



CAM Transition Team

March 15, 2023



HOMELESS ACTION NETWORK OF DETROIT

Outline

- Welcome – Jamie Ebaugh, ED at SWCS, joined the Team and was introduced
- Updates –
- HAND will be working with the Data and Technology Subcommittee and SWS to understand the next steps for assuming/transferring the Salesforce contract.
- Congratulations to the Team for the publishing of the RFQ and the RFQ workshop that is being held today.
- Users' Experiences (PWLEH and Service Providers) - Kaitie provided an overview of feedback gathered from residents using the system. Recommendations were made for additional sharing of the info with more groups. Also, it was recommended that a video be created and widely shared to bridge the gap in communications. See document with feedback. We didn't get to the SP's feedback but slides will be shared.
- CAM Updates – Creating a more detailed plan that should be available by Thursday. Received a grant to strengthen staff retention incentives

Stakeholder Feedback

CAM Transition Stakeholder Input

November CoC Board meeting

Workgroups/Committees

CoC-wide survey

January CoC membership meeting

Focus groups with PWLEH

CAM Transition Stakeholder Input

November CoC Board meeting

Workgroups/Committees

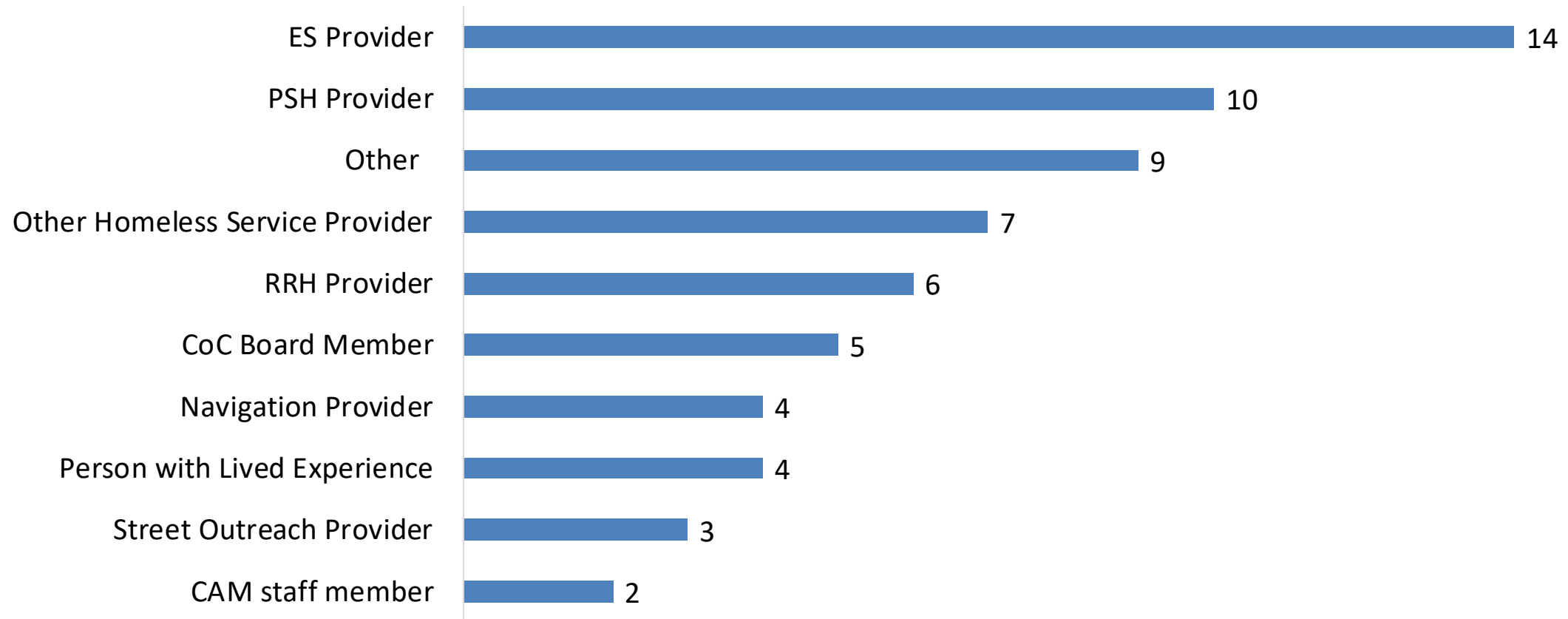
CoC-wide survey

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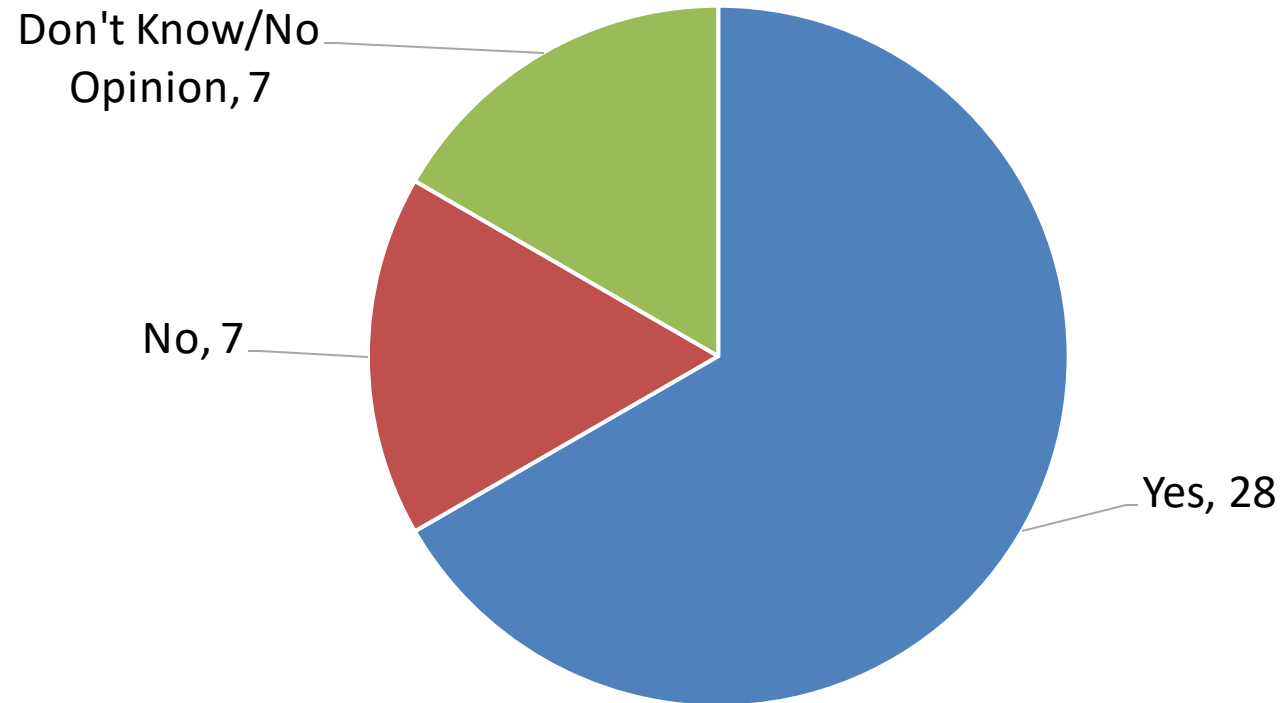
CAM Transition Stakeholder Input

