

Reimagining Shelter: Facilities and Environments Meeting Summary

Reimagining Shelter: Facilities and Environments Solutions Jam Session

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

#	Description of solution	Improvement or Innovation?	Impact of solution
1	I think it would be great if we could do a family shelter. I have seen so many abandoned and closed down schools. I think if we could bring those to code and make family shelters there that would be great.		
2	I also feel that for those that have children at the age that need childcare, there should be childcare available to help them get on their feet. Groups seem to be during the day when clients should be either looking for work or working. There should be counseling and guidance provided during the day and in the evening hours that way if they are finding afternoon or night employment they are still provided for.		
3	Having regular facility maintenance and deep cleaning		
4	New shelters		
5	Incorporating trauma-informed colors (tailoring appearance of building to mental health; making sure		

	<p>colors do not trigger residents). Providing spaces with specific colors for kids. Motivational quotes on walls. Tailoring spaces to emotional/mental well-being. Need to make rooms safe and comfortable.</p>		
6	<p>Some of the people in the shelters know trades, like painting. We could have clients use their skills to aid in facility design and maintenance. This can serve as a relationship-building moment with clients as well.</p>		
7	<p>Shelter and habitability standards that require cleanliness, occupancy standards, bed bug remediation with funder inspections and accountability. From there we can begin to require better spaces beyond the basics but basics should come first</p>		
8	<p>Having lockers or another mechanism for people to secure their belongings if not already in place.</p>		
9	<p>More of a home style setting instead of a prison bull pen setting. People need to learn how to live with others in the shelter. Those who are in a room should act like roommates instead of strangers. Clients should have responsibilities the same way you have at home (you</p>		

	clean up after yourself, you all work together to make things run right)		
10	Agreed upon minimum and maximum standards for heating/cooling and room ventilation in shelters. And systems in place for when there is a concern with HVAC in a facility (no heat, etc.)		
11	More children friendly/safety centered environments and handicapped accessible especially for deaf individuals		
12	Make sure any resource lists (food, housing, clothing, work, etc) that are provided are relevant and up to date.		
13	Being on top of HVAC systems and investing in them; air should be sanitized; there is technology you can put on the HVAC systems that can deal with illnesses		
14	Private spaces for case management to ensure clients don't have to fear being overheard as they talk about their situation and work with their case manager to make a housing plan.		
15	Need for more awareness on training for sickle cell anemia. Temperature and stress can affect this condition. How can we accommodate this?		
16	Thank you for this space and the opportunity to share experiences and provide suggestions. We have a lot of		

	<p>wonderful partners at the table that we have not fully utilized (like hospitals) to build relationships and provide supports (physically and financially) to our system and providers as a whole so all providers receive the same or more hands-on services like mental health, parenting classes, staff training, etc. I believe we need more standardized procedures across all providers with accountability. Lastly, more site visits and not to just check a box but to talk and plan with all providers on ways to improve since every provider is different and has different needs so we better explore the resources needed specifically. Then follow up on those needs.</p>		
17	<p>Clients have bunk beds in facilities. For people with disabilities and seniors, they have to wait in overflow spaces to wait for a bottom bunk. We need more beds on the floor to accommodate residents with disabilities.</p>		
18	<p>Having laundry areas to clean all clients' clothing prior to entering program to promote healthier environments and less infestation.</p>		

19	Provide space for people to meet with family or call family that are private		
20	Shelters that accommodate pets		
21	Having storage facilities for folks' belongings; bigger than lockers like storage units		
22	We could have an independent pet shelter shared by various shelters with vet support		
23	Culturally and socially sensitive practices with families in TH/shelter who report that some facilities have rules about children co-sleeping with their parent when this is a common practice and right that other non-sheltered people have.		
24	Rules for leaving the premises should be changed; people should not be forced to leave; shelters are sometimes near liquor stores and that is not helpful		
25	We could have a facility that operates like a doggy day care for pets where the pets stay together and have specialized care. Then that would allow folks to stay in general shelters but ensure their pets are safe.		
26	Maybe build shelters closer to areas with amenities like libraries, grocery stores...?		
27	Resources to staff a 24/7 shelter would be needed to operate like this.		

28	We talked before about allowing children to play on nearby or on-site play structures and parks.		
29	People prefer non-congregate facilities; that was a major takeaway from the pandemic. It can feel more humanizing to have your own private space in the midst of everything.		
30	Better and more frequent inspections of facilities and buildings, including warming and overflow spaces. We've talked about implementing a secret shopper method to inspect shelters and truly get a sense of what conditions are on a daily basis. This feels relevant here and could be helpful in maintaining the standards we implement moving forward.		
31	Could we do more repurposing vacant space to be used for other shelters like non-congregate shelters?		
32	Alternative healing options- resident gardening, etc		
33	A more suitable sleeping arrangement and actual cots to get people off of floors and out of chairs to sleep. This would also potentially have a more positive effect on the homeless client's overall health.		

