

## Reimagining Shelter: Client Rights and Basic Needs Summary of Session

During the portion of the session dedicated to talking about the vision and values that should be incorporated into Detroit's approach to sheltering people, community members mentioned the following values and items important to them:

- Compassion
- Acknowledging that those who are experiencing homelessness are all not the same
- Person-centered, intersectional, and trauma-informed
- Flexible, participant-driven and strengths-based approaches in a system that prioritizes on a deficit-based assessment model
- More specifically calling out the needs of residents with disabilities
- Accountability
- Compassion, equity, integrity, collaboration

## Reimagining Shelter: Client Rights and Basic Needs Solutions Jam Session

The following strategies and priorities to improve the Detroit shelter system were developed by Detroit community members present during the session:

#	Description of solution	Improvement or Innovation?	Impact of solution
Example	Clearly define and strengthen standards for shelters, support the capacity of shelter providers to achieve those standards, and implement contract mechanisms to ensure accountability to those standards among shelter providers	Improvement	
1	It would be great to include training on educational rights for parents (if that is not already included) so staff can help families navigate school and transportation to school.		

2	That shelter be accepting personal care items from outside public organizations.		
3	More sensitivity training and accountability around working with specific populations (SOGIE and DV/SV/HT etc.)		
4	Some shelters are doing this, but there needs to be a continuum of services. How do we provide real support for people who are homeless but not eligible for shelter (such as households who are doubled up or couch surfing), and how do we make sure that after people leave shelter, they are still connecting to supports that meet their needs?		
5	Shared understanding of standard procedures (for example: exclusion and/or exit requirements across the board throughout CoC programs)		
6	Perhaps helping shelter staff with their own trauma surrounding their work and recognizing that many aren't paid enough. Some have lived experience as well and may be living paycheck to paycheck.		
7	Housing Strategy: Many people with Section 8/HCV end up being evicted. How could we make sure to provide connections to resources - maybe a letter to the court/legal services for people who exited shelter,		

	received a voucher, and now are at risk of eviction?		
8	Need a lot more compassion when working with the clients they have. Bathrooms are dirty or areas in general are dirty. Cleanliness is an issue and people are rude, especially if you don't know things. From my experience, they did not teach me how to work the system or go through the system and they spoke to me as if I should already know. You should be meeting clients where they are at.		
9	I think that also providing more resources for prevention would help a lot. (Money management, Budgeting, Credit etc)		
10	This is rare - but we have had clients come into our services because their assailant has been let into other shelters (not DV/SA specific) they are also in. Good partnership and training about how deeply DV is a root cause of homelessness and helping to get that identified and services referred.		
11	More funding to adequately operate and staff the shelters as well		
12	Expectations of professionalism of shelter staff needs to be raised and the core foundation of the job role is that you are here to serve the public		

13	We may need to also look at our compensation rates for shelter staff in these positions. It could be hard to serve the public in this difficult role when the compensation is not enough to provide housing security.		
14	Perhaps implementing a systematic screener to identify unmet social needs, such as the ACORN initiative utilized in VA.		
15	All shelter staff need to have extensive and advanced de-escalation techniques and sensitivity training. People don't write grievances because they fear being thrown out.		
16	One of the things we need to consider is the people we hire for these roles. Some people need to have the empathy, passion, and experience to be in these kinds of roles; it's not just about having the right academic credentials. We should be able to hire or have pathways to hire folks who don't have the credentials but would be perfect fits for these roles.		
17	We have to find new avenues, better ways, better functions and be more connected to the bureaucracy and hold folks accountable. People are scared to ask for help and can't find a way to get to the help they need. They don't understand the words we as homelessness system		

	staff understand, and they don't know what is going on. "Disconnected communication."		
18	Automation and more accessible training around HPHCV recertifications and waitlist applications to reduce time spent in shelter.		
19	In Philadelphia, they had childcare providers evaluate family shelters and then shelters evaluated childcare providers so each can better support families experiencing homelessness who have young children. Grant funding then helped fund improvements. You could do the same thing with youth shelters, single adult shelters and DV agencies/vets, etc. In Detroit.		
20	Staff on the front lines are underpaid and overworked and at times mistreated. Leadership are highly paid but struggle to pay staff and provide more shelter resources.		
21	Discrimination in shelters due to people with mental disorders; providing the necessary medical attention.		
22	if we have the resources I feel like we should send someone in to facilities to show how residents are treated because we can always tell them to do better but are they really doing better? Undercover auditing.		

