



# Leverage Community Partnerships for Outreach and Recruitment

AB1111 Grantee Technical Assistance  
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## Learning Outcomes

- Take stock of existing community resources.
- Create and maintain a communications strategy.
- Send a clear message.
- Provide a call to action.
- Remove barriers to understanding.



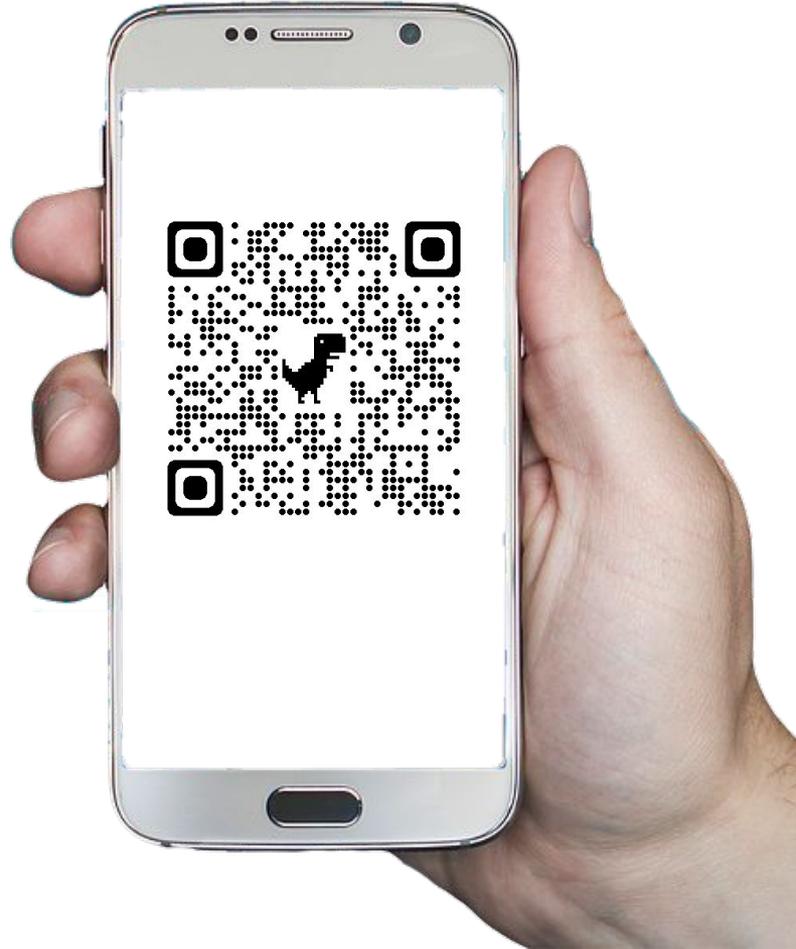
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## Tips for Success Today

