

# **Detroit's Strategic System Improvement Planning Process: Community Planning Sessions on Reimagining Shelter**

Prepared by HAND and HRD staff with support from Barbara Poppe and Associates.

November 2023

## **Detroit's Homelessness System Overview: Shelter**

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## **Purpose**

The Reimagining Shelter Community Planning Sessions will focus on the following key strategy questions:

- How can the community implement recommendations from the Reimagining Interim Housing Project to transform approaches to sheltering people?
- What strategies should be undertaken to transform approaches to sheltering people experiencing homelessness?
- How should these be prioritized?
- What types of goals and metrics should be developed
- What community partners and resources should be engaged?

The background provided in these briefing materials are intended to be used to prepare for the Community Planning Sessions and to be used during the sessions.

During each session, we will be working through this agenda:

### **Agenda**



**Opening:** Welcome, Framing, and Flow



**Grounding:** Background information and data



**Vision and Values:** To guide community's approaches to rehousing & housing supply



**Solutions:** Identify potential solutions and strategies, both improvements and innovations



**Prioritization:** Determine highest-priority solutions and strategies, input on roles and timeframes



**Closing:** Will make sure we end on time

During the “Grounding” section we will hear from a resident with lived experience on the topic that we are considering. During the “Vision and Values” dialogue, we will consider the vision expressed in Detroit’s Housing Justice Roadmap (included within this document). During the “Solutions” jam session, we will ask participants to generate

proposed solutions (see below). During the “Prioritization” dialogue, we will describe the process that we will be using in follow up to the session to prioritize among the solutions generated during the jam session, unless there is easy agreement and alignment on a few solutions. We are expecting lots of great ideas, so we want to give everyone time to consider the options. We will move through each agenda item to be sure we conclude within the timeframe. We are encouraging participants to bring their ideas for solutions that are either “improvements” or “innovations” (defined below). For each proposed solution, we will need a description of the solution and a statement about the expected impact (defined below).

## **Definitions**

- **IMPROVEMENTS** to be made within existing efforts and programs (e.g., staffing and role clarification, streamlining, policies and practices, improved partnerships, improved public policy, etc.)
- **INNOVATIONS** to be tried and tested to support transformation of approaches (e.g., new models, new partnerships, new services and staffing designs, new capacity-building efforts, etc.)
- **Impact of solution** describes what results will occur when the solution is implemented and/or the problem that is solved by the solution. For example, the statement could be “reduces time from referral to move-in which reduces vacancies in PSH and reduces average time homeless.

## **Summary of System Key Indicators and Needs**

According to data collected by the Detroit Continuum of Care and analyzed by Barbara Poppe & Associates:

In FY 2022 an estimated annual total of 5,901 households (8,537 people):

- Experienced homelessness in Detroit sometime during the year; and
- Were served by a homelessness assistance program, including crisis response programs such as emergency shelter and transitional housing; and/or
- Were served by a housing stabilization services program, such as rapid rehousing or permanent supportive housing programs, during the year

More than 1,100 households are served by rapid rehousing programs and more than 2,100 were served by permanent supportive housing programs.

Key demographics include:

- Black people are overrepresented among the homeless population in Detroit. While Black people make up 78% of the general population, Black people make up 84% of

single adults experiencing homelessness and 94% of households with children experiencing homelessness.

- A majority of people experiencing homelessness in Detroit are single adults, and of those adults, 30% are women, 69% are men, and 1% are either transgender, questioning or of no single gender.
- Single adults reporting a domestic violence status represent 17% of the adult population, but the rate of reported domestic violence more than doubles for families at 39%.
- Rates of chronic homelessness range between 8% for families and 18% for single adults.
- At least one in five persons experience unsheltered homelessness prior to enrolling in a program.

System Performance Measures (SPMs) are a set of standard metrics applied to all CoC systems funded by U.S. Department of Housing and Urban Development (HUD). The Detroit CoC system submits SPM results on an annual basis to HUD. Detroit's most recently submitted SPMs reveal the following:

- The median length of time households experience homelessness in shelter is 69 days.
- Prior to entry, people residing in emergency shelters, safe havens, transitional housing, and other permanent housing experienced a median time of homelessness of 203 days.
- Over a two-year look back period, 21% of all households who exited homelessness to permanent housing ultimately returned to homelessness.
- Between 73% to 77% of households who experience homelessness are "first time homeless," meaning that there is no prior record of enrollment in a homeless assistance program for that household within the previous 2 years.