Role(s) Respondent Plays in the CoC



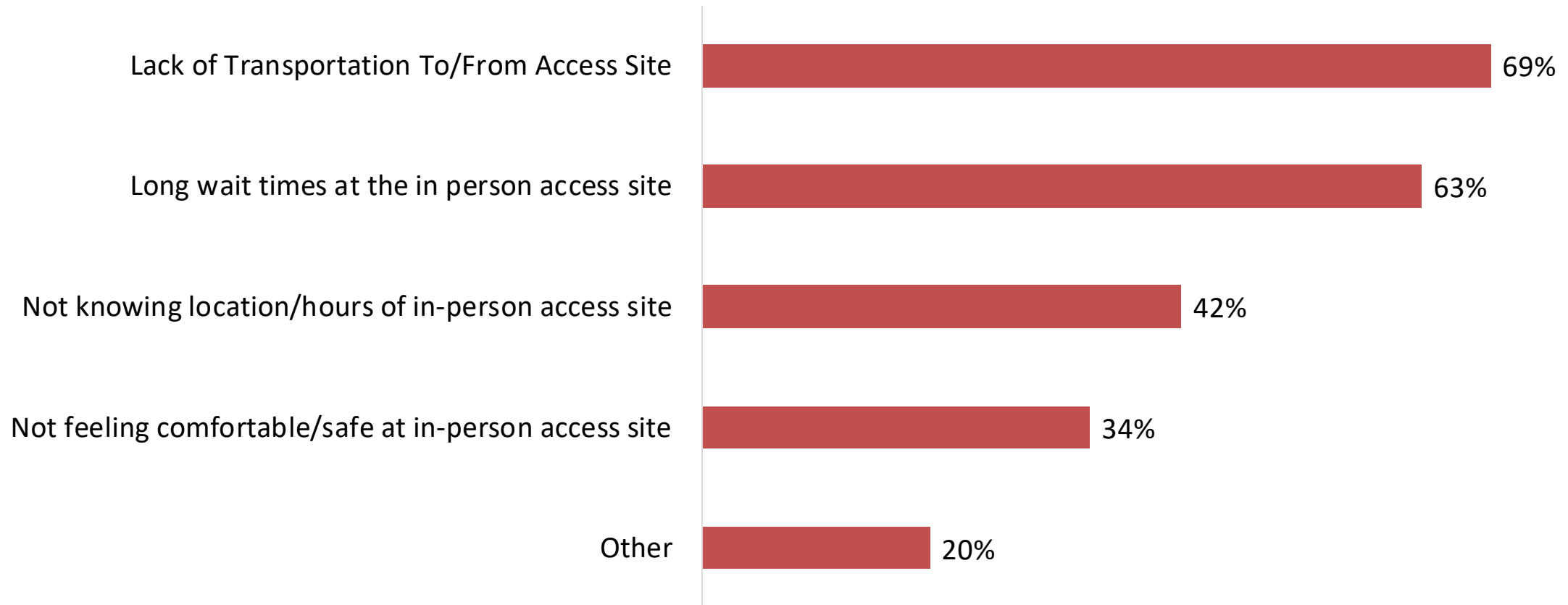
CAM Transition Stakeholder Input

Should CAM remain hybrid model?



