

>> Good day. You are listening to Ability Radio. I am one of your hosts, Amelia Headley LaMont at the Disability Rights Center of the Virgin Islands. And today we are joined by a new organization that I am really excited that it exists and I would love to share with you, our community, what they are going to be doing for our community. It's a group called Community First. The director is Scott Hensley. And we're also joined by a board member by the name of Leslie Raymer. So, welcome. Good day to you both.

>> Good morning. Thank you for having us.

>> I am so interested because, you know, I suspect that the work that you do will certainly coincide with what we try to accomplish here in the territory. So, Scott, if you don't mind, just introduce yourself and tell us a little bit about what Community First is.

>> Sure. My name is Scott Hensley. I'm the Program Director over at Community First. We're located at Estate Whim, 82 Estate Whim, the building formerly known as Villa Morales. Community First emerged out of the work that Ms. Raymer and myself did at Frederiksted Health Care. So, for a number of years, we worked at putting together a homeless outreach program that really focused on the medical needs of the homeless community in St. Croix. That project began in 2016.

Really, what emerged out of that is the need certainly for housing opportunities for individuals that are homeless and permanent supportive housing possibilities for folks with chronic mental health and physical health conditions. So, out of that vision and dream, Community First emerged. We are just starting our soft launch right now. There are a number of phases to our program. The first phase is the Emergency Outreach Shelter component of this. So that's what we are walking into right now.

>> Okay. I'm intrigued by your use of the term "soft launch."

>> Soft launch, okay. Sure. Sure. So, as I said, there's a number of different components to that. So, based on community need, certainly we felt as though that emergency overnight shelter component was key. So, that is our first stage, and then we will transition into a couple of different program pieces, one of which will be an eight-bed emergency overnight shelter for women who are not fleeing domestic violence. As you know, the Women's Coalition here on St. Croix really operating a little bit beyond capacity because of that need, and so we are looking to sort of alleviate a little bit of that pressure on them and to provide a safe space for women that are experiencing homelessness that might not fall under that category of domestic violence.

So, there's that piece. And then, ultimately, we would like to build out onto the property a permanent supportive housing community based on the Community First model out of Austin, Texas. So, we are focusing on a tiny homes project to fill that need there on property. And, in addition to all of that, we have a day program. So, for those that are familiar with the Villa Morales property, that dining area/banquet hall, that will be utilized as our day room. So, that's where the case management and wrap-around services programming will occur.

>> Oh, okay. Well, I have a lot of questions.

>> Okay. Great. Great.

>> I'm very familiar with the Villa Morales property. First of all, let me ask you about this, Community First, is that a national brand?

>> Ms. Raymer?

>> So, Community First is a national model. That's what our model in Austin calls itself, Community First. Really, what the concept is that traditional housing for marginalized populations requires a number of barriers to be crossed before housing is given; right? Sobriety, for example. And that's true as well in our territory. Public housing requires folks to commit to certain behaviors. Not everybody is capable of doing that. Community First kind of turns that traditional model on its head and demonstrates, and has demonstrated very successfully in many communities, housing first for people who need housing helps them make choices to change their lives; right?

So, we invite you in. We invite you to be part of a community. We expect you to contribute to that community in some way. We will have gardens. There's always landscaping to be done. We expect everybody on site to be a participant in the community. And because often chronic homelessness is a result of being ostracized by family and community, inviting people back into a welcoming place where we're all accepted for who we are helps people heal from some of that history, that trauma.

And with wrap-around services to include behavioral and medical care, most Community First enterprises find that people can settle in, restructure their lives, attend groups, do it as they wish, on their own development plan with the help of case managers, and then perhaps move on or move into one of our permanent supportive sites. If there's someone who needs daily medication support, for example, we'll have people there that can help with that.

So, it's a very successful model in many communities. If folks Google "housing first" or "community first," they'll find lots of information about this model. So, it's a best practice nationally. It's what Scott and I and some others from Frederiksted Health Care went to visit to get a sense of, and it's really our structure.

I do want to mention, Amelia, that the project Community First comes from the nonprofit organization Liberty Place, and Liberty Place is not new. Liberty Place was founded about ten years ago in response to the murder of a young transgendered person on St. Croix. And Liberty Place has historically done education around inclusion of LGBT folks into all of our services. So, we're very intentional about that in our services at Community First as well. It's a little bit of a gap that we see here.