To address these and other challenges, this community planning session is being conducted to improve rehousing strategies and housing supply in Detroit. Per the recently released [Interim Findings Report](#) recommendations:

**“Critical and profound issues with facilities, programs, and practices, resulting in at times traumatizing experiences for people within shelter programs and people who are unsheltered, must be addressed.”**

The background provided in these briefing materials are intended to be used to prepare for the Community Planning Sessions and to be used during the sessions.

## **Statement of Values**

During each Community Planning session, we will consider the statement of values below, which was adopted during Detroit's previous project conducted in partnership with the National Innovation Service to create a [Housing Justice Roadmap](#).

### Detroit's Housing Justice Roadmap Vision:

#### **Pillar 1: Detroit's response to homelessness is led by people with lived experiences who reflect the community.**

- The community should co-design and implement system transformation and have community power to hold the system accountable
- Leadership at the administrative and agency level need to reflect the community served by representing Black, Brown, trans and gender nonconforming (TGNC), lesbian, gay, bisexual, or queer (LGBQ) Detroiters and have lived experience of homelessness.
- Providers must be supported in hiring people who have experienced homelessness so they can advise on and lead service provision across the city.

#### **Pillar 2: Members of the community experience homelessness rarely, and when they do, it's for a short time and only once.**

- A system must address the high barriers to accessing crisis housing (shelters) for members of the TGNC community through safe and equitable access and ensure that support is available to quickly move to long-term housing.
- A system must address barriers to quick, safe, access to long-term housing including issues with coordinated entry, prevention programs to keep people in their homes, and the lack of affordable housing stock in the community
- A system must coordinate resources, including economic supports, across the community and improve the quality of supportive services within homeless programs.

#### **Pillar 3: Housing security will be achieved by keeping people in their homes, developing affordable options, and helping to recover generational wealth.**

- The city and county must invest in the revitalization and development of safe and affordable housing prioritized for people experiencing homelessness and housing instability.
- Detroit and Wayne County administrators must coordinate and prioritize homeownership supports for Black, Brown and LGBTQ communities to help build generational wealth.
- Detroit and Wayne County must address policy issues that have led to the historic loss of homes for the Black community in Detroit

#### **Pillar 4: Housing and services are rooted in dignity.**

- A system must provide services that are safe and accessible for all and
- that respect, empower, and value all individuals, especially Black, Brown, and LGBTQ community members.
- Services should be designed with and provided by people who have experienced homelessness or housing instability.
- Providers must address organizational culture issues that lead to discrimination and lack of accountability to people being served.

## **Input from Residents With Lived Experience From Interim Report**

The City of Detroit Housing and Revitalization Department, Homeless Action Network of Detroit, and Detroit Continuum of Care are working with Barbara Poppe & Associates An Interim Findings report was released as part of the strategic planning project and is available for your review. You can find it at the link below.

[https://detroitmi.gov/sites/detroitmi.localhost/files/2023-10/BPA\\_DETInterimFindingsReport\\_FINAL.pdf](https://detroitmi.gov/sites/detroitmi.localhost/files/2023-10/BPA_DETInterimFindingsReport_FINAL.pdf)

For your convenience, we want to focus your attention on one section of the report that summarizes the input and guidance of people with lived experience. This section is included below.



### **Overview**

On behalf of the BPA Consulting Team, David Dirks and Kourtney Clark have led robust engagement efforts with participants experiencing homelessness, who are all being compensated for their time, including both virtual and in-person focus groups and 1-on-1 conversations. To date, 10 virtual focus groups and 3 in-person focus groups have been facilitated, and a total of 62 people have participated in focus groups or 1-on-1 conversations, including youth and young adults, participants of shelters and programs for families and individuals, participants of domestic violence shelters, and participants currently housed through rapid rehousing or housing voucher programs. In addition to the 62 individuals who participated in these forms of engagement, members of the consulting team also interacted with people staying in shelters and receiving other services during the onsite visit in July 2023.

Input and guidance provided through these discussions is summarized below, organized by the following themes: Accessing the Homelessness Response System of Care; Shelter Access, Quality, and Client Experiences; Finding and Securing Housing; and Training for Staff.

#### **Accessing the Homelessness Response System of Care**

##### ***Themes within Guidance Provided***

- Some providers provide high-quality services, but not all providers are able to offer a robust set of services and **people needed to seek assistance from multiple programs and organizations.**

##### ***Illustrative Quotes from Participants***

*“While experiencing unsheltered homelessness, sleeping in my car with my children, and riding the bus, a lady provided me with a number to call CAM coordinated entry. It was hard to get through to CAM – was told to call back in the morning.”*

- Participants reported that **word of mouth or calling around to find help was the primary way that people learned about how to access the homelessness response system** or found any forms of help.
- Participants report **experiencing very long wait times to access Coordinated Access Model (CAM)<sup>1</sup> or shelters and also that wait times for receiving referrals were very inconsistent**, ranging from it taking 5-10 minutes to get a referral and calling a provider, to 5 months being in a shelter before receiving a CAM referral for housing.
- Participants also **report being treated rudely when seeking assistance from CAM, shelters, and/or other programs** and also expressed frustration with the paperwork involved with CAM.
- **Mistrust of some faith-based providers among some community members** was reported.