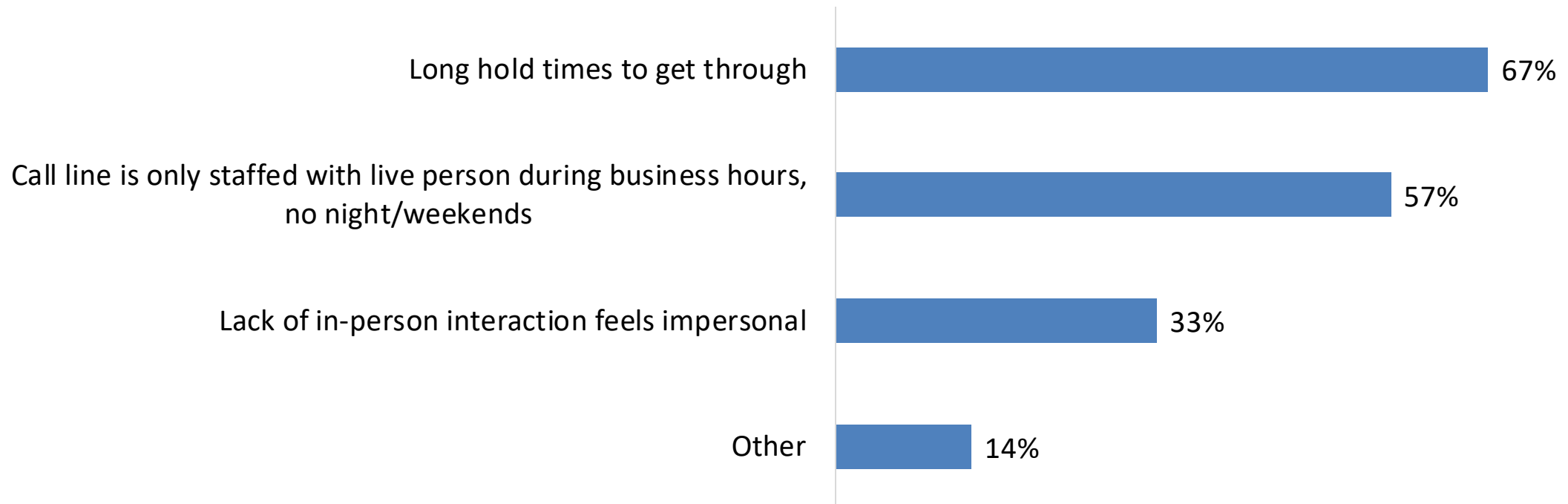
CAM Transition Stakeholder Input

Challenges with In-Person Access Site



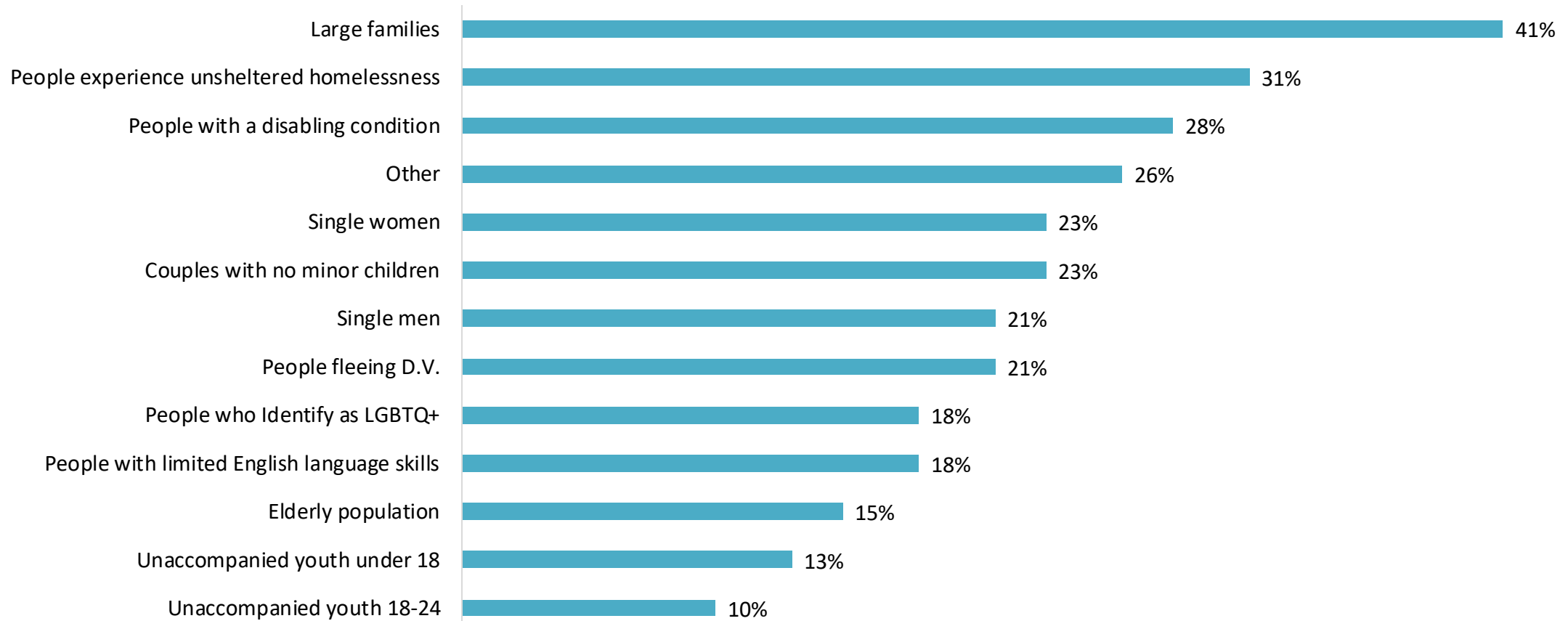
CAM Transition Stakeholder Input

