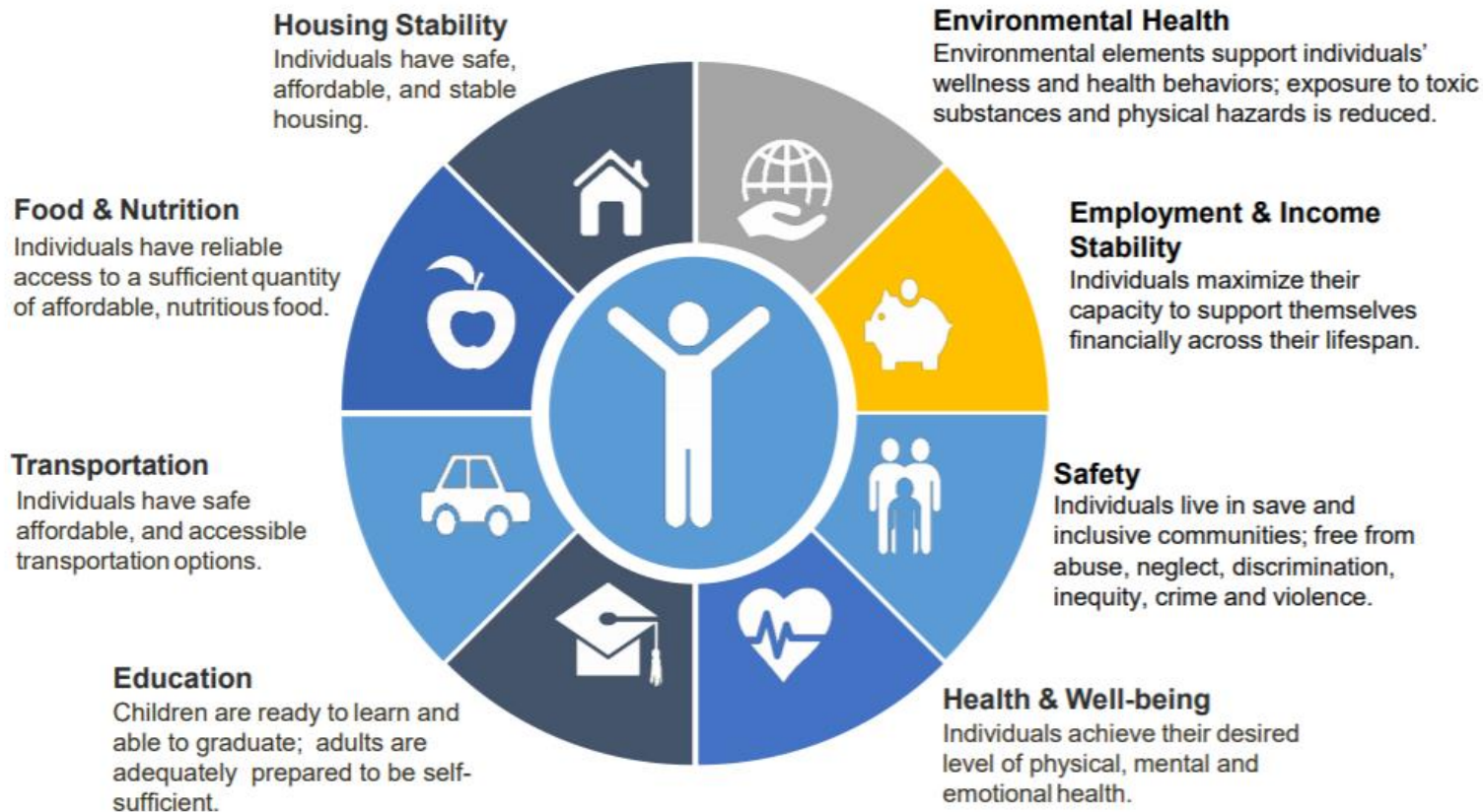


Self- Sufficiency: Best Practices for Program Design and Collaboration

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FOR: TEXAS HOUSING ASSOCIATION
AUGUST 17, 2021

Start by viewing all work through the Social Determinants of Health & Wellness Lens to Increased Self-Sufficiency & Stability



Staffing

Does your staff reflect your participants?