23	Create a system navigation class or handout for clients		
24	Fully integrate Housing First, specifically intensive case management		
25	Lots of convos about evaluating compensation		
26	Can we organize a systemwide de-escalation training? Shared trainings across the system so organizations don't have to foot the bill		
27	Federal Advocacy Recommendation: Advocate that other systems (e.g. criminal justice, child welfare, education, etc) be mandated at the federal level to collaborate with the homeless response system. This would include pursuing funding opportunities across the various systems to support increasing shelter capacity and quality. It can also include greater coordination across the systems to ensure client needs are met and we are mitigating barriers that contribute to persons becoming homeless and/or inhibit them from resolving their homelessness.		
28	Taking a second look at accessibility with current CAM procedures where clients calling for shelter are prioritized to receive a call back later in the day. This is not feasible for some of our unsheltered folks and people with barriers that		

	would prevent them from accessing a return call.		
29	Have to work harder to get people employed and get source of income. Covenant has an employment coordinator. Can the continuum partner with employers to connect clients to these opportunities and be willing to work with our residents?		
30	Accountability and agreement as a continuum on valuing participant choice and participant-driven solutions. (Often there is a power dynamic that can be difficult to be wary of when it comes to internal biases about what is best for the participant's experience)		
31	HMIS ID is not being accepted at Secretary of State. Advocacy strategy to make sure state understands the protocol		
32	Safety protocols across the continuum. There are certain activities you cannot perform when you are in shelter and people should be educated about them.		
33	Stop forcing clients to participate in religious and spiritual activities in shelter. Make it a requirement and enforce.		
34	Explore right to shelter as they have in NYC		
35	In addition to right to shelter, exploring what ways NYC is creatively filling the gaps for		

	shelter capacity to honor right to shelter.		
36	Making hard and fast rules about substance use in shelters and housing resources does not make sense, especially if we are trying to be Housing First. What is the solution to this? Rethink rules around this, are we creating barriers to shelter?		
37	Increasing the wage for frontline workers in shelters and reducing the number of staff. We need to hire those with the right temperament. Additional training up front for staff.		
38	Separate programming out for emergency shelter. You have chronic homeless, episodic homeless, etc. Can we separate shelters by population based on tenure, such as one for the chronically homeless, one for the residents experiencing homelessness for the first time, etc.?		
39	Instead of saying shelter, can we say interim housing? Instead of homeless, say unhoused?		
40	Making connections to education, specifically ReConnect scholarship		
41	Adding more SOAR certified case managers in shelter		
42	If there is no way to increase the wages of shelter staff, are there other forms of compensation - such as providing subsidized		



	housing, or free childcare etc?		
43	we should be able to offer people help for substance use because a lot of people are suffering with substance use AND mental health issues		
44	Creating pathways and solutions for when our shelters and overflow and warming centers are all full. I'm sure the work is being done, but maybe more targeted efforts on identifying/working with currently operated privately funded programs who offer emergency/short term options and increasing our navigation funding to be able to navigate these folks until we have space in a CoC shelter. And looking at innovative diversion programs like host homes for youth, more robust diversion options, etc. Possibly a shelter voucher type program where clients can be temporarily sheltered in scattered locations with funding and navigation/case management (especially for families)		
45	I think there should be a general evaluation of shelter rules to minimize rules that may be more about moral policing. I think we should try to minimize shelter rules to those that are essential to promote safety. This would better promote the dignity		

	and autonomy of persons residing in shelter to not have unnecessarily harsh and dehumanizing rules.		
46	Yes! Then make sure staff have training to shift their processes and approach with clients away from the policing model		
47	Maybe nonprofit management technical assistance about how a healthy nonprofit has stable pay scale without huge difference between levels or inequity between the bottom and the top		
48	Making sure shelters have the funding to do what they are asked to do		
49	A shared dashboard for system integration in connecting/referring clients in the homeless response system (CES shelter being one) to various programs in the city (education, employment, SSI, legal, etc.)		
50	Finding a way calm down violent acts and property theft ("client to client" theft) in shelter environments. Most of these venues have video security cameras on site, but not used to find on cameras who the perpetrator was or attempting to recover the property.		
51	Streamline access to recovery supports as well as providing harm reduction services		
52	Finding ways to keep families together when they		