Challenges with CAM Call Line

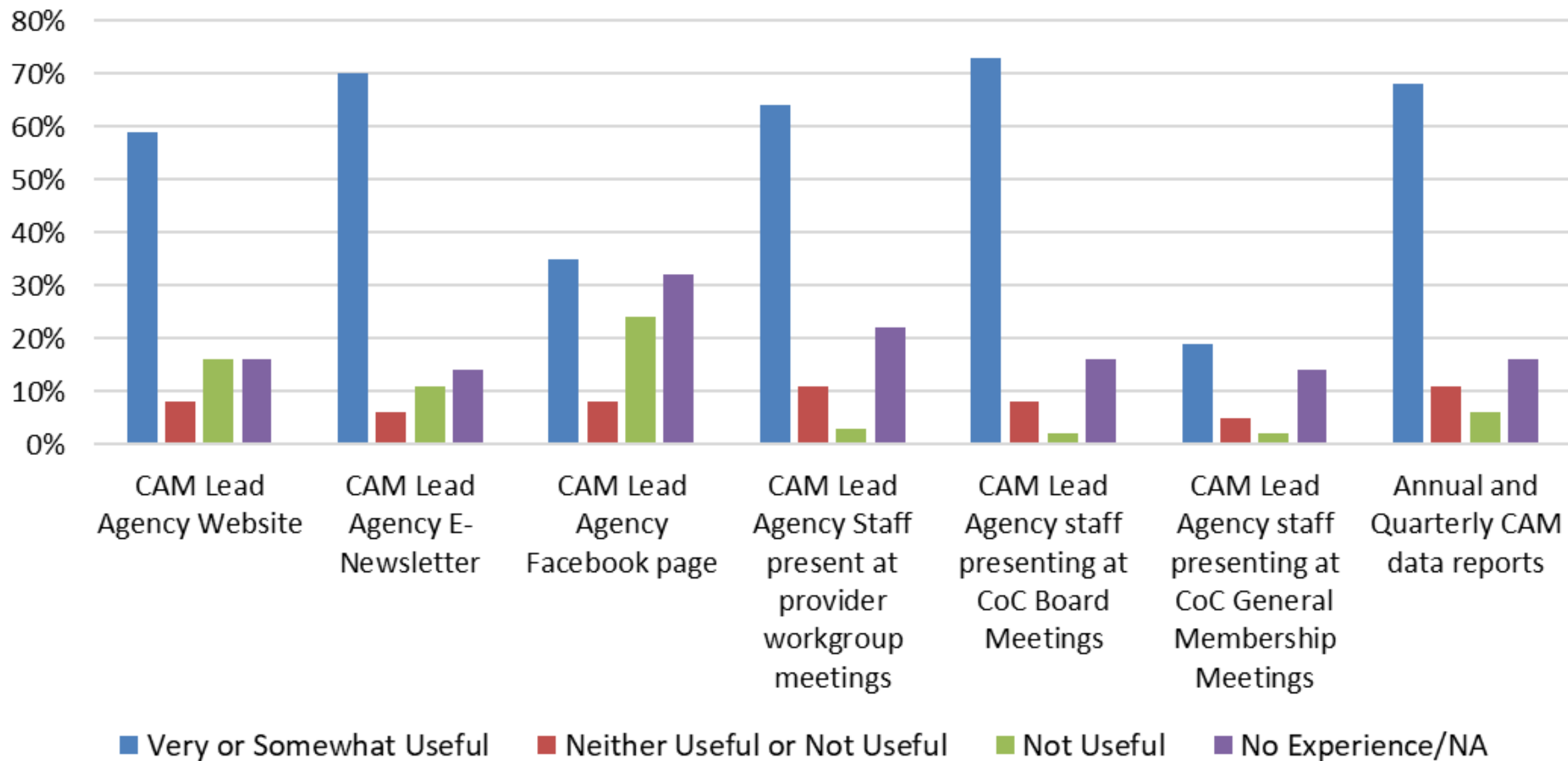


CAM Transition Stakeholder Input

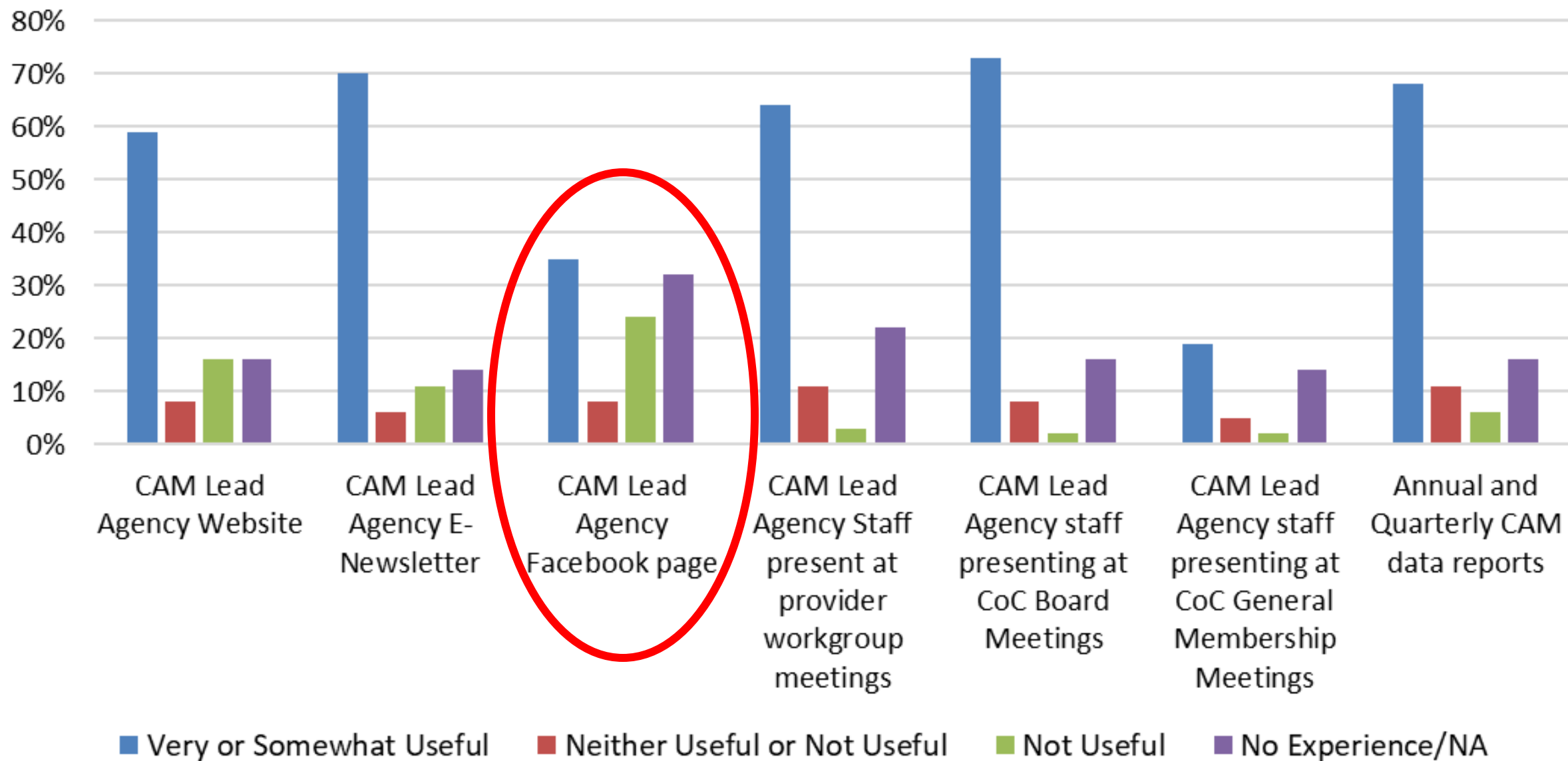
Subpopulations That Have Difficulty Accessing CAM