Nationally, it's documented somewhat informally that up to 40 percent of homeless people are LGBTQ or experiencing some kind of gender dysphoria. So, it's not unusual for people -- sexual minority people to be ostracized from their families, which might start the whole process of chronic homelessness. It is one of our inclusive endeavors; right? So, in addition to sexual orientation, of course, race, gender, socioeconomic resources and so on are all barriers sometimes to people that will not be Community First, as well as mental health issues. We hope to really provide an environment where everyone is safe and cared for according to their own needs.

>> This is very instructive. No, thank you for that. So, okay, Community First, as you've indicated, is a national brand or a national model. How is it funded?

>> Our funding is primarily, at the moment, from Community Foundation, generous support from the Community Foundation of the Virgin Islands and the St. Croix Community Foundation, and from private donors. We do have some commitments from CDBG, Community Development Block Grant funding, and from emergency shelter grant funding, both national -- federal programs. We have commitments, but our operations, at this point, have been funded by private and foundation funds. We have a couple of EDC donors that have been essential in getting us to this place, most of which prefer to remain anonymous. But, really, volunteer support and community grassroots support has gotten us here, and it's been incredible.

>> That's fantastic. Now, I would imagine as a nonprofit you have a board.

>> We do.

>> How many board members do you have?

>> We have a board of nine. We do have a couple openings if somebody is interested. Because of our challenges in the past year, getting to this point, which is our opening and rollout, we have lost somebody who moved away, for example, so we do have a couple of openings. But if there are those in the listening audience who are interested, I'm sure we'll provide some information a little later about how to reach us, or swing by the site at 82 A-B-C Whim and let us know you're interested in helping us. But we do have a board that's diverse and representative of the communities we serve, including consumers.

>> Great. Now, I am going to assume, correct me if I'm wrong, that this is a project that's only right now present on the island of St. Croix, is that correct?

>> That's right.

>> Okay. Okay. All right. So, Scott, take us to your site.

>> Sure.

>> If I drove there later today, what would I find? What's going on?

>> Sure. Sure. You would find -- so, as you pull into the second parking lot, right, there's the guest house units where you first pull in. So, the guest house units, those are the ones that were earmarked for the emergency overnight shelter; okay? So, currently, right now, the four units on the first floor have went through a soft rehab. Each unit has two beds in it, a small bathroom. The studio units, they're fairly compact, but we currently have one individual per room due to COVID.

>> Right.

>> So, as we move forward in the future, you know, ideally, those will be double occupancy beds for our program participants. I will say that on the second floor right now we're doing some light masonry work. We expect those units to be bed operational by end of next week.

>> Okay.

>> Yeah.

>> We're going to take a short break because I want to delve into this a little bit more. You're listening to Ability Radio. We'll be right back.

We're back. You're listening to Ability Radio. I'm one of your hosts, Amelia Headley LaMont of the Disability Rights Center of the Virgin Islands. Today, we are joined by an organization called Community First. We are joined by the director, Scot Hensley, and board member Leslie Raymer. Before the break, Scott, you were telling us about the physical layout. For those of us who went there as a restaurant, you said the first parking lot, the second parking lot. I was like, okay, I only know the restaurant parking lot. But there is, so break it down.

>> Break it down. So, well, imagine as if you were walking into the restaurant itself, through the doors and to we'll call it the lounge area. So, to the left of that door is where what was formerly -- J.T. and Angie called the guest house. So, those are the units, those eight studio units that we are utilizing for the emergency overnight shelter beds.

So, right, we're in the soft rehab phase masonry-wise on that second floor, but the dining area inside is our day shelter room. So, that has now been transformed to a number of couches. We have some computers that were donated by the community so residents have access to the Internet and Web. Eventually we will certainly be moving more towards diversifying the programming. We've been in conversations with the Department of Labor, with Educational Complex on different projects for job development opportunities for individuals that would like to participate in that.

Based on that Housing First model, we want our program to be as low-barrier as possible for folks. You know, one of the reasons that many housing models are not successful is because of the amount of prerequisites and the structure of that programming. So, we really want to, as Ms. Raymer had said, make it as accessible as possible for everybody and to really meet people where their needs are.