*“I stayed at three shelters (total of 9 months) before entering Coordinated Entry.”*

*“Called CAM and had to wait 2 – 4 days to get access to a shelter. The CAM Staff was rude over the phone, shelter staff was rude. I had to show up to get assistance.”*

*“When I first called CAM, I had traveled 45-minutes to a DV shelter, and it was full. I called CAM back and waited 8 hours for help.”*

*“I asked for services every day but was told by case managers that they didn’t have any services.”*

*“When my son got really sick, my provider was extremely helpful by taking me to the doctor, they provided mental health resources, transportation, therapy, and legal help to name a few.”*

## Shelter Access, Quality, and Client Experiences

### Themes within Guidance Provided

- Participants reported that it is often **difficult to access shelter, that the response to people calling for help is inconsistent, that there is a lack of clarity about the availability of beds and resources**, and that it is especially hard to find shelter for someone under 18 years old.
- Participants had many **concerns and complaints regarding the physical environments and facilities in shelters**, noting that:
  - Some family shelter participants reported staying in basements with bugs and vermin, and some shelters have mold and leaking water.
  - Some participants reported that shelters have 10 families in one room, some shelters do not have beds for people to sleep in, and adults and children sometimes have to sleep in chairs.

### Illustrative Quotes from Participants

*“Had to physically show up for shelters to get help.”*

*“If not present by time provided, then shelter space or bed was given away, even if late by 5 minutes.”*

*“I am in a wheelchair and have a disabled child, we have to leave the shelter every day and wait in the neighborhood regardless of the weather until it re-opens in evening. The shelter doesn’t have transportation that is wheelchair accessible so I am on my own with my child.”*

*“We are staying in the emergency shelter overflow in chairs or cots in the basement.”*

*“I was racially profiled, however there was a good case manager that stayed*



- Some also reported that shelters are not fully accessible for people with disabilities and that requests for reasonable accommodations are not handled consistently.
- Participants expressed **concerns with the professionalism of staff, inequitable treatment of clients**, and inappropriate relationships among staff and between staff and clients.
- Participants also expressed concerns regarding **selective application of rules and policies, as well as inconsistent policies across programs**, such as:
  - Some reported that shelters require participation in prayer regardless of clients' wishes or preferences.
  - Participants with jobs reported that they were sometimes treated unfairly if they didn't meet curfew or attend some required meetings.
- People reported **significant levels of violence in the shelter system** and that staff are not trained in providing help when participants have mental health crises.
- Participants also reported that **most shelters are not friendly or welcoming – and can be dangerous – for LGBTQ+ individuals**.
- People also expressed **desire for shorter shelter stays and for quicker access to permanent housing** and also noted that some shelters are too far away from jobs and essential services.

*and stuck with me through finding housing.”*

*“I walk with a cane and was placed on the 2<sup>nd</sup> floor, there is no elevator in the building and I had to walk up and down for food.”*

*“Gay and Trans people are getting beat up in shelters. I want to build a new shelter for gay and Trans people.”*

*“We need better wait times to get into housing – no one should stay in shelter for more than 6 months. We need more housing support for folks.”*

*“There wasn't always bus tokens or transportation available, so I had to quit my job because it was difficult for me to get to work within the curfew limitations.”*

*“I called CAM and was directed to a shelter immediately. I was asked some questions, and was told there was a bed for me, I was picked up with my belongings and was taken to a shelter. Within my 4<sup>th</sup> week, I was provided with RRH voucher through my program, and from March to June I was able to find a place and now I have a section 8 voucher.”*

## Finding and Securing Housing

### *Themes within Guidance Provided*

- Market forces are making **finding housing difficult for many low- or no-income participants**.
- Many participants indicated that they **did not receive any help with locating housing or that housing resource information they were provided (lists, pamphlets, numbers of landlords) were outdated**.