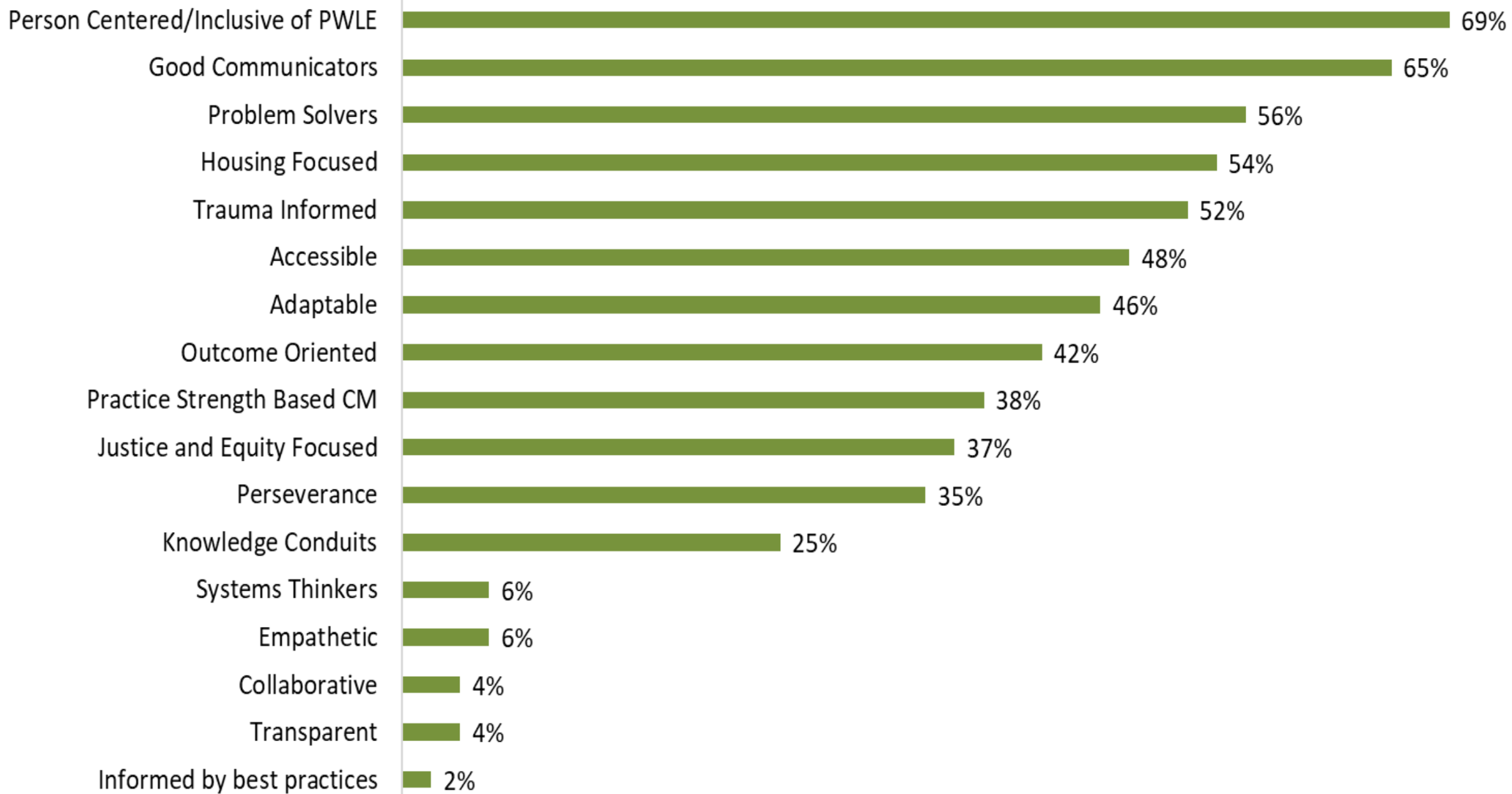
Usefulness of CAM Communication Methods



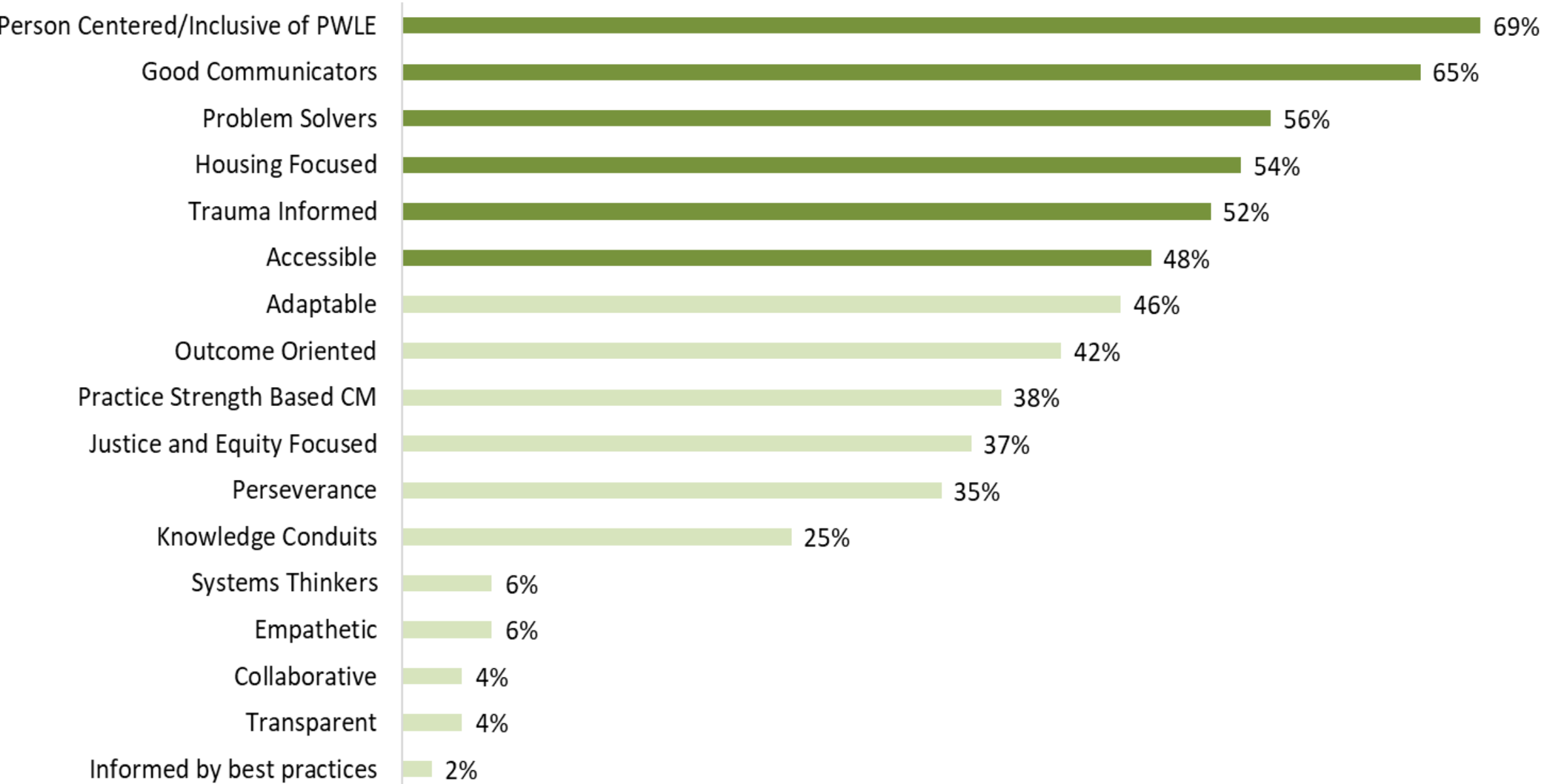
Usefulness of CAM Communication Methods



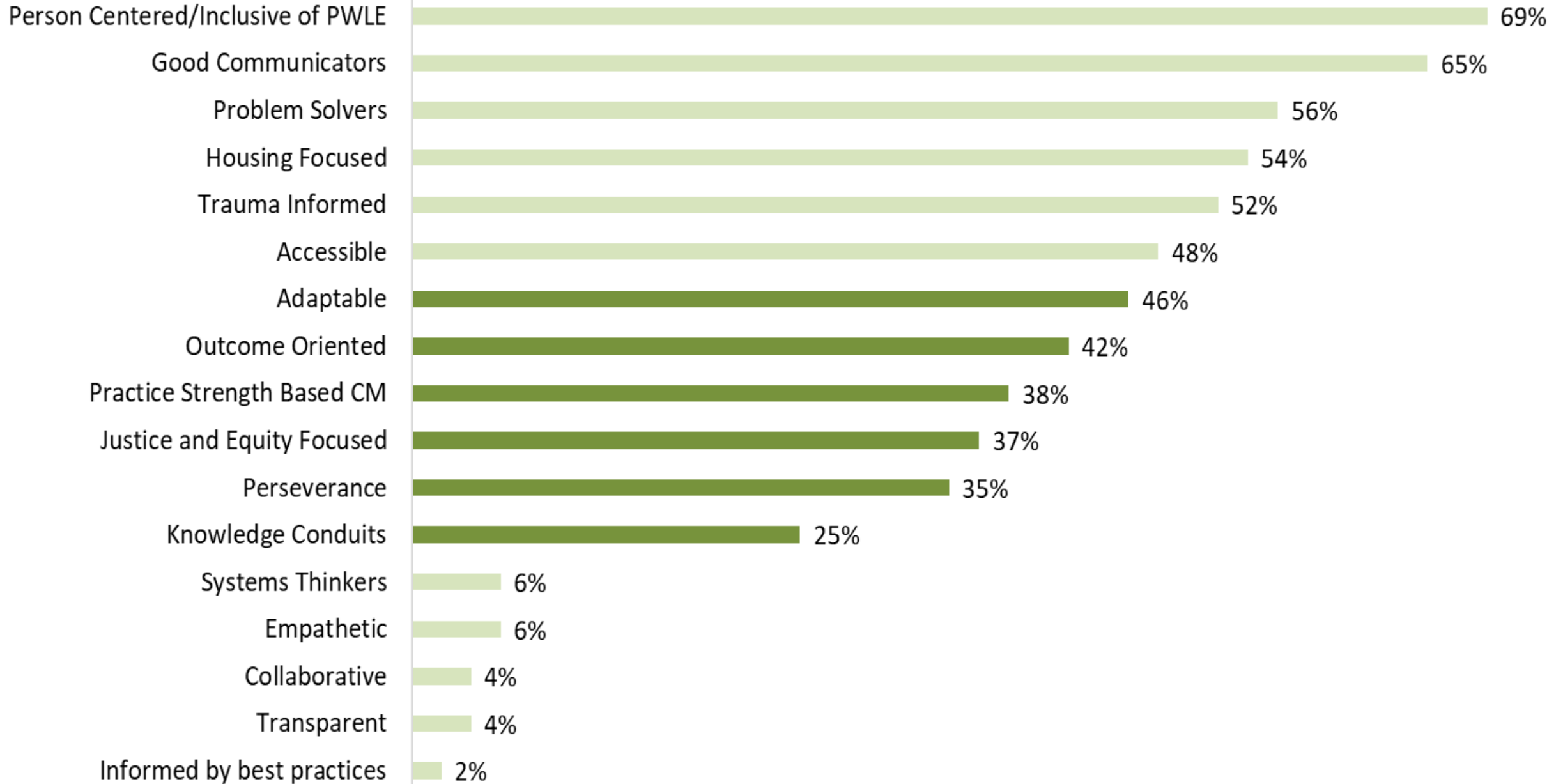
Desired Qualities of CAM Lead Agency



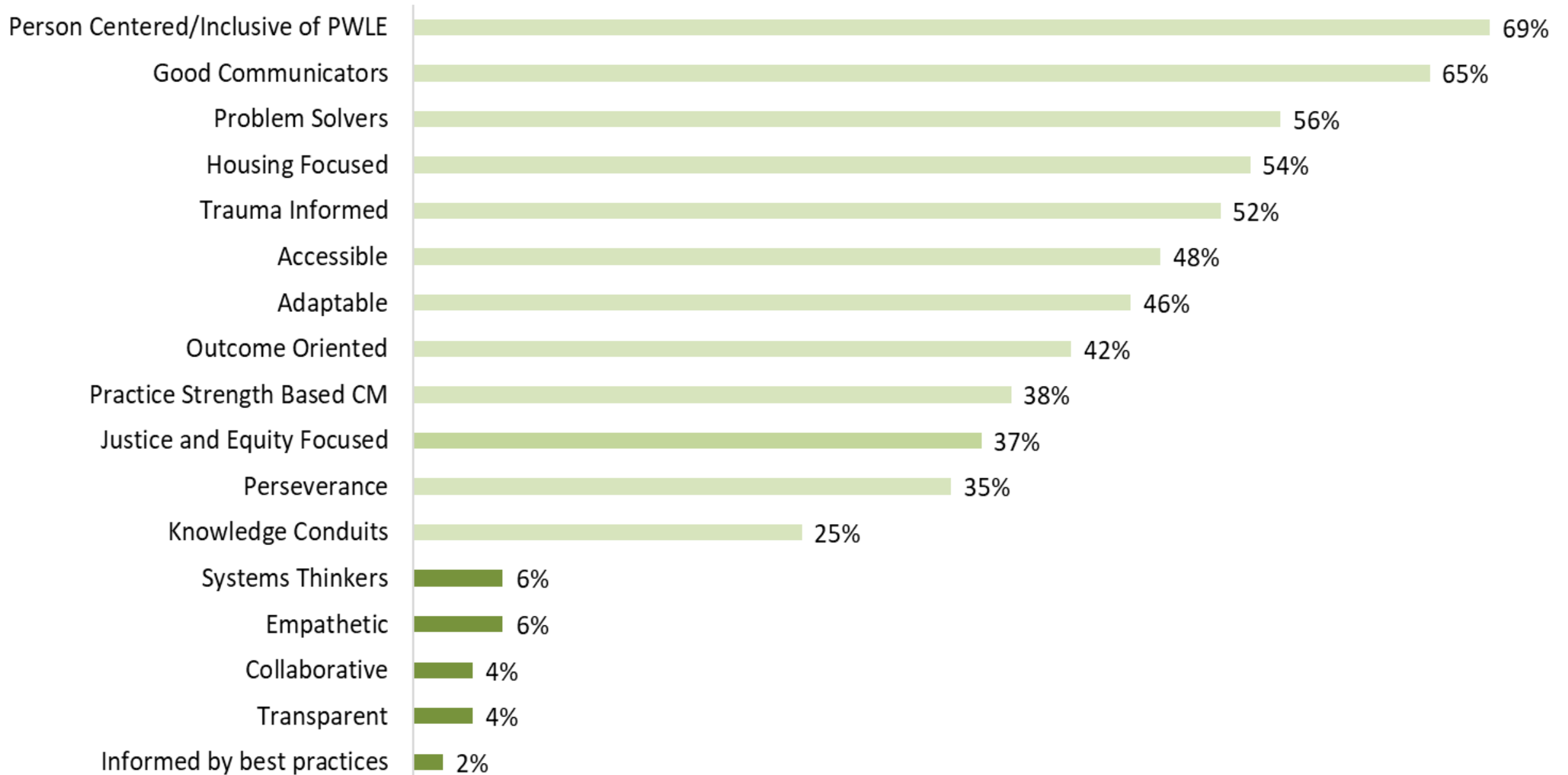
Desired Qualities of CAM Lead Agency



Desired Qualities of CAM Lead Agency



Desired Qualities of CAM Lead Agency



CAM Transition Stakeholder Input

Going Well

Veteran specific call line and CAM staff at VAMC

RRH and PSH vacancy reporting process

Partnerships & collaborations CAM has developed with other system partners

CAM Navigation staff

CAM Transition Stakeholder Input

Areas for Improvement

Transportation to/from in-person access sites

In-person access sites that are safe, welcoming, trauma-informed; consider different sites for different populations

Re-visit if VI/full SPDAT are best assessment tools for Detroit

Consider if CBNL/VBNL would be better managed outside of CAM

Better communication with shelters regarding those who enter after hours

Questions?

CAM Transition PWLEH Feedback Summary

OVERVIEW OF INPUT MECHANISMS

SUMMARY OF ENGAGEMENTS:

Mechanisms	Description	Total Clients
Focus Groups	Held 3 focus groups at 3 different shelters (NSO, Cass, and Covenant House).	42 participants in total
Interviews	Partnered with CHS to interview clients served in both navigation and permanent housing.	21 interviews conducted
Surveys	Open to clients in any program that received referrals through CAM (TH, RRH, PSH, ES, etc)	43 surveys completed
		106 total clients engaged

**note: clients were compensated for their participation in all mechanisms (visa gift cards, cashapp, check, or bank deposit options were offered)*

THEME SUMMARIES

- **WHAT'S NOT WORKING:**
 - *Long wait times*
