

## Reimagining Shelter: Services and Staffing Solutions Meeting Summary

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:

- Being realistic and honest
- Respect
- Transparency
- The shelter system should be one that supports clients in locating housing and not just a place to lay your head
- Care
- Intersectional
- Person-centered
- Trauma-informed
- Ensuring we are looking at the community being able to have a role in leading itself (program designed and developed in culturally-specific ways and making sure leadership reflects the community they are serving)
- Giving clients respect and autonomy
- Coming to this work with the mindset that we are partnering with people experiencing homelessness to help them achieve the goals they have for themselves
- Housing First and empowerment practices

## Reimagining Shelter: Services and Staffing Solutions Jam Session

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

#	Description of solution	Improvement or Innovation?	Impact of solution
1	A more regimented expectation and shared understanding of required documentation of curfew violations (or any non compliance/shelter violation) prior to the discharge of an individual should be considered		

2	We don't bring in people with lived experience as less than a BA but paid equally		
3	What violation of shelter rules are actually cause for discharge? Are these rules for us or for communal living? Obviously safety threats are serious but not doing the dishes or violating curfew is not. These things should be a convo		
4	Entry level and "low level" employees need to be paid the way the people at the top are paid. Raises, benefits and incentives need to be offered to them as well. This needs to be a REQUIREMENT of funding.		
5	We have to have funders at the table allowing us to do things that make the change. A standard needs to be set, funders need to challenge all of our providers, and then funders should take the dollars away from those who cannot meet the standards.		
6	Flexibility in programming and funding.		
7	Looking at pay rates across shelter programs and consider a standard pay scale or raise the minimum compensation across the board for entry-level staffing positions		
8	We mandated a living wage across the agency (Nobody		

	<p>makes less than \$17 an hour right now - but it's still not enough - United Way research shows that to survive in our world now, you need 75K a year) Also - we mandate that the highest paid right now cannot make more than 3x the lowest. So nobody's pay is moving upwards if everyone's pay is not. If staff pay is stagnant, so is leadership.</p>		
9	<p>Demand that entry-level employees get raises and fringe benefits just as CEOs and directors</p>		
10	<p>One thing common for case managers is monthly supervision. Shelter staff could benefit from monthly supervision. Social workers will have supervision, required monthly oversight from management, like a licensed clinician. Shelter staff could benefit from this kind of support from their management.</p>		
11	<p>Hire more case managers so that they are not responsible for more people than they can handle.</p>		
12	<p>There is a need to provide culturally specific services to the community. Training can't be this general thing about DEI. Training has to look at the orgs in our community that are culturally specific, smaller, and don't</p>		

	receive any or little funding. There is a need to take leadership from those programs so the training is relevant		
13	Community survey. If I got into a shelter and get bad customer service, I could go to a community survey and submit that grievance. Training for folks to learn how to use survey.		
14	Shelters need to be trained on mental health		
15	We need advocacy to state and federal government for true need of Detroit so we can get more dollars into the system to in part adequately fund staff		
16	Looking at rules of people being discharged and negative consequences of that		
17	Need for paying people for lived experience as a credential rather than just academic degrees. Looking at how positions and compensation is laid out.		
18	Standardize what front line staff will get paid and make it more equitable		
19	Importance of funders holding providers accountable for wage reviews and ensuring equitable wage provision to all staff		
20	Importance of Housing First practices and training and		

	looking at other community models, including from the DV community		
21	If a service is only accessible by phone, it is not accessible		
22	Ensuring staff have access to easily accessible, affordable, anonymous mental health and other supports. Often the same services available to us are run by our colleagues and attended by clients (like support groups), which can discourage people from seeking care.		
23	Insurance, major life event leave, holidays and PTO is incredibly important for staff as well		
24	A more regimented expectation and shared understanding of required documentation of curfew violations (or any non compliance/shelter violation) prior to the discharge of an individual should be considered		
25	Perhaps staff would benefit from training in Dialectical Behavior Therapy, especially as it relates to balancing validation and change strategies when working with individuals with multiple psychosocial stressors.		
26	Know Your Rights. We need to begin campaigns of individuals understanding how they are being victimized by laws and orgs.		

	<p>Many times we do forget sexual assault and trafficking when we look at implementation and we don't acknowledge how they are disproportionately occurring to the black community. Focus on DV, trafficking, sexual assault, all forms of violence against women. Reframe our perspectives of how we are addressing the situations people are in.</p>		
27	<p>We need to look at the money we do have; not just say we don't have enough money</p>		
28	<p>Big inconsistency and weak foundation in documenting what is wrong with clients. Everyone is using HMIS differently or not at all; we need better data infrastructure. Hard to track what is going on and clients get confused on who I am supposed to go to with these issues. They don't know they have a case manager, there are case management services, etc. There is not a lot of documenting what clients are going through, what their goals are, progress reports, etc.</p>		
29	<p>More effective training opportunities around sensitivity and how to engage with socially, culturally, and economically</p>		

	diverse populations to reduce harm, re-traumatization and how to navigate secondhand trauma		
30	Training for the staff		
31	Holistic services		
32	Perhaps one of our solutions as a system could be to form a cohort that researches various funding streams and helps to guide the CoC to pursue new funding streams. These alternative funding avenues could help support raising frontline staff pay, repairing shelter facilities, and increasing holistic supports provided by shelters.		
33	And we could pair that new funding with very clear expectations of the standards of care. With clearly outlined consequences that are communicated up front so there is no question of how accountability will be held when shelters fail to meet community expectations.		
34	Legal services to help eliminate barriers to housing and employment, among many other things.		
35	I would appreciate a better shared understanding of what services each shelter is funded and able to provide as I'm hearing each shelter is different. And working to integrate systems and		