So, case management is happening in that dining room area in our day shelter. We're onboarding an additional case manager hopefully this upcoming week to provide those wrap-around services. We are walking into a partnership with the local Department of Health where they are offering additional support services, clinical and behavioral health for those individuals that would like to participate in that or require that, some medication management if necessary. So that's what we're looking at right now in terms of us operating.

>> Do you have people actually living there at the present time?

>> We do. We do. Yes. Yep. We have four program participants that are in there now. I would say we took our first individual in roughly ten days ago. So, yes, we're -- the doors are officially open and the phone, of course, is ringing off the hook because of the great community need, you know. So we're working certainly on a prioritization process so that folks with the greatest need have that immediate access to bed availability.

>> All right.

>> Yeah.

>> Leslie -- go ahead.

>> Another thing, of course, that will increase our capacity is we're working on COVID vaccinations for our homeless population so that we can double people up and that will allow us, of course, to take care of more folks. Scott mentioned J.T. and Angie, the former operation at Villa Morales. I think it's also appropriate, I think they're volunteers, but the Morales family has been generous stalwarts in the community with their nonprofit work. Historically, Chico and Josefina were right in there, always making sure things happened, and certainly J.T. and Angie, and Angie's brothers have maintained that community commitment.

The property was damaged by Hurricane Maria. We are in the process of that sort of soft rehab on what we're calling Chico's Guest House, the eight rooms. And when you said what will you see, I imagine, to state it fairly, for the next couple years, Amelia, you will see construction going on throughout the property as well. So, as soon as this soft rehab is done, we'll start on Josefina's House, which is the residence of Angie's mom, and that will be the women's emergency shelter. And then moving out to the tiny homes over the coming year, couple years. So, it will be an ongoing process and what you will see is folks in residence as we grow. And we anticipate there will always be something for volunteers to do.

>> Well, I'm intrigued by the tiny homes concept, I mean, because, as I understand it, it takes little land space but it also gives an individual a feeling of independence.

>> Exactly.

>> Do you have land for that? I mean, is that part of the property?

>> So, remember the whole parking area and the field out to the side. We have sort of sketched out maybe 20 tiny homes. So, these will be 250-square-foot, 300-square-foot homes. First step, of course, is trenching and laying some pads, but we would like to engage construction firms and realty companies in building those tiny homes. We'll trench and get everything set up, but we are recruiting participants to help build those homes. And maybe it's sort of like an efficiency apartment, but an individual apartment. Yes, the idea is that, for those who will need permanent supportive housing, that will be the space that they can do that.

In our dreams, we'd like to move onto the site adjacent to Villa Morales, which is currently owned by the Salvation Army and they are looking for somebody else to take over operations there. So, we have had some conversations, both with them and fundraising conversations, to see if that might become a reality as well. For the time being, our campus is envisioned as the former Villa Morales site with about 20 tiny homes.

Again, that's the model we saw in Austin. The facility there is a former campground. So, there are RVs that the engines no longer work but they're in good shape, you know, sitting on the space. There are tent homes. There are homes built by the local community. And, of course, this is Austin, so there are, I think overall, 400 sites. We'll never get that size and we certainly hope we don't need that in St. Croix, but we do hope to grow to really better accommodate the homeless population on St. Croix and do that pretty rapidly over the next 18 months to two years.

>> Great. Great. Now, case management is -- I think people don't understand what that entails. Do you have advocates or social workers, or how is the case management piece handled?

>> So, I worked in various homeless programs for 25 years, and so I've had the opportunity to work at some really amazing places stateside. I've lived on St. Croix for 13 years. So, as with the Community First site in Austin, Texas, you know, we are selecting best practices from that program but also through my history, Raymer's, folks that we onboard. So, our case management process is really community-based and certainly a collaborative approach to meeting service needs.

You know, as everyone is aware, resources are slight here on St. Croix and in the V.I. So, how we're structuring our program is to really focus on how we can network and utilize the strengths of each small community resource that we have. So, our partnerships with Frederiksted Health Care, our partnerships with Department of Health, the Women's Coalition, Methodist Training and Outreach Center, Catholic Charities, you know, what we're working towards is utilizing everyone's strengths, bringing that to the table, and developing case or service plans tailored to our clients' needs and executing it that way.