 - Most common critique
 - Waiting on the phone for ranges from 1-6 hours
 - Many clients elevate that it took them days of waiting to get referral to shelter
 - *Wait all day at access site to learn that there's no shelter bed available*
 - This points to a system issue, but shelter capacity was a prevalent theme as well. Where it relates to the CAM process is the lack of communication up front that waiting is futile (as there will be no resources available at the end of the wait).
 - *Process break downs/errors*
 - Shelter not being notified that client coming and filling bed with another client
 - Shelter denying entry
 - Client not having data entered into HMIS and sitting in shelter without being added to any waitlists – CoC program, HCV, etc
 - Being issued multiple HMIS numbers and being confused about how to navigate system/which number to use
 - CAM saying they will call a client and never following up
 - *Call center concerns*
 - Prompts confusing – unsure what to press to get the help needed
 - Will sometimes wait and then realize didn't press the correct prompt and have to wait longer
 - Sometime will boot the client from the call and they have to start the process over again
 - Wait times too long

- Hours too narrow
- Need more staff
- Would like an option to speak to an operator to receive assistance with selecting the correct prompt and navigating the call center correctly
- Some staff engagements felt impersonal, rushed, and robotic
- *Access challenges*
 - General Access:
 - Many clients expressed that they were unaware of CAM when they first experienced their housing crisis and they didn't know where to turn to receive support or access shelter.
