

Integrating Access to All Types of Housing Supports Meeting Summary

Integrating Access to All Types of Housing Supports Solutions Jam Session

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

#	Description of solution	Improvement or Innovation?	Impact of solution
Example	Better use HMIS data in all areas of system, including case consultation, system data improvements (HMD, chronic homelessness, identifying homeless households who are not enrolled in coordinated entry).	Improvement	
Example	More equitable and transparent system level data shared amongst system partners. Advocate for better access to state level HMIS data which could be utilized to screen more households into chronicity, who may have been homeless or displaced from another CoC.	Innovation	
1	Reintegrating McKinney Vento referrals into our current CAM/CES processes		
2	Coordinate with older LIHTC supportive housing projects - owner, lead service provider, and property management company - that have project based HCVs but are not taking unit referrals from CAM. Would require advocacy, education, and		

	<p>coordination with MSHDA. Could increase the # of deeply affordable units</p>		
3	<p>I again reiterate the need for A.D.A. compliance and accessibility regarding the handicapped homeless community, particularly with those with medical need for a wheelchair and/or electric mobility device.</p>		
4	<p>Make sure landlord/ management company are justified as registered by the city as certified rental properties.</p>		
5	<p>Create a Universal ROI for Medical Providers and Homeless Service Providers and law enforcement to ensure better services</p>		
6	<p>Integrating trauma-informed practices, DV-specific needs across all systems</p>		
7	<p>Integrate better access to Adult foster care and assisted living homes; this would assist our PSH programs</p>		
8	<p>Adding to the LIHTC comment, working with the local syndicate has been very helpful to us in removing housing barriers to their assets (properties).</p>		
9	<p>Integrating homeownership programs and referrals for folks who are interested and eligible (including doubled-up, diverted, etc.)</p>		
10	<p>We need to make sure that the system also integrates with local mainstream and</p>		

	culturally specific domestic violence/sexual assault service providers		
11	Integrating better partnership with mental health services. Improving relationship with DWIHN to really build awareness of access challenges for those experiencing homelessness who have difficulties accessing mental health care. How are we leveraging Medicaid for this population?		
12	Follow up to make sure that housing options are actually A.D.A. compliant before a client with such needs is sent to the home only to find out that it was listed as compliant but in actuality it is not compliant. For example: can't fit wheelchair into bathroom or saying there are ramps when they are physically not present. I run into this issue on a continual basis.		
13	We need to better partner with Detroit At Work. We've had a referral partnership with CAM we are looking to relaunch but I think more generally we should have that relationship with the system, not just with CAM.		
14	Repeated suggestion from previous session: dashboard for system integrated referrals (connection to community partners like education, employment, DV/HT/SV supports, culturally specific supports, etc.)		

15	Strengthen our partnership with the legal system. Ensure those who are released from long-term incarceration don't face barriers when obtaining affordable housing. Can we negotiate with MSHDA?		
16	Greater partnerships with mental health providers		
17	Build relationships with lawyers who help with SSI/SSDI applications		
18	Establishing a unified/universal process for warm handoffs (in both directions) between the homeless response system and other major systems of care (medical, employment, criminal justice, child welfare, mental health, etc) in which providers can make direct connections between our system and others. To minimize the ways these systems operate as silos and lessen the burden clients face to navigate these systems separately and on their own.		
19	Partnerships with landlord associations and groups and education to show the advantages of renting to the low-income communities. Creating subsidies and incentive programs to make involvement make financial sense to them		
20	Substance use services that go beyond traditional approaches that focus on abstinence only and adding		

	more tangible harm reduction services		
21	Further support from individuals doing income maximization i.e. employment, supportive employment		
22	Along the same line as my comment above - establishing cross training across the various systems so that staff in those systems are better educated on the various systems and can support clients in navigating across them.		
23	Need partnerships with organizations that provide specialized services for people of varied immigrant status		
24	More prevention and more robust diversion, including partnerships with legal programs to assist with eviction prevention and other displacement		
25	Coordination with older adult services, like PACE, to support people in housing		
26	Access to childcare partnerships		
27	Access to academic supports for children		
28	Case management services for children in housing programs		
29	Mental health support for children in shelter and when moving into housing		
30	Important population to support: Multi-generational families, parenting grandparents, parenting		

	families with children with disabilities		
31	Support for recently released moms / reunification support		
32	Integrating/partnering with resources for people living with HIV/AIDS including HOPWA and Ryan White		
33	Literacy education and services offered		
34	How about parent and child education programs that are given to the Family shelter		
35	Legal support for those on SSD income that may be in jeopardy of losing their benefits due to unforeseen circumstances such as claim of substantial overpayment. It is very scary to have the social security office to send you a letter stating such a circumstance and find out that the legal services only support obtaining such income and not for keeping this income. Broader Point: Benefits partnerships		
36	More SOAR certified staff in the community to help with SSI / SSDI applications / denials (partnership with local SoS)		
37	State partnerships need to be strengthened (MSHDA, MDHHS, SOS)		
38	Statewide advocacy partnerships are a need		
39	Advocacy at federal level for mandates that other systems partner with homelessness response system. In YHDP, we have had other systems ask what is		

	in it for them or flat out refuse to work with us.		
40	Having resources to expand across the systems so clients' needs can be met		
41	To the point on advocacy-State advocacy work as it relates to housing and healthcare is being championed in Oakland County with a lot of crossover into Wayne. We could link with them and join in the work.		
42	A team of Detroit-based policy lobbyists; more interactions with state lobbying groups as well. There are several Detroit housing/homelessness focused nonprofits that have lobbyists. Are the same policy issues being advocated for? How can we coordinate on policy that benefits the broader community and their agency?		
43	Coordination with statewide advocacy efforts to pass legislation re: background screening.		
44	Hard to identify or get services through MDHHS. One of her clients will get a letter saying one thing and then the next day, another letter saying something different.		
45	Daycare centers are at capacity so difficult to find resources. Parents living in shelters also struggle to find daycare nearby the shelter.		

46	Figuring out ways to make true partnerships out of our CoC seats given to other sectors and industries; how do we engage other systems in ways that aren't just about coming to us?		
47	Leveraging HMIS data to identify and flag folks who are in our system and have reached or are close to reaching the LOT eligibility according to HUD's definition of chronic homelessness to ensure a more immediate response to chronic homelessness and reduce time spent in shelter while ensuring access to appropriate resources (PSH)		
48	We need a way to ensure that we are tracking what services/resources are available. It is not trauma informed to send clients to a community partner if you know that they do not have resources such as beds or vouchers that day.		
49	Is there a way we can give incentives or benefits to staff who work in the homelessness world who live in Detroit?		
50	Better use HMIS data in all areas of system, including case consultation, system data improvements (HMD, chronic homelessness, identifying homeless households who are not enrolled in coordinated entry).		
51	More equitable transparent system level data shared		