### *Illustrative Quotes from Participants*

*“When I received my RRH voucher I got no help from [program], I was given a housing resource from 2019 in 2022.”*

*“They buy bulk public records, and the information is not accurate.”*

- Some participants stated that they **received helpful assistance from providers in finding, locating, and securing housing**, experiences that seemed to be connected to a special funding program.
- Others expressed that the only services that are provided is assistance getting on the voucher list, but there are **not any mental health, employment and transportation resources**.
- Overall, **people believe their success in finding and securing housing is driven by their personal efforts**. Some people reported it took them 1 – 2 years to find housing, while others found housing within 3 months.
- Participants indicated that there is a **need for better landlords and for strategies to encourage landlords to work with rapid rehousing participants and housing voucher holders**.
- People also expressed that many people who move into housing **do not receive assistance with the basic necessities to make it a livable home**, such as furniture, mattresses, linens, basic kitchen item, supplies needed for infants and children, and other essentials.

*"I got wind of my shelter closing so I started looking for housing myself, no one at the shelter was working to re-shelter or rehouse me."*

*"I am still searching for housing after 6 months with my voucher."*

*"There are no housing navigation resources."*

*"No one talked to me about deposits required for water, power or the responsibility to pay those bills. I am scared of losing my housing or not being able to maintain."*

*"I've been here for 2 years, and have been waiting for a voucher for 2 years."*

## Training for Staff

### **Themes within Guidance Provided**

- Overwhelmingly participants have noted the **need for staff to be trained more, including customer service training**.
- Other staff training topics prioritized include training that will support:
  - Implementation of **trauma informed care**.
  - Shifting of **programs' cultures**.
  - Shifting away from **abusive behavior, including mental and verbal abuse**.
- Participants also noted that **more staff should be hired**.

### **Illustrative Quotes from Participants**

*"There are some good programs, but terrible execution; they need better training and customer service."*

*"Staff need more empathy towards participants."*

*"The staff here, put clients to work such as cleaning, but there is no compensation."*

## **Background Materials Overview: What Shelters Serve Detroit?**

*Disclaimer: The following data briefly summarizes the shelter system in Detroit. Due to time constraints in gathering this data, this list is not exhaustive.*

There are two main funders of the Detroit homelessness system’s shelters: the City of Detroit’s Housing and Revitalization Department and Michigan Department of Health and Human Services. The table below represents the City’s 2024 funding and the State’s FY2024 funding for shelters.

<b>Program</b>	<b># of Beds (as listed in COD funding)</b>	<b>City of Detroit Funding</b>	<b># of Beds (as listed in state funding)</b>	<b>State of Michigan Funding</b>
Alternatives for Girls	6	\$100,000		
*Cass Community Social Services	115	\$700,000	75	\$579,220
COTS	70	\$305,109	23	\$386,771
Covenant House	26	\$83,000	45	\$223,396
*DRMM	269	\$865,924	304	\$888,250
Michigan Veterans Foundation	20	\$88,546	20	\$44,595
NSO	56	\$500,000	56	\$357,602
St. John			100	\$548,559
The Salvation Army	55	\$220,000	55	\$283,338
YWCA	67	\$83,000		
Freedom House	56	\$198,657	56	\$150,000
Methodist Children's Home Society	32	\$83,000		

<b>TOTAL</b>	<b>772</b>	<b>\$3,227,236</b>	<b>734</b>	<b>\$3,461,731</b>
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\*Cass and DRMM funding represent funding for multiple sites and includes warming centers. DRMM funding is subject to change due to alterations in shelter operations.

## **Shelter Data: Funding, Usage, and Performance**

### *Funding*

The City of Detroit’s Housing and Revitalization Department (HRD) has two sources of federal funding to support homelessness services: Community Development Block Grant (CDBG) funding and Emergency Solutions Grant (ESG) funding. The City does not currently allocate any General Funds to support shelters, so federal funding is the only assistance provided. During the pandemic, the **drastic but temporary** coronavirus relief (CV) funds received from the federal government allowed HRD to put more federal funding into the shelter system.

### *City of Detroit Funding for Emergency Shelters*

Program Year	Federal Funding for Standard Emergency Shelters (includes Warming Centers, which provide temporary shelter during the colder months)
1/1/2021-12/31/2021	-\$6,448,981.96 (includes CV funds) -\$2,133,186.28 (CV funds for isolation shelter)
1/1/2022- 12/31/2022	\$2,573,472.34
1/1/2023-12/31/2023	\$3,039,733.48 (includes CV funds)
1/1/2024-12/31/2024	\$3,227,235

### *Inventory and Usage*

On January 25, 2023, the Detroit Continuum of Care had the following inventory of emergency shelter beds, seasonal beds, and overflow beds:

CATEGORY	SINGLE BEDS		PERCENT CHANGE: + or (-)	FAMILY BEDS		PERCENT CHANGE: + or (-)	TOTAL BEDS		PERCENT CHANGE: + or (-)
	2022	2023		2022	2023		2022	2023	
EMERGENCY SHELTER*	720	713	(<1%)	271	306	12.9%	991	1019	2.8%
SEASONAL BEDS	N/A	N/A	N/A	N/A	N/A	N/A	179	125	(30%)
OVERFLOW BEDS	N/A	N/A	N/A	N/A	N/A	N/A	326	54	(83%)

\*Overflow beds are defined as beds available on an ad-hoc or temporary basis during the year in response to demand that exceeds planned bed capacity.