Organic Intellectuals/Indigenous Knowledge
vs. Professionals

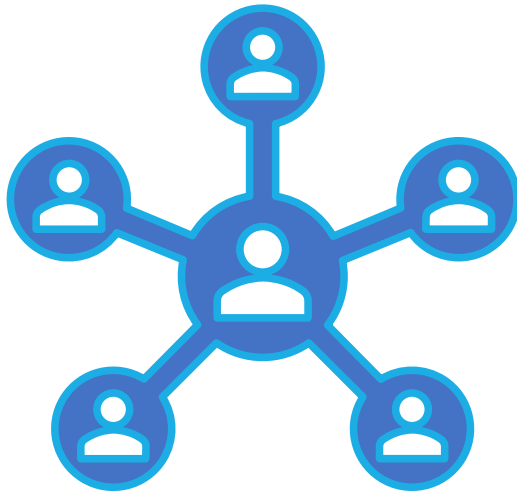
Hiring current/former residents (pro/con)

Know your HR policies

Background Checks

Drug Tests

Collaboration



- ✓ Who's at the table?
 - ✓ Who's on the menu?
- ✓ Who's missing?
- ✓ Do you include families with lived experience with your systems and services as Subject Matter Experts?

- ✓ How do you convene your partners?
 - ✓ Are your meetings helpful to your partners?
- ✓ How do you engage new partners?

Collaboration

Asset Mapping – think wholistically and creatively

Establish a comprehensive program with an array of services and Work closely with social services agencies and other non-traditional partners – *a significant portion of work time should be working with partners and building and maintaining a network.*

Cross-Train your program staff and other staff at your agency that work with your program – or COULD – like intake, rent re-cert staff, property management, etc.



Create and implement an outreach/marketing plan?

When/where/how do you recruit?



Create a “with” or an “in-group”?



Capitalize on graduates as potential “thought leaders” or mentors



Convene a focus group or leadership circle of current or former or potential participants



Use social media – for outreach and/or for communication with participants - CAREFULLY

Outreach/Engagement

Relational Organizing

AKA – It's ALL About Relationships

- ✓ Stay away from Transactional
- ✓ What's your story?
 - ✓ Self, Us and Now
- ✓ Write a Script. Test it out. Re-write it.
- ✓ Have an Ask!
- ✓ Practice!
- ✓ LISTEN 70/30
- ✓ Ask Questions
- ✓ Don't knock like a cop!
- ✓ Leave Something Behind
- ✓ Follow up
- ✓ Every encounter is an opportunity for connection

Connecting Participants to Services

A referral should include:

- Name of provider
 - Not just name of agency, but actual person
- Location of partner
- Directions to partner, including bus routes and schedules, parking information, etc.
 - Go there. Do it yourself.
- What will resident need to bring with them?
 - Fill it out together beforehand?
- How long should they plan to be there?
- A plan for the day
 - Kids?
 - Transportation?
 - Physical or Emotional supports needed?
- Do you call for/with your participants to make appointments or do they do it themselves?

Connecting Participants to Services – Best Practices

- ✓ Follow up with the provider partner
 - ✓ Is your data sharing all aggregated or do you do “co-staffing?”
 - ✓ Does the case manager function as a “hospitalist?”
- ✓ Follow up with the participant
- ✓ What do you do when a referral doesn’t go well?

Human-Centered Design

Human-Centered Design

- Key messages
- Repeat
- Important things in bold
- Only the critical information
- Request for action
- Accessible entry point

- Focus Group your messages

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of each child's school (or indicate "NA" if child is not in school)	Place a check in the box below if child is Foster, Homeless, Migrant, Runaway, or Head Start child. If each child attending school is a Foster, Homeless, Runaway, Migrant or in Head Start, skip to part 4 to sign this form.	Place a check in the box if NO income																																																
<table border="1"> <tr> <td>Foster</td> <td>Homeless</td> <td>Migrant</td> <td>Runaway</td> <td>Head Start</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>				Foster	Homeless	Migrant	Runaway	Head Start																																											
Foster	Homeless	Migrant	Runaway	Head Start																																															

PART 2. BENEFITS
 IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES (State SNAP) (FFPIR) OR (State TANF Assistance), PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SNAP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.

NAME _____ PROGRAM NAME _____
 CASE NUMBER (NOT EBT CARD NUMBER) _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME BEFORE DEDUCTIONS: List all income in the column in the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																			
	Employing firm, work before deductions	Monthly	Biweekly	Weekly	Twice a month	Twice a week	Twice a month	Twice a week	Social Security, III, VA, retirement benefits	Monthly	Biweekly	Weekly	Twice a month	Twice a week	All other income (such as Unemployment) benefits	Monthly	Biweekly	Weekly	Twice a month	Twice a week
(Example) Jane Smith	\$100	X							\$0						\$0					

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application if Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

I certify (or certify) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted. I understand my child's eligibility status may be shared or allowed by law.

