I was doing, and I saw how survivors were being impacted, and I had to go speak and talk about these gaps it was a real pressure. 'Cause some of the people that I was talking to were people that I actually work with every day. And so being able to stand up and speak and talk about the challenges that survivors were facing, but on the other side of it, they're gonna be consequences for things that you've mentioned, in bringing up these gaps. It's real, is a real fear, especially as a black man, is a real fear because it's like, "Am I putting my family at risk by talking about these gaps and challenges." Because on the other hand, somebody's going to be talked to where... And it's just gonna trickle down. Is it gonna trickle down to me? And so sometimes that is also the real fear about bringing up these challenges and these gaps. It's good to talk about, but there's also a real fear about also bringing it up to the higher-ups to make these changes. So that's just something I just wanted to highlight. Thanks.

**1:21:41.2 S6:** I kinda appreciate you highlighting that deeply. 'Cause I think that's the thing, and that's gonna be... I hope you all don't walk away from this, and you might. And also facing your fears, that's alright. Because what we are talking about is huge, and it is a culture shift of how we do things. And so what that means is, it is super legitimate. When I got my job working, I worked in an organization that serve folks that had served me, that's how I got the job because I had been a client. And then called them up one and said, "Oh, this job looks like a good job for me." And they took me. But you know what that power dynamic meant for me? On the one hand, I'm a good story of survival and look at this, great... And they didn't do that, intentionally, and it still happened. Because they were not ready and did not understand. And this is where... So many people who hold positions of power, which I am one now, it's real scary and weird to have proximity power. I've never had that before, but what you forget is that that proximity to power means something, whether it means something to you or not.

**1:22:45.8 S6:** So when your case manager, staff worker, folks come to you or the clients that you're working alongside, you could be like me. There was still a power dynamic for me. I was coordinating a group of young people who had experienced homelessness. That was my job. But we were not on the same level. Even though I had been homeless in the same city, had gone... Knew the library, knew the rooftop, knew the dumpster, 'cause I slept and ate there, at the end of the day, I was holding a position of power. And what does that mean for how they feel like they can talk to me, how they can see that they're being heard. What does that mean, and how are we giving, like showing? When we talk about sharing power, it's put your money where your mouth is, there are lovely, lovely humans in this work that do not reflect the populations that we are serving. They are still lovely humans, and if a young black man came to talk to me, he's not gonna talk to me the way he's gonna talk to Tem, at the end of the day. It doesn't matter how [1:23:45.1] \_\_\_\_\_. I could be cool as like... It don't matter where I come from, or what my story is, right? I represent a system that has caused harm. And so we have to work on what does it look like to really have that authentic relationship? What does it look like for us to overcome what that barrier means, right? Our own barriers. We gotta interrogate that. That's all, I'm sorry.

**1:24:05.5 S3:** Yeah, and for me, that was a pressure point for me. And I had to internalize how I deal with that and how I go out there and still be able to talk about systems and gaps in systems. But for me, just being transparent with everybody, that was a struggle for me in the beginning because I worried about so many different factors around me, and trying to figure out how do I still represent and be myself in this work and not risk the funding and funders and who's gonna say what and how

they're gonna feel. So for me, that was a real pressure point.

**1:24:44.3 S8:** Absolutely. How long was it before I even brought that I'm a black mom, a black sister into the conversation? How long was it before I even talked about me and my girls going through a struggle, being married to an alcoholic? I didn't want that to taint, and I didn't want it to make me lose my good job, let's just keep it real. So for black people in this work, we need to be in this work, but we're so handicapped and... Well, and that's not the right word. Handcuffed. You know what I mean? People want us to be quiet, they want us to be tokens, but they don't want us to bring the pain, they don't want us to legitimize the suffering and the systemic stuff that you're talking about, Rie. Yes, you're never gonna change it if you don't talk about the systemic aspects, the intentional systemic aspects of what America did to put us in this place.