From July 2022 to June 2023, the homelessness system served the following households in three types of facilities:

Type of Shelter	Total Households Served	Total Persons Served	Total Persons Served By Race
Emergency Shelter	2771 households	3471 individuals	2964 (Black) 308 (White) 82 (Hispanic/Latinx) 90 (Multiracial) 27 (Other, Non-Hispanic)
Warming centers	362 households	502 individuals	452 (Black) 33 (White) 4 (Hispanic/Latinx) 9 (Multiracial) 4 (Other, Non-Hispanic)
Hotels/motels	76 households	212 individuals	201 (Black) 6 (White) 4 (Hispanic/Latinx) 1 (Multiracial)

### Performance

HRD uses performance benchmarks to measure the impact of organizations who seek City funding to operate homelessness services. The goal of these benchmarks is to see

improved performance compared to the “baseline” performance reached by organizations in the previous funding year, as shown in the table below.

<b>Percentage of Exits to a Permanent Housing Location</b>	Type of Household	CY2022 Baseline (the percentage of households that actually exited to permanent housing in 2022)	CY2023 Performance Benchmark
	Family	54%	73%
	Singles	30%	34%
	Youth	71%	70%

As prescribed by the federal government, the Detroit Continuum of Care uses various system performance indicators to understand the effectiveness of Detroit’s homelessness response system in connecting residents experiencing homelessness to housing. As shown in Figure 1 below, the average length of time people remained in emergency shelter and transitional housing before exiting was roughly 109 days in FY 2022.

Figure 1

**Table 4: System Performance Measures Summary, FY22**

<b>System Performance Metric</b>	<b>Result</b>
<b>SPM 1.1a:</b> Length of Time Homeless in emergency shelter and transitional housing <b>average</b>	109 days
<b>SPM 1.1a:</b> Length of Time Homeless in emergency shelter and transitional housing <b>median</b>	69 days
<b>SPM 1.1b:</b> Length of Time Homeless in emergency shelter prior to housing move in <b>average (i.e. of those who achieve a permanent housing exit)</b>	471 days
<b>SPM 1.1b:</b> Length of Time Homeless in emergency shelter prior to housing move in <b>median (i.e. of those who achieve a permanent housing exit)</b>	192 days

In Figure 2 below, system results show that in FY2022 (10/1/2021-9/30/202) of the 1,643 people who exited emergency shelter to a permanent housing situation two years prior, roughly 25% returned to homelessness within two years.

Figure 2

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	261	11	4%	5	2%	13	5%	29	11%
Exit was from ES	1643	207	13%	97	6%	110	7%	414	25%
Exit was from TH	339	21	6%	10	3%	19	6%	50	15%
Exit was from SH	18	2	11%	0	0%	2	11%	4	22%
Exit was from PH	574	41	7%	28	5%	23	4%	92	16%
TOTAL Returns to Homelessness	2835	282	10%	140	5%	167	6%	589	21%

\*SO is Street Outreach which serves households who are unsheltered; TH is transitional housing; PH is permanent housing.

## **Services, Grievances and Quality Standards**

### *Shelter Services*

Although services may vary from shelter to shelter, these organizations generally provide the following services to clients:

- Individualized Case management
- Developing a Housing Plan which outlines how the household will move into permanent housing
  - Assistance in obtaining housing readiness documentation (ID, birth certificate, social security card, proof of income, etc.)
  - Housing search
    - Identifying, providing, and assisting with leads for potential units within clients income range, desired location, etc.
  - Housing Choice Voucher (HCV) pre-applications and renewals and management
  - Connections to healthcare as much as possible (physical and/or mental health resources) and workforce development

Shelters should have a caseload of 1 case manager to 25 clients, per these organizations' contracts with the City of Detroit (only applies to those who get City funding). All shelter placements occur via the coordinated entry system called CAM, except for programs that serve these domestic violence survivors and those seeking asylum. At this time, CAM does not operate a waitlist and shelter referrals occur daily based off immediate need.

