Improving PSH Community Session Meeting Summary

Improving PSH Community Session 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	Analyze why terminations and evictions are occurring from PSH and develop a set of strategies to reduce terminations/evictions to keep people in PSH	Improvement	Keep people from returning to homelessness due to eviction and/or other adverse unplanned terminations
Example	Design a new process to leverage HCV for people who are disabled and likely to "age into chronic while awaiting PSH" and pair with supportive housing post lease-up (i.e., households wait 9+ months to obtain HCV and regularly "age into chronicity" roughly the same time they are "pulled" for HCV).	Innovation	Intentionally housing chronically households with HCV will create enable us to serve more people
1	Let's have a scorecard for shelters and landlords. We should provide red flags for housing that is associated with high evictions. Flag shelters who have high capacity. How can we implement scorecards across PSH/housing providers?	Innovation	
2	In terms of PSH, we all know some clients may not be able to take care of properties	Innovation	

	due to mental health or lack of knowledge of how to take care of properties. CoC programs can only assist landlords with minimal damages. We should come up with a program to assist clients and landlords with minor repairs. We should develop a training program where we as providers can utilize skilled trades individuals who could come into client properties and make minor repairs.		
3	**Advocacy Solution:** We need to get legislation involved. We need some type of regulation on these landlords. The number one way to do that is lean on state House to take up legislation to pass preemption laws. This means no local control over landlords. Overwhelming majority of landlords who go to court are not in compliance with property regulations.		
4	Honoring feedback about quality of units, we need to do a better job of leaning into development of affordable quality housing units. Even if we had enough subsidies, we would not have enough quality, affordable units for clients to move into. How can our CoC lean into ways to develop affordable housing or be part of those conversations? We need to partner with orgs who are developing housing to make sure our priorities are incorporated.	Improvement	
5	It's important we have separate housing resources for children and family. I think it's		

	important we create stability for them. These buildings/housing resources are not being designed with children in mind. Single individuals can have children as well.		
6	Permanent housing is an illusion. Women are coming to shelters thinking they will be connected to a dream about housing. There are so many ceilings/barriers to people achieving this dream.		
7	Getting into transitional housing programming was difficult. There should be housing specifically for DV survivors. There should be legislation that protects the individual circumstances of housing candidates. Could we have a coaching program for people who are selected to be candidates for housing? This program could help people feel supported during this process.		
8	If organizations are going to hire management companies for PSH, they need to have social workers on staff. I also think everyone involved with PSH, all staff, should be familiar with and trained on fair housing and tenant rights. PSH should mean it's permanent and that it does not mean people should be asked to move to make space for others. We should also look at conditions of PSH units; agencies are getting money for units that have looked the same for years and have poor quality.		

9	I would like for more support and education, not just for the individuals who are in housing, but scholarships and education for people who are in PSH. We also need more education for the providers in grant management and being able to be innovative in finding supports for their programs.		
10	1) For CoC to do more collaboration with landlords to do expungements. 2) Provide landlords incentives for working with community agencies. 3) We need a central area/catalog of properties.		
11	Lots of suggestions for making sure services and staffing on site can address risks of overdose, mental health, and substance use. Helping clients develop life skills.		
12	Creating a network of PSH providers who can support each other and create aligned standards		
13	Build a roadmap for PSH providers with needed skills building trainings, outline practices for escalating clients to appropriate level of care		
14	We need to focus on the supportive side of PSH as well. Redefining and expanding what aftercare means which can help retention rates. We should increase aftercare and make sure everyone understands what that means.	Improvement	
16	No one mentioned people who are on disability. Rent is too high and isn't		

	affordable to those on fixed incomes. I was told I can't go to a shelter because I was on oxygen. Who is championing for those who are homeless and disabled? What are the standards for facilities to support those who are disabled (e.g. reasonable accommodation policies)?		
17	Ensuring quality of the buildings and compliance with quality standards		
18	Siting PSH in high opportunity neighborhoods with better amenities		
19	Creation of clearer standards for PSH providers		
20	Establish a network for PSH providers to support each other and to support good landlords to ensure PSH clients are paying similar amounts (varying price differentials)		
21	What do we do when there are Income changes for clients who are living in LIHTC properties and then they need to move to other programs? Having to move because of changes in income.		
22	I spoke with LIHTC property owners. They struggle when residents increase incomes and they have to move out of income restricted units but they may not have the right unit in the same property. We as providers are encouraging clients to increase their income but it can lead to housing instability so what do we do?		
23	As a program director, we have found that when we get clients involved, it works a lot		