**1:25:45.7 S1:** Thank you so much for all of that sharing and I just just deeply appreciate you all in your vulnerability and your honesty, and there's a lot of people appreciating this too, so thank you so much. We have about five more minutes of time, and I wanna also, I wanna first acknowledge that I saw one of our panelists step off and we lost Meghann, who shared that somebody from their program has passed away unexpectedly, and so I think just as a reminder in this moment of the just fierce urgency of this work and how important it is and how life-saving it can be, and so I just wanted to acknowledge that and name that and to thank you all for the work. And to all of you listening in, who are sharing and asking questions and doing this day in, day out, and I know it's been an incredibly trying two years of doing this. So in that spirit, would just welcome in the last five minutes we have to just go back around the roundtable one more time and hear from each of you, any parting words. But I'd especially be interested in acknowledging the heaviness of the past two years, the difficulty of doing this work in the world and what you're doing. What is... Is there something that you are taking from this, that you're planning to take ahead into Rapid rehousing?

**1:27:14.0 S1:** And it could be something as practical as, "It was helpful to connect with people on the phone instead of only in person." Or something as massive as, "This is... Exposed the inequities that we knew were already in our system. And now I'm not content to be quiet anymore in the face of those." Whatever, it may be, but I'd just be interested in one thing that you're gonna carry forward in this work in the next year. And let me reverse geography this time. So let's start in California, who's coming up to lunch time. Dr. Adams Kellum, you wanna kick us off?

**1:27:52.3 S8:** So I get the first?

**1:27:56.9 S1:** Yes.

**1:27:57.0 S8:** You know, time of person to be able to say, "I'm taking Rie into this year with me, I have a feeling..." My assistant is on this and Avery's like, "Rie's your jam, I'm gonna find her." I'm like, "I already got her girl, I already texted her." So yeah, I'm desperate to do this better. I'm desperate to get my language right, I'm desperate to bring my whole self to this work now. The day George Floyd was murdered, I could not do it anymore the way I was doing it. Shame on me. Shame on us, we gotta do it better. And I need honest and authentic people to walk alongside, to hold us accountable to make sure that we use our power, authority and voice in the right way to really get this right. So Rie, you and me, and I'm just committed to keep on improving and owning my faults and trying to do a better job.

**1:28:52.6 S1:** Thanks so much. Maia?

**1:29:00.1 S9:** I think just reflecting on the past two years and what it has done to service delivery. I still remain so hopeful because so much still happened in the two years. Even from when we were so worried and we didn't know what it was, I'm just amazed, and feel so fortunate to work along folks and to be serving with folks who still went out and did the work. And finding innovative ways of... They're not innovative ways, just like, "You could still do a home visit, let's just go knock on the door and you'll say hi, and then go back into your car and hop on the cellphone." [chuckle] You know what I mean? You're still there. How do you still feel connected? And really recognizing that it was so scary, but having... The fortunate part of being part of St. Joseph Center for 10 years and being able to benefit with the growth is just wanting so much to be able to make sure that that is a process that gets extended to others. That the same care that I feel supported by gets extended not only to the staff, but to the clients that we serve. And that just means pivoting and being nimble and not giving up. Pausing and listening and getting it right. Pausing, listening and getting it right. So I feel very hopeful.

**1:30:20.8 S1:** Thanks so much for that. Summer?

**1:30:27.2 S7:** Hi. I'm not really sure what to say regarding the last two years thing, because when COVID started, I was still on the street. So my two years has been pretty good, in terms of how it's been for me personally. I wanna say, I think there have been times as I have gotten more and more into the work and I'm now doing this full-time, that I hear people say it's difficult, and it is tiring, it is frustrating. A lot of times it feels like the policies that people who aren't as connected, that come down are designed to make things as difficult and impossible as possible. But at the same time, it gives me life to be able to improve things for people, and I think there's nothing I'd rather be doing. And so just bringing that into every time I'm in a meeting, that makes me see Rie, just remembering that I'm just glad to be the person in that meeting getting mad about something, so that someone is getting mad about it. So yeah.

