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Human Service Collaborative Council
Barrier Busters Program Description and Agreement Form

Purpose: To establish a system for the reduction of barriers and the resolution of urgent or crisis situations between participating agencies. An urgent or crisis situation may be defined as involving one or more of the following:

- An immediate danger to the health and safety of the individual.
- Repeated, recent requests for service that have gone unanswered.
- A consumer's request has bounced from agency to agency with each agency indicating that the other is responsible.

Barrier Buster Characteristics: A Barrier Buster will:

- Be a "seasoned" employee with a significant length of service that is expected to remain with the agency for the foreseeable future.
- Have a workable knowledge of the Organization's services and eligibility criteria.
- Be able to allocate agency resources needed to resolve situations.
- Be generally available, by phone, throughout the day.
- Commit to the ongoing pursuit of innovative solutions, and participate actively in a process of continuous improvement.
- Commit to alignment with the Principles of the Washtenaw County Ten Year Plan to End Homelessness (attached)

Functions: The Barrier Buster will commit to doing the following:

- Participate in an initial orientation.
- Make every possible effort to resolve the situation that is brought to them.
- Agree to take the necessary steps to ensure an exemplary standard of service.
- Ensure that needed, meaningful connections get made.
- Authorize funds/services to resolve the problem, if appropriate.
- Follow up with either the consumer of referral source to verify that needed services were received.
- Provide the Barrier Buster group with a Log at each meeting for review by the group.
- The Barrier Buster is welcomed and encouraged to attend HSCC Action Group meetings.
- Will meet regularly as part of a Barrier Buster Group to participate in the review and refinement of the Barrier Buster process, according to a set meeting schedule.

I have reviewed the Barrier Busters Program Description and agree to participate as a Barrier Buster.

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Signature of Participant Date Signature of Agency Director Date

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Address

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Phone Email