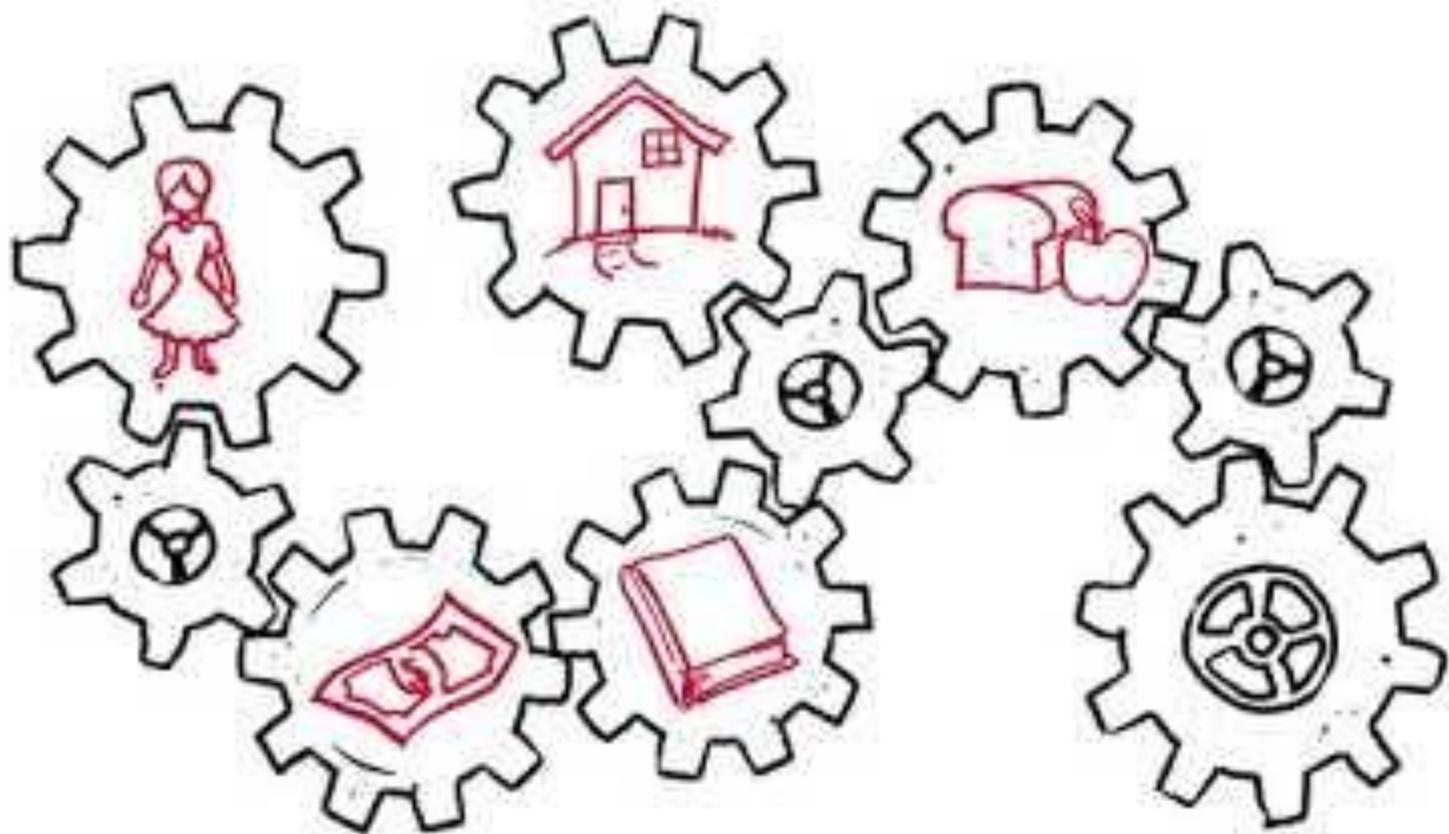
Keep your smartphone handy for QR codes.

If you have a question, ask it. *There's a good chance someone else does, too.*

Use the chat feature if you do not want to come off mute.



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## Menti Poll:

# How do you get clients?

*Open your phone camera and aim at the QR code on the screen.*



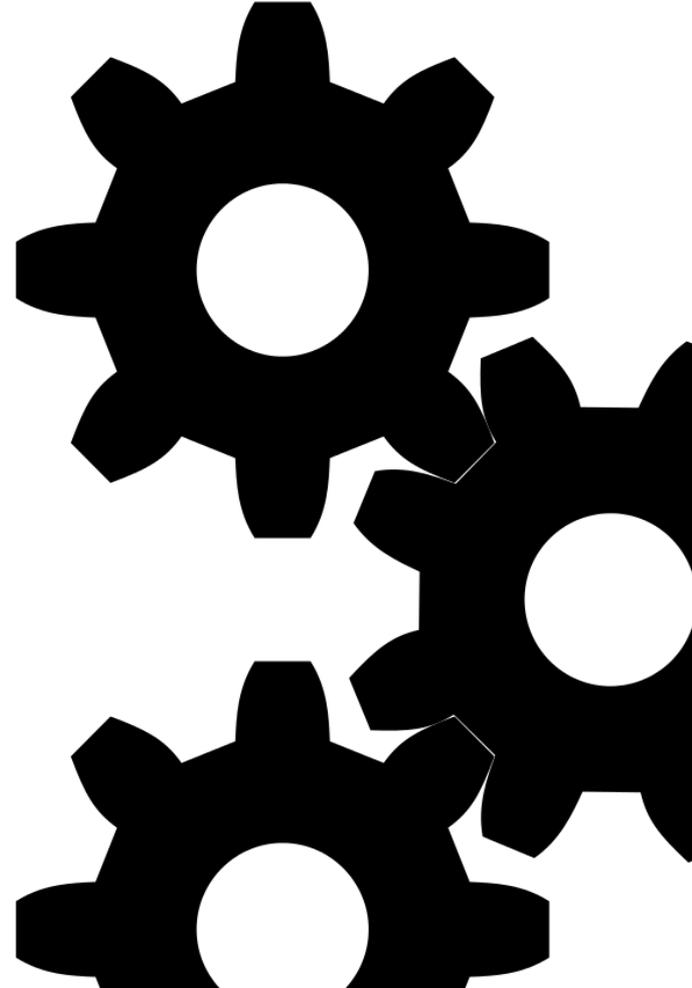
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## A Cog in the Machine

How does your program fit in your clients' growth plan?