### *Standards for Shelters*



The Department of Housing and Urban Development (HUD) is the federal entity that provides most of the homelessness funding and as such has implemented Minimum Habitability Standards for Emergency Shelters of which MDHSS and MDHHS and City of Detroit follow. They have outlined minimum standards for shelters to ensure the health, safety, and well-being of residents. Standards outlined by MDHHS include, but are not limited to: providing program participants in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings; providing or ensuring linkages to mainstream resources; and ensuring accessibility for residents with disabilities.

Standards outlined by the City of Detroit HRD include, but are not limited to: all persons in housing crisis should be treated with dignity and respect, all households will be treated fairly and will have all rules implemented consistently, and no persons seeking shelter should face discrimination based on race, religion, ethnicity, national origin, sexual orientation, gender identity/expression age, political beliefs, disability, or family composition.

### *Resolving Client Complaints*

Currently, shelters may gather resident/client input on their services but there isn't a formalized, citywide process for gathering this input or sharing agency-wide surveys out to the larger public.

Each shelter must have an established grievance or complaint resolution process. Residents who feel that their rights were violated or were mistreated are encouraged to file a grievance with the agency directly. Agencies are then tasked with ensuring their complaints are resolved in a safe and dignified manner, without fear of retaliation. There are times when either the agency does not resolve the grievance to the resident's satisfaction or the resident does not feel comfortable filing a complaint directly with the agency. In these cases, residents can choose to file a grievance through a formalized and system wide process called the Continuum of Care (CoC) Grievance Committee.

The CoC's Grievance Committee handles grievances filed by residents who are or have been in a homelessness service program, which includes emergency shelters The City of Detroit and Homeless Action Network of Detroit (HAND) co-staff this committee receive client grievances, conduct investigations, and present to the committee of system stakeholders for votes on how to resolve cases.

In 2022, 29 grievances were substantiated against a program funded by the City, MDHHS, and/or HUD CoC program. From January 1, 2023- October 25, 2023, there have been 6 substantiated grievances. The following tables show the nature of these grievances (grievances could fall into multiple categories).

2022 Grievances



Nature of Grievance	Number of Substantiated Grievances Fitting that Category
Client mistreatment	12
Program policy and procedures	7
Denied entry	2
Building conditions	2
Discrimination	1
Wrongful termination	5

2023 Grievances

Nature of Grievance	Number of Grievances Fitting that Category
Client mistreatment	2
Program procedures	0
Denied entry	1
Building conditions	0
Wrongful termination	3
Missing property	0

Once a grievance has been substantiated, the offending agency must implement corrective action to prevent future incidents from occurring. These include but are not limited to staff disciplinary action and training, updating policies and procedures, and building improvements. Substantiated grievances are also taken into consideration during the CoC Grant Renewal and HRD’s Annual Notice of Funding Availability processes which result in a loss of points on these applications.

*Response to the Pandemic*

When the pandemic first began, system partners, providers, and funders needed to quickly develop protocols to keep both residents and staff safe. The City worked closely with the Detroit Health Department to develop infectious disease mitigation protocols for shelters and other homeless service providers. Part of this communication effort included daily and then weekly CoC-wide webinars to keep everyone informed as the pandemic evolved. It proved to be an efficient method to communicate with many providers while also providing a way to learn about on-the-ground challenges that required system-level solutions.

In addition to increased coordination and communication, the City used HUD Coronavirus Relief (CV) funds to fund the Detroit Rescue Mission to add 140 additional shelter beds in April 2020 to allow for increased spacing to prevent the spread of COVID-19. In addition to these beds, the City of Detroit stood up a separate quarantine and isolation shelter for those who were symptomatic and/or COVID-19 positive. This allowed for a safe place for these households to shelter at while also mitigating illness throughout the larger shelter

system. The unique shelter was made possible through joint efforts from the City of Detroit and non-profit partners like The Salvation Army Detroit Rescue Mission Ministries. The shelter was in operation from April 2020 through the end of June 2023.

Outside of the immediate health and safety intervention listed above, one pilot program implemented with CV funds stood out as a model for future best practice. While the majority of efforts focused on congregate shelters, another population was also brought to the forefront- households living in places not meant for human habitation such as in parks, cars, and other outdoor locations. The community saw that when individuals moved between outdoor living locations, they just as easily spread COVID-19 as they would have if living in an emergency shelter. This illness, coupled with increased health risks of living outdoors, amplified individuals' risk of mortality. However, the current shelter system, for a variety of reasons, was not something these households felt comfortable utilizing.