You know, we're part of the Virgin Islands Continuum Care, which their main charge is ending homeless, and for some considerable amount of time we've been working on what's called a coordinated entry process that really is based sort of on a vulnerability index to prioritize how folks are filtered into a service system. So, as we work to develop that, and it's been a process over a couple years certainly, those structures will certainly make that case management process a bit easier.

But, for right now, we're just really focusing on working with our community partners and certainly the lack of housing stock and the lack of affordable housing opportunities for folks is one of the biggest issues, you know. And I think when folks say that there's individuals that choose a life of homelessness and prefer to be on the streets, you know, there's a number of individuals that we see in our downtown areas in particular, and I think that's a very dangerous myth and it's easy for us to not focus on the trauma that is associated with homelessness and the path that it took many individuals to get there, you know, that looking at housing options really is a community collaborative effort, and that's what we're really trying to organize with our partners.

>> Do you have, say, for example, an eligibility criteria? In addition to being homeless, what kinds of thing would bring an individual to the Community First program?

>> Sure. Sure. Well, I would like to say that we also are focusing on what's called diversion, you know, individuals that are at risk of becoming homeless either because of, you know, "I'm behind on my rent," "My [inaudible] has been turned off," interpersonal issues within the family unit. So, if an individual is not homeless but is at risk of becoming so, certainly we would work with that individual in our day program to try to offset that potential risk.

But in terms of our overnight shelter beds, right now, certainly when Ms. Raymer talked about Josefina's house and whenever our next launch is in terms of instituting the women's shelter, while that is not in place right now, certainly women experiencing homelessness, we would certainly prioritize that. It's much more dangerous for a woman to be homeless. So, you know, really, it's based on I would say where the individual is at and their readiness for housing, you know. And we do have two, very soon three, permanent supportive housing beds is kind of how we're looking at it through the Department of Health. Those referrals will come directly from them, you know, so, yeah, based on how they see that need.

>> All right. Well, we've come upon our second break. We're going to take another short break. You're listening to Ability Radio. We'll be right back.

We're back. You're listening to Ability Radio. I'm one of your hosts, Amelia Headley LaMont of the Disability Rights Center of the Virgin Islands. Please be reminded that if you've missed any portion of today's show, it will be posted on our website and transcribed on drcvi.org. Today's guests are two representatives from a group called Community First, Scott Hensley and Leslie Raymer, who are both doing amazing work in our community and we deemed it important to bring it to your attention.

Obviously a question that would come up is, okay, as you talked about, hopefully getting an individual before they lose their home, would you charge rent or how would you structure that?

>> So, well, in those scenarios, we would certainly, of course, you know, being in an area of slight resources, you know, in terms of that emergency rental assistance or family mediation, certainly those are things that we would reach out to the community at large for support in. The Long Term Recovery Group certainly is a big supporter of our programming, a very big, faith-based network here that certainly we turn to for support in situations like that. We are not, right now, instituting any compensation for -- you know, it's really emergency shelter beds, you know, at this time. I don't know if, Leslie, you'd like to add anything to that.

>> Sure. So, you know, the permanent supportive housing, the tiny homes future, which is where people will actually become residents of the community, will be the same model, and that is economic resources is not a barrier for participation. However, as I said, everybody participates in the community, if they are recipients of a Social Security stipend, for example, they may participate by contributing in that way, but it is not a requirement for residence for us. We're working really hard to make sure that our resources across the board will be available to those who need them and regardless of their personal characteristics. So, people could contribute in that way, a church could contribute on someone's behalf, a family could contribute in that way. It is not required and will not be required.

>> It makes me -- okay, so the tiny homes, are these homes that will be owned or leased?

>> Basically rented, yes.

>> Okay. Okay.

>> Yeah. The Housing Finance Authority owns the property. We own the program. So, the physical aspects of the lot is managed by the VIHFA, and we really went into that partnership because they have the resources to maintain. If there's an emergency, they can send over one of their staff. So, it's really intended to be, again, a collaboration between a couple of agencies. As we grow, you know, Scott mentioned the many agencies that we collaborate with in terms of case management. It really is a community project. But, again, no one is discriminated against on the basis of their financial resources.

>> So, okay, VI Finance Authority will own the land, is that what I'm hearing?

>> They own the land. We own the program.

>> Okay.

>> All of the programming, all of the buildout is our responsibility.