	<p>programs to bridge those gaps and connect all people in any shelter to services we know we have in our community. (Transportation, workforce development, choice of mental health services, DV/HT/SV, senior sports, youth support, disability/SOAR, etc.)</p>		
36	<p>Healing has to take place. Mental health counseling is necessary but there are a lot of other healing modalities (yoga, meditation, physical therapy, acupuncture).</p>		
37	<p>Need for grief counseling</p>		
38	<p>Regarding "holistic services, the VA's Whole Health approach may be of interest: <a href="https://www.va.gov/WHOLEHEALTH/circle-of-health/index.asp">https://www.va.gov/WHOLEHEALTH/circle-of-health/index.asp</a></p>		
39	<p>Training for staff regarding violent clients</p>		
40	<p>Botanic gardens being planted? i feel that nature is another wellbeing technique. Community vegetable garden.</p>		
41	<p>Childcare support</p>		
42	<p>Services for minor children in families (field trips, opportunities for joy, game room, homework room, Head Start programs, case management for children, educational support services, parenting classes, early on services, quiet spaces)</p>		



43	Ensure behavioral health providers have experience working with children		
44	Making the space warm and child-friendly		
45	Art programs		
46	College information		
47	Resource rooms		
48	<p>Service ideas: housing counseling, targeted case management that supports clients in multiple areas of their lives that they need to get on their feet, employment support, education support (for children and adults), support navigating the child welfare system, transportation, financial planning, medical supports, mental health, case management made available to children, etc.</p> <p>Training ideas: Training for clients on the homeless response system and what to expect while you navigate through it, how to live in a communal setting, de-escalation training, how to navigate the housing process, financial planning, digital literacy, etc</p>		
49	Quiet rooms		
50	These programs can also be great in housing programs -- where the shelter is short-term and housing program is full of supports.		

51	Child care/play rooms in shelters with reliable & safe child supervision, so parents can have the time/mental capacity to do laundry, apply for jobs, or process what they are experiencing		
52	A refocus for case management as an intervention on the same level, and importance of housing. This could be achieved by focusing on and defining functional engagement and quality case management.		
53	Tech training		
54	Job developer on site		
55	More case managers		
56	Do not eliminate and forgo opportunities for joy		
57	New Programs to help clients rebuild their respect for self. Then that might help clients do better and may potentially affect their level of respect toward other people, places, and property.		
58	One thing that the youth elevated over and over again in YHDP is that we don't only focus on the technicality of supports and "doing the work", but that we should also create opportunities for joy and fun and laughter. This allows us to recenter on our humanity and take a breath in the midst of the stress.		

59	Maybe a type of crisis intervention team or protocol to deploy for support when there is a crisis situation or law enforcement involvement at a facility		
60	Dispersing shelter space versus one building		
61	Also I know we've shifted the conversation but want to lift up the idea of a standardized staff training system across the CoC for HMIS entry/case management/document collection...all of it. Everyone is definitely not on the same page. Maybe the creation of a full time CoC employee who can implement and conduct that training and do in-service trainings. Implicit/unconscious bias training as well.		
62	Youth specific services		
63	Know your Rights workshop		
64	How can all of the homeless agencies come together as a team to do a joint community fundraiser to be shared by all who participate? Why not look for a philanthropist or group that has homeless on their mind to take a lead in a community fundraiser?		
65	Temporary Transitional; Apartment Housing for Domestic Violence Victims with Children		

66	Stop forcing clients to attend religious events that most are not interested in or not the same denominations that they are a part of.		
67	Mental health for teens with in school		
68	Can shelters connect to college promise, filling out FAFSA, etc.		
69	Access to transportation to run errands		
70	More SOAR certified staff		
71	More connections with legal services		
72	School and shelter partnerships		
73	Nursing or other medical staff that can support clients with health needs that they may have that have historically proven as barriers to folks accessing shelter because general staff do not feel equipped to handle.		
74	Accessibility across the board in all programs is needed for both those with disabilities and seniors. Their needs are closely related		
75	Adult Foster Care services; we have a lot of clients who would not be able to live on their own. Be more on top of this.		
76	Shelter having access to more community partner like local childcare facilities		
77	Survivors of domestic violence, sexual violence and human trafficking need		

	more beds and specialized programs		
78	Advocate for homeless people highlighted senior/disabled		
79	Faster movement out of shelter into supported housing		
80	At one shelter in Detroit, we have onsite childcare and we are partnered with TOFM but we are community partners with our neighboring childcare facilities.		
81	Training needed on how to access AFC will be needed. Also making sure that they are Licensed.		
82	More funding resources for security deposits and first month		
83	Medical respite programs?		
84	We have a very small Flexible funding pot for DV survivors and it is life changing		
85	Freefrom has demonstrated the impact of direct cash assistance on housing stability		
86	Unrestricted cash funds for individuals and families experiencing homelessness. They know what they need and how to allocate funds better than any organization.		
87	also credit repair and micro loan		
88	Or some type of match funding for those working and trying to move into housing		

89	A full set of supports across the financial needs continuum to help people get back on their feet, including non-financial supports like expungement		
90	Addressing evictions on credit		
91	Better resources for LGBTQ residents. Better policies on treatment for this population. No one is trained to deal with their concerns. Got to make their own shelter or enforce these policies by a funder perspective		
92	Also sexual assault survivors need additional supports and often are not screened for SA- this is particularly true for LGBTQ clients with a history of sexual assault or sexual assault in shelter		
93	In today's economy multigenerational and non-traditional families is something I see a lot more of. Supports to keep families together regardless of societal norms/expectations		
94	Bilingual		
95	Those in wheelchairs and electric mobility devices need much more focus.		
96	Undocumented folks. We need bilingual supports and education on what they are eligible for, especially if they have children. We need more in-depth training on this population		