Signature _____ Printed name _____
 Date _____
 Address _____ Phone Number _____ Email _____
 City _____ State _____ Zip Code _____

Last four digits of Social Security Number: ****-**-**** I do not have a Social Security Number

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Check one or more (you may check all that apply):
 Hispanic/Latino Asian American Indian or Alaska Native Black or African American
 Not Hispanic/Latino White Native Hawaiian or other Pacific Islander

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

HOUSEHOLD COMPOSITION: Weekly 1-32, Biweekly 1-26, Twice a Month 1-24, Monthly 1-12

Total Income _____ Per Week Biweekly Twice a Month Monthly Year Household size _____

Categorical Eligibility: Eligibility Free Reduced Decided Data Withdrawn

Reason for denied or withdrawn: _____

Determining Official's Signature _____ Date _____
 Confirming Official's Signature _____ Date _____
 Verifying Official's Signature _____ Date _____

Your children may qualify for free or reduced price meals if your household income falls at or below the levels on this chart.

FEDERAL ELIGIBILITY INCOME CHART for school year _____

HOUSEHOLD SIZE	Yearly	Biweekly	Weekly
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			

Each additional person _____

The Richard W. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We must share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, submit for program renewals, and for enforcement officials to help them look into violations of program rules.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, regional, and where applicable, political beliefs, marital status, benefit or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <http://www.asc.usda.gov/pubs/pdfs/3182-0101.pdf>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)950-7442 or email at program.intake@usda.gov.

Individuals who are deaf/hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 843-4134 (TDD/VOIP).

USDA is an equal opportunity provider and employer.

Complete one application per household. Please use ink.

STEP 1 List ALL Household Members who are infants, children, and students (up to and including grade 12) (if more spaces are required for additional names, attach another sheet of paper)

<p>Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read the Parent Letter for more information.</p>	Child's First Name	MI	Child's Last Name	Student? Yes No	Homeless, Foster Child, Migrant, Runaway
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

STEP 2 Do you currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

<p>Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Read the "Sources of Income for Children" section on p. 3 of the document titled "How to Apply for Free and Reduced Price School Meals"</p> <p>Read the "Sources of Income for Adults" section on p. 4 of the document titled "How to Apply for Free and Reduced Price School Meals"</p>	Child Income	<p>Sometimes children in the household earn income. Please include the TOTAL income earned by ALL household members listed in STEP 1 here. Do <u>not</u> include income received by foster children.</p> <p>All Adult Household Members (including yourself) List all Household Members <u>not</u> listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'.</p>						
	\$ <input type="text"/>	How often?	Weekly	Bi Weekly	3x Month	Monthly		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance/ Child Support/Alimony	Pensions/Retirement/ All Other Income				
	\$ <input type="text"/>	How often?	How often?	How often?	Weekly	Bi Weekly	3x Month	Monthly
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 4 Adult signature and contact information

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address Apt #

City State Zip

Printed name of adult completing the form

Signature of adult completing the form

Daytime Phone and Email (optional)

Today's date

Work Flow

Minimize

Minimize Hoops

- Documentation required
- Timing
- On-Site or Off-Site?
- Warm Hand-offs

Review

Review Your Work Flow...

- where are the dead spaces?
- Where are the places where people can get lost?

Triage

Triage Model

- PUSH, PULL, LIFT

Needs Assessment and Individual Services Plan –

Needs Assessment

- Are you using a standard tool or did you create one? Pros/cons?
- Does it ask the “right” questions for your population?
- How have you tweaked it since you started using it?

How do you decide what comes first in the plan?

- (e.g. substance abuse, domestic violence, low education, no work history... what comes first?)
- Are you able to have a “long view”?
- Do you have a standard triage of needs?

Be Strengths-Based

- What’s good? What’s working? What survival skills and informal systems have gotten them this far?

Coaching vs. Case Management

Motivational Interviewing Checklist

The checklist is intended to help practitioners tap into and support participants' internal motivation for change – a strategy known as Motivational Interviewing.

- Do I listen more than I talk?** Or am I talking more than I listen?
- Do I keep myself sensitive and open to this person's issues, whatever they may be? Or am I talking about what I think the problem is?
- Do I ask permission to give my feedback?** Or am I presuming that my ideas are what he/she really needs to hear?
- Do I reassure this person that ambivalence to change is normal?** Or am I telling him/her to take action and push ahead for a solution?
- Do I seek to understand this person?** Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
- Do I summarize for this person what I am hearing? Or am I just summarizing what I think?
- Do I value this person's opinion more than my own? Or am I giving more value to my viewpoint?
- Do I remind myself that this person is capable of making his/her own choices? Or am I assuming that he/she is not capable of making good choices?

Community Supports for Work

- AKA Mutual Aid - AKA The “Old Neighborhood” -

Mutual aid is when everyday people get together to meet each other's needs, with the shared understanding that the systems we live in are not meeting our needs and that we can meet them together, right now, without having to pressure power structures to **do** the right thing.

- | | |
|-----------------|------------|
| Soup Swap | Book Club |
| Chew & Chat | Freegans |
| Child Care Swap | Time Banks |
| Carpools | Bulk Buy |
| Walking Club | SAHP group |

[Mutual Aid 101](#)

Questions?