In an effort to better serve these households the City utilized the CV funds to stand up a "No Barrier" shelter for this population. This shelter was unique for a number of reasons:

- Non-congregate for all household types, including single adults
- Adult couples were allowed to shelter together in the same room
- Allowed pets without requiring them to be an emotional or service animal
- Alcohol was not banned as long as the participant was of age
- No curfew, residents could come and go as they pleased
- Intensive case management that occurred multiple times a week
- Weekly case conferencing facilitated by City staff that brought together shelter staff, CAM, and the permanent housing staff the resident was connected to facilitated by City staff
  - Focused on problem solving barriers to housing
  - Housing search and landlord engagement

This pilot program resulted in a 90% retention in shelter and similar lease up rate showing that for many living outdoors, they may be willing to stay in a shelter if the shelter is willing to accommodate the household, not the other way around. While another shelter like this has yet to be replicated, this program has resulted in utilizing case conferencing in many shelters to expedite permanent housing placement.

## **Special Initiatives**

### *Community Standards for Shelter*

HRD is in the process of working with shelter providers to develop a set of community standards. By the end of the process, the goal is to have all shelters provide a similar set of services and experiences. Some of the standards that will be considered include:

- Curfew can be no earlier than 9pm on weekdays and no earlier than 11pm on weekends. Clients are expected to be in the shelter no later than the established time, with exceptions to work schedules, prior notice from appointed staff and/or emergency situations, and after-hours/walk-ins clients.
- Shelter beds will be held for a period of one night of a person's absence from the shelter. Flexibility with clients given certain circumstances requires pre-approval. All shelters should have a clear process for holding beds in the case of extenuating circumstances.
- To eliminate any issues of not being able to meet curfew and being denied entry, client's employment status should be established at intake or when employment is gained. Shelters should not require clients to provide documentation to prove their employment; Self-declaration of employment will suffice as appropriate documentation. However, if the client works past shelter curfew, then additional information can be requested.
- Provisions and exceptions, for daytime access should be provided, dependent on client situation; exceptions need to be made for clients who are sick, employed on alternative shifts, non-school aged children and their mothers, and seniors.
- The City of Detroit requires all ESG-funded shelters to comply with Americans with Disabilities Act (ADA) and to ensure provisions for services are made for those who have a service animal.
- Involuntary exits (I.e. bans) should be limited to extreme cases, such as physical violence or the use of a weapon and cannot last longer than 6-months. Clients will be allowed to re-enter shelter after the ban expires
- As part of client's discharge/termination, if needed, shelters should hold client's personal items for 7 business days after the client has exited.
- All clients who present as walk-in/overflow should be entered in the Homeless Management Information Systems (HMIS) and connected with CAM the next business day; CAM will assist with connecting client with navigation services and potential shelter placement, when available

### *Sheltered Housing Placement*

Sheltered Housing Placement (SHP) is a new Rapid Rehousing program type focused on households who reside in emergency shelters and have received MSHDA Housing Choice Vouchers. Administered by Community & Home Supports, the program's goals are to move clients out of shelter quickly, increase HCV lease-up rates, and assist households in navigating the voucher process. This program has been operating for just under one year and has so far leased up 151 households with their voucher, thus ending their homelessness.

### *Client Rights*

As part of the CoC Grievance policy, the City of Detroit and the Homeless Action Network of Detroit developed a Client Rights document so that each resident would understand their rights when entering into the homelessness system. Recently HAND has partnered with the Detroit Advisors Group, comprised of residents with lived experience of homelessness, and the Youth Action Board to update this document. This list of rights includes ensuring residents feel secure in making decisions without fear of retaliation, residents are educated about their rights over time, shelter and housing program staff are trained to create a culture of respect, and residents' gender identity is respected and honored.

*Youth Homelessness Demonstration Project*

In July 2021, the Detroit Continuum of Care (CoC) applied for a grant opportunity known as the Youth Homelessness Demonstration Program (YHDP). YHDP is a federal funding opportunity made available through HUD to reduce youth homelessness.

In September 2021, Detroit was selected to receive \$5.7 million dollars. This launched Detroit into a coordinated planning process. The Coordinated Community Plan to End Youth Homelessness (CCP) is an initial planning process required by HUD to describe the current youth homeless system, desired future system, and potential housing solutions for youth. The Coordinated Community Plan was developed over a period of 8 months (November 2021-May 2022), in partnership with national HUD technical assistance providers, community stakeholders, youth service provider agencies, government partners, and the Youth Action Board (YAB).

he following recipients received YHDP funding in Detroit after planning efforts:

Project	Overview	Amount
Ruth Ellis Center – Permanent Supportive Housing	Permanent housing assistance with wrap around case management and support	\$711,507
Methodist Children’s Home Society and Detroit Phoenix Center – Transitional Housing Rapid Rehousing	Youth will have access to a 24-hour crisis bed with a pathway to up to 3 years of housing assistance and wrap around supports	\$2,696,311
Methodist Children’s Home Society – Crisis Mental Health Team	Peer supports and mental health professionals will be immediate responders to calls from young people experiencing mental health crisis that are affecting their housing stability	\$903,626
Community and Home Supports – Coordinated Entry	Improving the way that youth access the homelessness response system and are prioritized for resources, including efforts	\$495,927

	to identify youth and connect them to support	
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Some lessons learned from this initiative include:

- Inclusive processes may not always be able to fall traditional timelines. Additional elements will need to be built in for training and ensuring that PWLEH have the knowledge and support they need to move the work forward.
- You must consistently return and recenter on the vision. Leadership must frequently recenter and advocate for that vision and assess the direction of decisions to ensure they remain in alignment with the vision. The YHDP vision was developed fully by youth and this vision operated as a north star for all phases of the YHDP work over the past 2.5 years.
- Inclusivity requires intentional power sharing and at times putting mechanisms into place that protect the power of people with lived experience of homelessness.
- Engagement from system providers was widely varied in YHDP implementation. Providers who advocated for the initiative did not come to the table consistently to be a part of the work once the funding was secured. The planning team had to move forward with the providers who were willing while continuing to hold space for other providers to come to the table when they could so as not to leave them fully behind.
- Being inclusive requires active listening from leadership. As persons elevate issues and barriers or advocate for solutions, we must be careful not to dismiss them due to their difficulty to implement or fall back on parroted phrases of “that’s not how things are done” or use existing system limitations as an excuse to stay stuck. We must be open to new ways of operating and willing to try new things.
- Having clear, dedicated staffing capacity to champion the work and ensure sustained commitment to its prioritization is essential for success.

### **Additional Notes on Transitional Housing**

Detroit has both traditional transitional housing programs, and joint component transitional housing and rapid rehousing programs that work with households fleeing domestic violence situations. These programs include short-term temporary housing to facilitate the move to permanent housing. People experiencing homelessness may live in transitional housing programs for up to 24 months and receive supportive services that enable them to live more independently. These programs are funded through HUD funding that the CoC receives through its annual application for homelessness funding, as well as City funding.

In Detroit, these programs can be used as a shelter bed, and coordinated entry staff can send immediate referrals for these resources. The community's transitional housing programs include:

- Alternatives for Girls Transitional Housing/Rapid Rehousing (Domestic Violence)
- Neighborhood Legal Services (Domestic Violence)
- Freedom House (asylum seekers)
- Methodist Children's Home Society -TIPS (teen mothers)
- Coming Soon: A new transitional housing/rapid rehousing program for youth

According to CoC statistics, from 2022 to 2023, transitional housing programs at Alternatives for Girls, Covenant House, and Methodist Children's Home Society served 215 people, or 146 households.

## **Types of Solutions to Be Generated through Community Planning Sessions**

Over the course of the 4 Community Planning Sessions focused on reimagining shelter and interim housing, we'll be striving to identify potential solutions that focus on:

- **Strengthening clients' experiences**, such as through:
  - Understanding trauma
  - Understanding complex identities
  - Ensuring people's dignity
  - Being welcoming and affirming for LGBTQ+ populations, persons of color and persons with more than one intersectional identity
  - Understanding historical trauma and understanding the community we serve- insuring policies reflect the needs of our community
  - Implementing low barrier & harm reduction strategies to ensure access for people with greatest challenges
  - Valuing and supporting clients' rights and involvement in decision-making- validating a clients right to make their own decisions even those we don't agree with
  - Better addressing people's basic needs – safety, sleep, food, storage, etc.
- **Scaling shelter capacity**, such as through:
  - Providing sufficient capacity to eliminate unsheltered homelessness
  - Ensuring there are enough appropriate options for shelter for different populations and needs
  - Operating 24/7 facilities to be more supportive of clients and surrounding neighborhoods
  - Better addressing people's basic needs – safety, sleep, food, storage, etc.

- **Improving outcomes**, such as through:
  - Improving trauma informed care with the goal to improve housing focused services
  - Mapping community resources
  - Strengthening connections to range of housing resources, community supports and ensuring basic needs are met
  - Through active anti-racism efforts and adoption of an intersection lens, tailoring services to ensure equitable outcomes
  - Expanding availability of other services people need, especially domestic violence and sexual assault services, safety, food, crisis intervention, mental health and substance use, basic needs employment, and transportation