**1:31:53.3 S1:** Thanks so much for that Summer. Rie?

**1:32:00.1 S6:** I'm just incredibly grateful and humbled. I'm humbled by this panel, and I've been in a lot of rooms, I feel like screaming into the void, and I don't have to be there anymore, which is a weird transition in and of itself over the last few years. But just sharing the space and hearing this passion, and this chat box has been blowing up, y'all, it is like... My Facebook tag line is, "We have to do better" and that's all I want. And I want one thing, you're working with live Dex folk, please remember that I want you to call me in when I misstep. Because if you don't call me in when I misstep you're not seeing me as a whole person or giving me a chance to grow. And so, please remember that. Sometimes it's okay to be... You don't have to like, "She has a lot of experience, we gotta let her get away with it." No, I'm a human, and I messed up and I wanna do better. So help me do better, I'll help you do better. That's what I'm taking into the future.

**1:33:02.1 S1:** Thank you so much, Rie. Zera?

**1:33:08.4 S5:** I think given the pandemic and everything that we've all been through, some predominant themes that have come out for us and our team is that, change is a lot more possible than sometimes we think. And it can be hard, particularly when you're trying to make systems change and move communities as a whole. But you think of how everyone was required to move because of the pandemic, and it really kind of gives you that hope that you can make systems

change, and sometimes that's the thing that is, you know the hardest thing for my team, and often the people that we serve when they're working with the system, is dealing with it and pushing up against it over and over again, and seeing change happen really slow. So I just think that it's a good reminder for us that change does happen and it's within all of us to have the power to make the change happen, but we have to use our voice and we have to listen. And those are the two key things that I think that we've learned most from this pandemic that are gonna help us do better work going forward.

**1:34:17.6 S1:** Thank you so much. Carolyn?

**1:34:21.4 S4:** Oh, wow. Well, this conversation, I have to say, is light years ahead of any conversation I've had in the world of Homeless Services for years. So I'm just personally very inspired that people are out there that have not given up, that are still angry, but smart and angry. And are just able to really express themselves in the context of humanism and respect for themselves and others. I'm so moved. And I really wanted to thank Tem and Dr. Adams as well. It's still kind of reverberating in me, but I'm thinking about what you've shared in terms of... 'Cause I'm always saying, "Please let's fight for policy change." Like it's so easy. But I'm coming from a place of privilege, and I've never thought before about how scary that might be for people who aren't. So I learned something today, and I appreciate that. So anyway, I'm just so happy that there are people here that are caring for the work with such heart, and such courage, and such truth. And so thank you for having me.

**1:35:42.2 S1:** Thank you so much. Tem?

**1:35:45.7 S3:** I just wanna thank everybody in the panel, first of all, for being on here. I'm really, really honored and humbled. I've been taking notes the whole entire time, so I've learned a lot from this panel. I would just say in the beginning of the pandemic it allowed me and my team a chance to reflect on services and to try to figure out, are we providing the right services, and the appropriate services for all survivors that we serve? And right now, I'm dedicated to making this system accessible for everybody and making it easier for everybody to access DV services in the Washington Metropolitan area. So that's my mission, that's what I'm dedicated to, and I just wanna thank everybody and hope to see you guys soon.

**1:36:34.0 S1:** Y'all, gratitude doesn't even begin to express it, thank you so much for your sharing today. This really brought me life as well, and so much to chew on and think about. We had a 1000 people joining us and more that couldn't get in, [chuckle] because there was a cap. So we have recorded this. I anticipate it will be shared widely, and we'll get it out as soon as we can to folks through the HUD Exchange. Thank you to all of you who joined on the panel, all of you who joined at home listening in, we have three more of these. So yeah, we hope to see you back. Some of these folks will be back three weeks from now for the innovation session. But next week we're gonna talk about landlord engagement, then Rapid exit, then we're gonna have our big re-convening of folks for innovation. So please do join us. Please spread the word. Thank you, thank you, thank you. I've kept you a little bit past 3 o'clock or noon on the West Coast or anywhere in between. So thanks for sticking with us. Hope to see you all again soon. Thank you so much.

**1:37:42.0 S5:** Thank you.

**1:37:43.4 S4:** Thank you.