 - Clients who had success indicated that they had heard about CAM via word of mouth, past experience, or community connections/service providers. Note: those who were provided a warm handoff through other service providers expressed the most positive experiences with CAM.
 - There was a commonly expressed desire to get more information out into the community about what CAM is, how to access it, and what to expect.
 - Phone Access:
 - Clients shared difficult experiences they undertook to have the means to call CAM (finding a location that would allow them to charge their phone while they waited for access, having to borrow someone's phone, having to get access to minutes to make the call, being unable to do anything else while they waited on the call line, etc).
 - Transportation to shelter after a referral was made was a common challenge.
 - In-Person Access:
 - Transportation to the access sites was one of the most prevalent challenges elevated. Transportation to shelter was a barrier for some as well.
 - Some clients shared stories of having to wait in dehumanizing conditions (e.g. sitting on the ground outside in extreme temperatures or weather conditions).
 - Very long wait times – many expressed they would arrive first thing in the morning and still have to wait all day in order to be assessed.
- *Confusion about the process and prioritization*
 - Lack of clarity on prioritization - Frustration that new clients would enter shelter after them yet receive housing supports before them – lack of familiarity with prioritization causing frustration/breakdown of trust in the systems
 - Also confused why some clients get support with navigation while others do not.
 - Unsure what support to expect from CAM, what support to expect from the shelters, what support to expect from navigation, etc. Also unsure what they should be doing while in shelter to help resolve their situation.