>> So, Scott, is there an administrative office or cubicle where you are? Are you working from home?

>> No, no, no, I'm working on site. So, certainly, it's -- right now, it's right where you first walk in. I wish there was another word I could use for it aside from the former lounge area, but that's where I'm stationed. We do have a container home that's on site there. I'm not quite sure how we're going to set up our administrative offices right now. You know, one of the agencies that I worked at many years ago, right out of college, their model was certainly the case manager desks were situated in the day room, the program director also was situated in the day room, which, one, provided a little bit of oversight for what was happening in the shelter but also sort of made it feel less institutional and less clinical, you know. We really are looking towards having it feel like a welcoming space and a safe space, you know, and that's -- I feel as though the case management always will be stationed there. Certainly, we do have space for discussions that need to happen outside of a public environment there.

>> Right. We're also, of course, aware of the need for locked records and the certification credentialing things that a homeless shelter needs to do, but we do intend that volunteers, residents, and staff are all part of the same community. So, staff is accessible. Scott will be accessible as we grow our staff. That's really the model that we're after.

>> Yeah, and UVI University, Patricia Towal, Ms. Burke, you know, have been in contact with us. We were, of course, hoping to have been opened earlier than we are, you know, so these have been sort of ongoing conversations over the past couple of years, but there is a partnership that's evolving with the Nursing Program and Social Work Program on providing rotation for students coming into UVI's Nursing and Social Work Department to participate in programming at Community First, which is also a model that works very, very well nationally.

>> Okay. You mentioned Patricia Towal.

>> Mm-hm.

>> Okay. Tell me more. She's on our Advisory Council.

>> Oh, is she? Well, she reached out to me -- I might get myself in trouble, but she did reach out to me last week to follow up on our earlier conversation. So, you know, that's certainly something that we've been trying to put together. She was also very instrumental in helping us organize our point and time counts a couple of years ago, and providing some nursing student support in that. So, yes, she's been certainly a supporter of our program and we look to continue having those conversations to build those additional pieces.

>> Okay. She's a very active person, absolutely.

>> Yeah. Yeah.

>> How would one get in touch with the organization?

>> Sure. Well, I'd certainly phone -- I can put the number out, 340-514-8638. My email address is prevention03@hotmail.com.

>> Okay. All right. Okay. Earlier, you mentioned how the COVID-19 pandemic has impacted your work. Was I correct in understanding that you're going to serve as a site for vaccinations as well? Is that what I heard or no?

>> Well, so Vernita Bicette, Territorial Director over at Department of Health, has offered us a fast track for vaccinations for our clients coming into emergency housing. So, because, of course, the need is so great for shelter beds, if we're able to mitigate some of that transmission risk by having our program participants vaccinated, they're going to help participate in that process. So, as folks come into our programming, I reach out to the Department of Health, then a schedule is set up in terms of vaccination. And, of course, it's not mandatory. You know, I know we understand that many folks have different feelings on that vaccination process, so we will, of course, honor that. But, ideally, we would prefer folks to be proactive that way so that we could actualize more of our beds.

>> Right. Leslie, earlier in our conversation you had made mention of an organization called Liberty Place. I'm pleased to hear that it's still in operation. It's been kind of dormant, quite honestly. Can you tell us a little bit about what they're doing, who's in charge, for lack of a better word?

>> Yeah. So, again, Liberty Place is the parent organization. Community First is the project. Liberty Place, historically, has done a number of things for the territory, including hate crimes training in association with the Department of Justice, a lot of education in our schools, counseling for young people, and we continue those services. We have those resources among our volunteers and board.

As I mentioned to you, I guess part of the history of Community First is that Scott and I, doing our work with the homeless over several years, realized that the need in the homeless community is very real here, just as in any other community. The complications of sexual orientation figure into homelessness and that's part of why we chose this path, to have a very intentionally inclusive community that sexual orientation would not be a barrier. Those are the roots of Liberty Place work, and it continues in this project and others which we continue to do. So, individual counseling is still something that we do with

young people and their families. If sexual orientation or gender dysphoria is an issue, we have some folks who work with us that we can provide that kind of counseling as well.

I did want to mention, too, just in case there's a misunderstanding, the current temporary rooms are not gender segregated. So, men and women are both welcome to our services. The only segregated space will be Josefina's House, especially for women in crisis, but, otherwise, all of our property is open to everyone, whatever their gender identity.