	better for the program and the client. We unofficially have a set number of years for our clients to be in PSH. We encourage our clients to be independent and we have programs for that (job program, training program, programs designed by clients). Our perspective is we have failed clients that stay in for more than 7 years. Programs are designed around client interests. We provide a year of care after they leave PSH. Client participation is key.		
24	We need more money to rehab units for PSH.		
25	To address how PSH programs have changed over years, we should create solutions for mental health, substance use, life skills training to be provided to clients when they enter.		
26	Implement a multi-tier technique that fleshes out needs of clients		
27	Cross training from property management and service providers. They need to understand budgeting, capacity available on organization and management side		
28	Need for better screening for disabilities		
29	Strengthen data collection around LGBTQ status		
30	We need to be careful not to create a systematic approach with the handling of people. As a social worker, we create another system which can result in failures. We don't want people to feel like this is all		

	they can do and this is all that they are. We need to teach folks how to end cycle of homelessness but others need more intensive, long term supports.		
31	Expand the PRAC 811 Programs (for disabilities)		
32	Repair city housing units and systems		
33	New eval tool for assessing PSH. Right now we use full SPDAT to assess those who go into PSH. I don't think that tool is the tool that helps people reach their optimal function and visualize themselves past the system. I would like an additional individualized tool to be more client centered		
34	More social workers in the PSH units.		
35	Establish a publicly-accountable roster of medical professionals, hospitals or clinic-based, whose members can be linked to supportive housing programs to ensure that preventive and chronic health needs can be addressed.		
36	More PWLEH in the programs and developments; also in more Program leadership positions		
37	Whatever rates and fees being charged for these housing programs should be adjusted on inflation and cost of living increases		
38	A lot of this could be merged and supported around the idea of aftercare. Increasing quality of services. Ten or 12 of		

	these were centered around creating more quality, consistent supports		
39	More federal and state funding		
40	Merging policy issues into a category. Also LL compliance and rental registration into one		
41	Important to put pressure on elected officials		
	To clarify for my earlier point - the CoC needs to take a more active role in the development of affordable housing units. We cannot move people into quality scattered site PSH units that do not exist within the community. This will expand beyond PSH for other housing subsidies, but definitely does directly relate to PSH.		
	Not sure how well integrated medical care is coordinated in the supportive services of permanent supportive housing. Though it may be useful to establish a publicly-accountable roster of medical professionals, hospitals or clinic-based, whose members can be linked to supportive housing programs to ensure that preventive and chronic health needs can be addressed. There should be high scrutiny and evaluation of these clinicians to ensure they are giving high-quality care.		
	One of the dilemmas is furniture. I would like Detroit to create a furniture bank like		

	Pontiac and Chicago. People should be able to get help on furniture.		
	Additional Supportive Services for those securing a HCV voucher, at least for 6 months.		
	Better connection between unsheltered households and PSH providers when "match" occurs.		
	Reducing SH tenant to CM ratios and creating more robust expectations for services provided in PSH		
	Reducing terminations/evictions to keep people from returning to homelessness		
	Strengthen harm reduction strategies and tools made available to SH tenants		
	Leveraging HCV due to already long wait times and pair with supportive housing post lease-up (i.e., households wait 9+ months to obtain HCV and regularly "age into chronicity" roughly the same time they are "pulled" for HCV. In other words, intentionally house chronically households with HCV to effectively create more beds or rental assistance to serve a higher volume of clientele.		

	More effectively target Moving Up vouchers in our community. Using data to target "long stayers" in PSH or determine scoring method to move community beyond hand selection by providers.		
	Understanding where Detroit providers currently are with SH staff wages and creating and implementing a strategy for increasing wages		