	need shelter assistance, working with organizations that offer sustainability services when an individual or families are placed in shelters or provided housing		
53	Need for trauma training (how you engage folks in crisis and the neurobiology of trauma)		
54	I think we need to look at the TYPE of training being offered. Don't come for me, but virtual pre-recorded videos are not proven to be most effective		
55	So sick of agencies who don't pay for the insurance to allow staff to use Narcan		
56	Move away from scarcity mindset and mindset of "deserving people" deserve resources		
57	Creating an internal housing program in emergency shelters. Shelters meet standards of funders and do not go beyond that. Creating internal housing program to supplement what funders have in place and to help folks who won't have a subsidy (HCV, etc.). "Oh we don't have a housing program, you have to call CAM." Resources to help people exit from shelter, having specific program to move to housing. More frequent case management.		
58	All shelters need to have rules that align so clients have consistency across shelter (meals, curfew,		

	connection to CAM, etc.). Maybe not all rules, but core rules.		
59	In addition to providing trauma-informed care, I am also hearing the need to empower staff with skills and organizational support to reduce Secondary Traumatic Stress.		
60	Client to case management ratios need to be reduced; making case management more intensive		
61	HAND staff say there is a new position in the system called a client support liaison which brings mediation between providers and clients. Helps clients get educated on rights, process of grievance filing, etc. They are also trying to get an ambassador program off the ground to empower PWLEH to also do education.		
62	A simplified grievance process that is handled by a 3rd party. People in crisis have plenty of things on their prioritization list and filing a time-consuming grievance and following up to essentially improve our system but not THEIR experience doesn't seem to be the most effective or trauma informed.		
63	Leadership has to be a part of changing provider culture as well		
64	Interactive trainings with real life scenarios for staff to see		

	how staff address issues when engaging with clients.		
65	<p>Persons who are experiencing homelessness should (like all people) have a right to dignified health care. They often do not receive this sort of care in area Emergency Department hospitals, which serve as de facto primary care in addition to emergency care.</p> <p>Existing shelters should be outfitted to meet the physical, social, and mental health needs of clients, with particular focus on accessibility for persons with disabilities. These conditions would be held to public inspection and accountability.</p> <p>In conjunction, establish a Shelter Medical Corps, drawn from area health systems, that has physicians, physician assistants, nurses, and navigators, et.al., who go directly to shelters and provide trauma-informed care and practice harm reduction principles. They would coordinate on-site care with direction of staff shelter and connect clients with an off-site clinic when necessary.</p>		
66	Narcan: not only available to clients, but kept on site with at least one staff person trained to use it		

67	there should be zero tolerance about speaking about clients' personal lives and speaking on things no one else should know		
68	Though I agree that expectations need to be consistent - I am concerned with any type of universal meal times/curfews etc. We do not do that. Our shelter has guidelines/expectations (accountability vs. curfews). In our DV/SA shelter ,food is available 24/7 and kitchen access is available 24/7 - people work nights - they have kids who wake up at different times - they might be observing Ramadan, etc. So the "rule" would be food is available to all 24/7 - not kitchen closes at a certain time and opens, etc		
69	Some kind of way we can retrieve grievances, make it a more open record. If we don't, we will never know what is going on. Response is haphazard.		
70	There should be an online process for grievances to be sent directly to the person it needs to be sent to. Or a person who comes in and personally collects the grievance and all of the information/ evidence needed		
71	Since all clients are connected to CAM for shelter intakes, could clients contact CAM to be connected to someone who can assist them with filing a		

	grievance (if there is a fear that client's grievances aren't being heard)?		
72	Assure the adequate and continued education of staff members on best practices and emerging techniques, resources, and supports by implementing regular training courses while verifying proper staff members are attending, preferably those responsible for service delivery.		
73	Implement recreational activities as a form of therapy, stress relief, and mental and physical stimulation. This temporarily would shift focus away from participants' housing crises.		
74	We've talked a lot about how poorly staff are trained: Mandatory training tied to funding should happen ASAP. As it relates to how poorly staff are paid: I wish we could have a mandatory range of pay for each position providing program services AND that funders would fund strong organizations accordingly.		
75	Shelter report card		
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