What relationships do you have with other community partners?

Which organizations are collecting *case management* data?



# Small Groups: Who does What?

## Developing a Referral Network



Use the grid below to identify local service provider(s) for each category.  
Indicate whether your agency has an existing relationship with the provider(s).

 Food _____ _____ _____	 Housing _____ _____ _____	 Energy/Utilities _____ _____ _____	 Healthcare _____ _____ _____	 Behavioral Health _____ _____ _____
 Transportation _____ _____ _____	 Childcare _____ _____ _____	 Education _____ _____ _____	 Employment _____ _____ _____	 Income Management _____ _____ _____

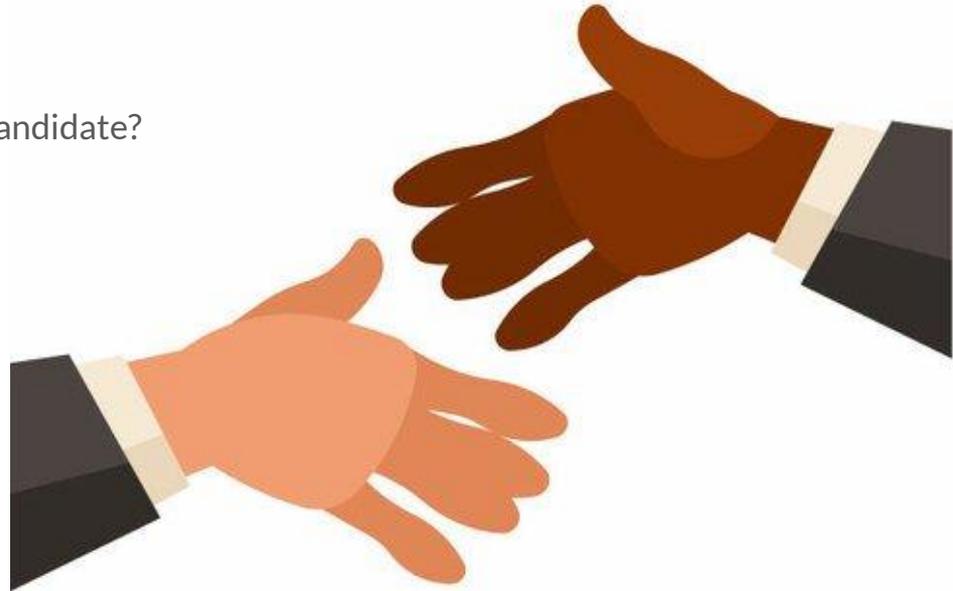
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# Approaching New Partners

Make it a Win-Win scenario

What are your referral criteria? What makes a good candidate?

How can this partner help your clients succeed?



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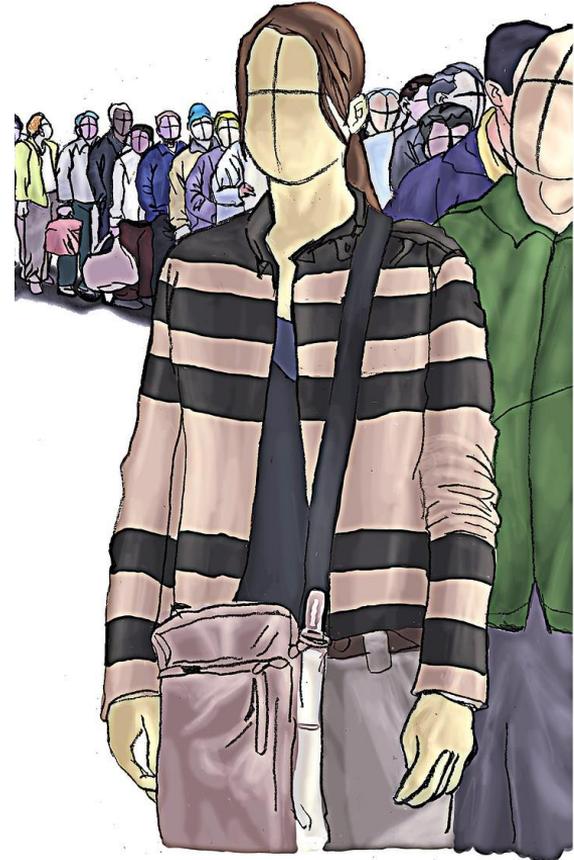
## Analyze Past Client Data

What do clients need to be successful in the program?