>> Okay. That's good to know. That's very important. How do you manage security at the location?

>> Right. So, I am on site Monday through Friday and often on Saturdays, 7:30 to 4:30/5:00, often later. We have a site manager that lives on site and provides that overnight security, if there's any emergency whatsoever, contacts me. You know, part of our programming, too, very client-driven, so our site manager position, one of the things that we really wanted was someone that had lived experience, that was formerly homeless; certainly that kind of participation on our board as well. And so that's also kind of a natural bridge often for us as well, in terms of that referral piece, and a reminder that folks sometimes just need that hand up; right? So, anyway, our site manager provides that oversight on our property. So, and as we grow, we will add onto that.

>> Now, Leslie, I'll be remiss if I didn't ask you -- I mean, Scott told us that he's done -- you know, has been baptized by fire working in the nonprofit world. Can you tell us a little bit about your background, professional background?

>> Sure. My career is in nonprofit management, primarily development and financial management of grants. That was my role at FHC. And, of course, anytime somebody, as you know, Amelia, has an administrative role in a nonprofit, we're also hands on with clients. My career has primarily been in domestic violence, HIV services, and some ecological issues. I will say, and say often, that the homeless community has taught me as much as anything I've ever done. My experience has been that I meet very open-hearted, open people. No reason for pretense; right? We are who we are. And I've learned a great deal working with the homeless community in the last few years and love the work that we're doing at Community First. Everything in my career brought me to this, that's what I believe.

>> Yeah. I'm of the view that sometimes things happen for a reason, so sometimes you feel like you're just guided into certain directions. So, you just -- you go with it; right?

>> That's right.

>> So, we're at the overnight shelter, your first phase; right? What's phase two?

>> Phase two is building out Josefina's House, the women's emergency shelter, and phase three is the tiny homes. We'll come back and do a little bit more rehab on Chico's Place eventually. We'd like to make sure that every room has fire sprinklers and some things like that, a little higher level security and safety for our residents, and will allow us to really reach out to some other agencies that require that sort of safety. So, but we are really focused on phase one, which is building out Chico's Place and making sure that we're providing really good services, fine-tuning our policies as we go. Of course, we didn't walk into this blind but experience also always informs what we do. And making sure that we're pretty solid before we move on to phase two.

>> Right. Right. Well, okay, just for the public knowledge, can you describe, Scott, what would be a typical day for a resident at your facility?

>> Well, it's funny you ask that, in our interviews yesterday with prospective case managers, you know, I was certainly like "Every day is an adventure," right? On site there, every day is very, very different. So, in terms of individuals that are active stay in our program, that day really is kind of contingent upon what their level of need is. You know, folks that come into our programming oftentimes have lost any documentation that they may have as a result of being homeless, so that connection to just getting their social security card, you know, any identification, getting that back birth certificates, working with Vital Records. Certainly assisting folks that are not able or have not accessed Medicaid, connecting them with

those services so that we can help move them towards some clinical assistance, if necessary. Job development, you know, so it's really kind of a spectrum of possibilities for folks and it's really dependent on that need.

So, right now, with the amount of program participants that we have, we're able to really provide more intensive case management. Really, our goal is always to keep caseload manageable for folks. I mean, there are very few feet on the ground in the territory in terms of homeless case management. So, individuals are often very overextended, you know, so we want to be able to make sure that we're able to focus on those immediate needs, address them, and hopefully have a quicker turnover in terms of our clients, just to keep the beds moving.

>> So, let's say you've provided an individual with their documentation and helped with the job development, and they're feeling, "Okay, I'm ready to take the world on," is there an exit strategy or how does that work?

>> So, there's not a time limitation on our shelter beds.

>> You may regret that.

>> What's that?

>> You may regret that.

>> Well, yes, we may. We may, but, you know, oftentimes, too, for folks that have been homeless for a long time or chronically homeless, financial literacy comes into play. So, I will say, right now, there may be an individual that's on site right now that we've set up a bank account. A new employ has happened, so we're squirreling some money away for security deposit and rent. So, you know, that process can take a couple of months. It really depends on that individual. So, just really working towards developing that financial literacy piece, allowing folks a space that they can save some money, if needed, or allow them the space to work on relationships with family members that, you know, just doing some of that intervention work. So, it depends on the individual.