34	Providing bagged meals for those who are at work or school during meal hours.		
35	Cultural norms vary on food-many folks report wanting to prepare meals for their family if possible		
36	Need more shelter spaces for sure- At least two more DV, two non-DV with specific focus on wraparound services for chronic homelessness with SUD and harm reduction supports		
37	Giving folks access to kitchen space to cook food for their own family. And refrigerator space to store food specific to their dietary needs.		
38	We need to intentionally look at how shelter is created. Short on chronic homeless beds, folks with mental illness, and supports that go with that. We need to also look at what we have and figure out how to increase capacity and quality.		
39	How do we incentivize organizations to open new shelters and compete for the federal dollars? It seems that shelters that are repeatedly in violation of existing standards only get a slap on the wrist and aren't truly held accountable because the federal dollars need to be spent and it's not like we have organizations lining up to open shelters		

40	Special dietary needs should be considered.		
41	Harm reduction measures like putting Sharps containers in bathrooms		
42	Seniors, people with disabilities, etc. can have physical difficulty with overflow/warming center referrals (sleeping in a chair or a cot on the floor or a general floor space). We need to look at alternative options for these folks and consider respite rooms or a respite facility for the medically vulnerable.		
43	<ul style="list-style-type: none"> •De-congregating interim housing within the congregate setting to address privacy issues. •Understand how facility conditions affect the overall culture and environment of emergency shelters. 		
44	You see a ton of folks homeless in wheelchairs and they can't get into abandoned buildings. I have completed a business plan for a fully ADA accessible shelter so we can better take care of the homeless community with disabilities.		
45	To better support residents with disabilities, shelters need to have roll-in showers or equipment to facilitate showering, CNA staff, nursing staff available. Those with		

	disabilities often have other health conditions.		
46	Standardization around things like non-transparent shower curtains, locks on single stall bathrooms, areas to change and feed babies, etc.		
47	All-gender bathroom and shower options		
48	I have been approached by business owners near shelters and they have concerns of their own. Might be beneficial to put together a program to help these individuals with attitudes toward the community they are in to be a better, cohesive community. A lot of stores and businesses don't like having a shelter around because of incidents happening outside of the shelter		
49	Another city set up Boy Scout, Girl Scout troops specifically for children experiencing homelessness		
50	Porch Light pulled in mental health, CNAs, and made sure they were on site. Facility created did not look anything like an emergency shelter. Again, our shelters should visit those locally doing best practices as well as around the state and in other communities		

51	More private rooms; decongregating the congregate settings		
52	Making sure shelters look beautiful, ingratiated in the community, and have environments that inspire residents to engage in programming. Shelters should look like a home people are willing to come to		
53	Micro-shelter; can we use homes from the land bank for youth where youth can have their own room?		
54	As far as getting clients to participate in groups and services, have them available in the day and evening and offer small incentives for attending these things.		
55	Art therapy		
56	Can vast areas of vacant homes be developed into an area for homeless youth?		
57	Improving the integration between the facilities that do have other service providers close or on-site. (Shelters, alternative schools, medical, harm-reduction, counseling, etc.)		
58	Youth: destigmatizing the appearance of facilities. Making the facility not look like a homeless shelter (homeless kids are told they go to the "homeless school")		
59	Aftercare. How do we help folks not come back to		

	homelessness? Can we offer lessons on how to deal with landlords?		
60	Youth often say Covenant House does a good job of creating a warm/welcoming lobby space and dorm-style living that is not stigmatizing and feels more like a college campus than a "homeless facility"		
61	We provide showers, meals, laundry during our day hours. We distribute hygiene kits. We operate 7 to 11 due to staffing capacity. Convo are beginning about what it looks like to expand hours. We are seeing 200 folks a day.		
62	We should have a partnership between health facilities and each shelter, so if people need medical care it is provided.		
63	Can emergency shelters operate warming centers? Community action agency can do this.		
64	Warming centers do open seasonally and are overnight but there are also rec centers that operate day hours		
65	In Seattle, there is a building with a methadone clinic and nursing staff with preventative measures to make sure clients do not overdose. Could this be applied in Detroit? There are those who refuse to go to		

	shelter and continue to use substances.		
66	A lot of residents we encounter aren't comfortable coming inside the facility because of trauma so having "mobile services" is important. We are creating an outdoor courtyard with heated features in our campus next year for this population. Harm reduction model where we can provide something that is a gateway towards healing and making human connections		
67	There is an outreach team that provides Narcan, mouth to mouth breathing apparatuses, other items. How do we bring these kinds of groups more online?		
68	Bilingual population, we need interpreters.		
69	Make use of local community colleges with their language programs to bring in volunteers for interpretation and language needs		
70	Local schools have an interpreter line. How do we invest in that?		
71	Can we work with college programs to introduce more folks to the field to help deal with these staffing issues? You can train them and when they graduate, you could hire them.		

72	Need a philosophical alignment that the system should be person centered		
73	Detroit At Work has skills for life program; would be a good program to introduce to people within our homelessness system		
74	I think a partnership between training centers and shelters to train different people that are needed to run the shelters would be excellent.		
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