

Washtenaw Human Services Community Collaborative

555 Towner, P.O. Box 915, Ypsilanti, MI 48197-0915
Phone (734) 544-6856
Fax (734) 544-6705

Human Service Community Collaborative Barrier Busters Action Group Leadership Agreement

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.

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.
- Be eligible to access the Barrier Busters Emergency Unmet Needs Fund.
- Commit to alignment with the Principles of the Washtenaw County Ten Year Plan to End Homelessness (attached)

Functions:

- 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 or referral source to verify that needed services were received.
- Provide the Barrier Buster group with necessary information regarding existing cases at each meeting for review by the group.
- The Barrier Buster will commit to attend the monthly Action Group meetings scheduled for the fourth Monday of every month at 1:30 PM.
- Will meet regularly as part of a Barrier Buster Action Group to participate in the review and refinement of the Barrier Buster process, according to a set meeting schedule.

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

Signed:	_____	Date:	_____
Print Name:	_____		
Title:	_____		
Agency:	_____		
Address:	_____		

Phone:	_____		
Fax:	_____		