Also, too, we would like to be able to work on a prioritization list with our local housing authority. You know, stateside, many housing authorities have a system in place that directly works with homeless service providers on sort of fast tracking. You know, it is an income-based program, but doing that fast track to get folks off the street, out of shelter, and into permanent housing. So, that's one of our long-term goals, but, immediately now, it's connecting folks with at least that basic resource for housing down the road.

>> Have you had much in the way of support from our local banks for, say, setting up accounts or just doing what banks do?

>> Yeah. Yeah, I don't want to get anybody in trouble, but I will say that, like certainly Banco Popular, there are folks there that have been very, very generous with us in terms of maybe overlooking a documentation piece in order to get an individual set up with a bank account and under the assurance that "I will give this to you but maybe not at this moment." So, yeah, we've definitely had support from them on that.

>> Good. Good. Leslie, you look like you were going to chime in on that as well.

>> Well, I just want to, you know, remind listeners that sometimes getting that documentation isn't quite as easy as it sounds. So, birth certificates that are washed away in hurricanes or even folks as close as from Vieques that we have a hard time getting the documentation we need for people. Our case managers have learned every possible angle short of flying to Vieques and digging in the dirt to put together documentation for people. Scott's really good at it. He's taught people how to be really good at it. Yes, the local institutions have been really helpful. Our account, Liberty Place, Banco as well, they've been supportive of our endeavors in every way. So, again, it takes a village, you know.

>> Right. Absolutely. Absolutely. We're coming upon our final break, so we're going to take a short break now, while we can. You're listening to Ability Radio. You will be right back.

We're back. You're listening to Ability Radio. I am joined today by two representatives from Community First, Scott Hensley, the director, and Leslie Raymer, member of their board of directors. I'm one of your hosts, Amelia Headley LaMont of the Disability Rights Center of the Virgin Islands. We've learned quite a bit today about a new organization that is doing fantastic work in collaboration with partners in the Virgin Islands community. So, it's always very encouraging to hear good news in a time when we are pretty much overwhelmed by a number of things, not the least of which is our health situation. So, again, Scott, if you could just let us know how can somebody get in touch if they want to -- and let us know what you need; okay?

>> Certainly.

>> Phone number, email address. What does this group need?

>> Sure. Sure. So, again, Scott Hensley, my name. I can be contacted at 340-514-8638. My email address is prevention03@hotmail.com. In terms of need, I think, you know, we've had a lot of volunteer support but I will also say, too, that volunteers can tire, you know, so we're always looking for new individuals to participate in our programming. There's many, many, many different ways that people can contribute in terms of either in-kind donations, men's clothing, assisting with just any day-to-day activity that might be happening at the shelter.

We are very cognizant and respectful of our clients' space and confidentiality in terms of each individual case, but we also want the community to feel as though we're a place that they can just pop in and see what's going on. We want to be a good neighbor. We want to invite folks to come in and see what we're doing. I think a lot of times when we offer a site visit to individuals, they come up with, "Oh, well, perhaps I could do this or that, or this needs an additional coat of paint," you know. So, I just really would invite the community to contact me, phone, email, let me know you're going to pass by so I can make sure that I'm on site, and we can take it from there.

I think that being a good neighbor, again, is very important to us. The Whim area was the hardest-hit with Hurricane Maria, you know, and that community is certainly still reeling in many ways and in that recovery process. So, there are many different ways that we can have reciprocal relationships that help support both our neighbors and our organization as well.

>> Great. Great. Thank you. Leslie, anything else you want to add?

>> I want to encourage people, if you're interested in serving on the board, if you have donations, if you have a skillset that you can offer us for a Saturday morning once a month, we'd love to hear from you. And really libertyplacestx@gmail.com is easy to remember and is our home base. So, please, don't hesitate to be in touch, libertyplacestx@gmail.com, and we'll make sure you're directed to Scott or the case manager that can best guide you in your service to the homeless of St. Croix. Libertyplacestx@gmail.com. Thank you so much.

>> Well, thank you so much. Thank you for all the work that you're doing. Thank you for participating in this broadcast. I suspect you'll be getting some contacts soon. Folks, you've been listening to Ability Radio. Thank you so much for joining us today. Have a good week. Take care. Bye-bye.

>> Thank you.