What consistently present challenges to client success?

What are some commonalities among successful clients?

How does the client measure on the outcome matrix? (*next slide*)



# Getting the Whole Picture

## Hinds County Human Resource Agency

BASELINE: \_\_\_\_\_ Follow-up: \_\_\_\_\_

### Parent Family Community Engagement - Family Well-Being Scale Assessment

Family Name: \_\_\_\_\_ Family Number: \_\_\_\_\_ Date: \_\_\_\_\_

Food and Nutrition- How does the family secure food?		
Thriving	Individual/Family able to afford all food-of-choice without any food programs	10
Safe	Individual/Family able to afford most food-of-choice without food bank, pantry, vouchers or food stamps	8
Stable	Individual/Family able to afford some food, occasional use of food bank, pantry or vouchers but does not receive food stamps	6
Vulnerable	Individual/Family unable to afford food; uses a food bank, pantry, vouchers, congregate meals, school based program, food stamps and/or WIC	4
In-Crisis	Individual/Family unable to afford food and is hungry	0

Housing- What is the family's housing situation?		
Thriving	Home Ownership	100
	Condominium Ownership	100
	Cop-Own Home Ownership	100
Safe	Non-subsidized rental housing	10A
	Safe and secure non-subsidized housing, choices limited due to moderate income, homeowner	8B
	Safe and secure non-subsidized housing, choices limited due to moderate income, renter	8A
Stable	Safe and secure subsidized Section 8 housing	6B
	Safe and secure subsidized rental apartment	6A
	Safe and secure transitional housing	5B
	Safe and secure subsidized public housing	5A
Vulnerable	Unaffordable home	3E
	Unaffordable non-subsidized rental	3D
	Unaffordable subsidized rental	3C
	Safe and secure domestic violence shelter	3B
In-Crisis	Temporary shelter (i.e., hotel, motel, or trailer)	2A
	Home in foreclosure	2A
	Living with relatives or friends due to crisis	2B
	Substandard or unsafe housing	1
	Homeless	0

Energy/Utilities- Can the family pay all of their energy and utility bills?		
Thriving	able to pay all utility bills without subsidy	10
Safe	able to pay all utility bills with subsidy	8
Stable	able to pay all utility bills with established payment plan	6
Vulnerable	Notice of utility shutoff, unable to pay bill(s)	3
In-Crisis	Utility shut off, unable to pay bill(s)	1

Healthcare- How does the family access healthcare?		
Thriving	Family member can afford and access primary health care and/or medicine as needed and has a medical home (established primary care provider)	10
Safe	Family member can afford and access primary health care and/or medicine as needed (uses various providers)	8
Stable	Family member has limited access to primary health care providers and/or medicine but immediate needs addressed	6
Vulnerable	Family member relies on emergency room to address primary health care and medicine needs	4
In-Crisis	Family member cannot access primary health care or obtain medicine due to geographic or transportation constraints	0

Behavioral Health-Disabilities- What is the family's disabilities status?		
Thriving	All family members are without disabilities or living actively with development	10
Safe	Family member maintains active regimen or support for diagnosis or illness through a community agency or medicine for a period greater than one year	8
	Family member maintains active regimen or support for diagnosis through a community agency or medicine for a period less than one year	7
Stable	Family member has been assessed for disabilities and has begun active plan	6
Vulnerable	Family member recognizes possible disabilities issue and is scheduled for assessment	4
	Family member recognizes potential disabilities issues but does not have scheduled assessment	3
In-Crisis	Family member in active disabilities crisis and is unable to recognize problem or need for intervention	1

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# Data-Driven Outreach

What do your people need to be successful?

Identify individuals with existing connections to services.

Clearly define how to qualify a referral.

Agree on details to share when referring in or out.





# Communication Tips

## ...with Clients

- Meet them where they are - onsite, at a partner facility, social media, email, phone.
- Feedback is data, collect it early and often.
- Automate follow-up where possible.
- Learn more about the community.
- Provide a call to action.

## ...with Partners

- Formalize MOA/MOUs.
- Stay aware of changes to programs and funding.
- Identify trends and opportunities in client populations.
- Regularly review program progress and make adjustments as necessary.



# Feedback for CalCAPA

*Open your phone camera and aim at the QR code on the screen.*