- Diversion efforts feel like they are being denied resources that they need. Clients don't realize that the goal is to support them in finding better alternatives to shelter. Clients also don't realize that they can reach back out to CAM after being diverted (they interpret this as a denial of support from the CoC).
 - *Dehumanizing Experience*
 - Clients don't feel heard or respected – they feel like a cog in a machine. It feels like staff are listening for buzzwords rather than truly listening to their story or striving to understand their unique situation.
 - To put it another way, sometimes the emphasis is on process over people. They want staff to recognize while they have talked to many other people during the day, their experience is unique and important and deserves compassion.
 - Reliant on so many moving pieces outside of their control to get access to shelter and support resolving their homelessness. Pair this with limited information about what to expect and it can feel very overwhelming. It can also feel belittling for clients who are used to being independent to be so reliant on the system suddenly and to feel like information is gatekept from them.
 - Expected to wait a long time in many elements of the process without understanding why they need to wait or even what they are waiting for exactly.
 - Sometimes staff are short or irritable with them and that exponentially compounds the feelings of being dehumanized and that the trauma of their situation isn't honored/taken into account.
- **WHAT IS WORKING:**
 - Hybrid model is helpful – having multiple ways to access the system is ideal.
 - There were encounters detailed when staff truly listen and client feels heard/respected. These went a long way to helping the clients feel that they had a positive experience despite other negative factors that may have occurred.
 - There were times CAM staff leaned in and helped problem solve barriers clients faced and this was deeply appreciated and very helpful.
 - Those who had the most successful experiences were connected to partners within the community who were familiar with the homeless response system and helped them navigate through the CAM process.
- **QUALITIES DESIRED IN NEW CAM LEAD AGENCY:**
 - *Compassion and Empathy*
 - This was probably the most commonly elevated quality that clients desired.
 - Recognizes that each person they're speaking to is an individual and treating their situation with the care and respect that it deserves.
 - This requires ensuring there are sufficient staff so that they can have meaningful engagements with clients and so that those staff don't get burnt out.
 - *Adaptable/flexible*
 - Able to adjust to community needs as they arise; not stuck in the "this is how it's always been" mentality
 - *Capacity to leverage technology to streamline processes (this can also be a system consideration)*

- E.g. website features for CAM engagement or app
 - Kiosks to connect to CAM and check prioritization status
- *Strong Communication Skills*
 - Communication with the community about what resources exist
 - Swift and clear communication about changes (including why)
 - Interpersonal communication skills with clients in their engagement
 - Explain “why” for processes or decisions whenever possible
- *Strong Organization Skills*
- *Well connected within the community/knowledgeable about what resources exist*
- *Able to problem solve/solutions-oriented*
- *Consider having a staff person or resource available for clients to ask questions to and receive assistance with how to navigate through the CAM process*
- *Accessible*
 - Have as many points of connection into the community as possible (in person, phone, virtual, kiosks, etc)
 - Well-advertised/known in the community
 - Process is clear and clients know what to expect from their engagement with CAM
 - ADA accessible (physical, visual, auditory, etc)
 - Language accessible
 - TRANSPORTATION (to and from CAM)
 - More than just bus passes

CONSIDERATIONS FOR RFQ DEVELOPMENT

DESIRED QUALITIES/ELEMENTS TO BE ASSESSED ON:

- Have genuine care for the people they serve.
 - Some ideas for how to incorporate –
 - Could share the CoC’s vision, ask them to affirm their commitment to the vision and ask them to share how they would incorporate their adherence to their vision in the implementation of CAM
 - Ask them to speak to their hiring practices
 - What qualities they evaluate in their staff. How they ensure staff adhere to the CoC vision.
 - Do they intentionally hire PWLEH (can pull from YHDP questions)
 - Could also ask them to speak to how they intend to support their staff to prevent burnout and compassion fatigue – to ensure that staff are able to maintain empathy
- Strong organizational capacity and ability to develop strong processes/adhere to the processes
- What mechanisms will the agency employ to garner client feedback and how will that feedback be incorporated?
 - In YHDP, we asked the applicants to speak to a time when they tangibly made a change based upon client feedback. We could employ a similar question here.
- Flexible/adaptable – willing to shift in light of community need

- In YHDP we asked the agencies to speak to specific examples when they made a shift in programming design or function based upon client feedback. Could do something similar in this RFQ.
- How can they use technology to strengthen CAM processes?
- Does the agency have the capacity/expertise/connections to administer the trainings that clients have elevated as wanting to see held for CAM staff (could merge with the trainings that other stakeholders have elevated or single out that these are the particular trainings that clients want to see)
 - These trainings are outlined below in the “Considerations for Onboarding New CAM Lead” Section (below)
- What connections and trusted relationships has the agency established in the community and how do they plan to leverage those relationships in their role as the CAM?
- What does accessibility mean to the agency? In what ways will they strive to make CAM accessible?
- Transportation was elevated as a resounding need by clients across all feedback mechanisms – how does the applicant agency intend/propose to meet this need in their implementation of CAM?
- You could consider outlining some of the vision for the ideal CAM (described below) and asking the applicant to speak to ways that they could help bring elements of that vision to life (This could help us assess the applicant’s creativity/adaptability and their ability to lean into visions elevated by clients in their ongoing work as the CAM lead)

CONSIDERATIONS FOR COMMUNICATION (DURING AND AFTER TRANSITION)

- We should begin thinking through and developing mechanisms to advertise about CAM
 - Many clients expressed difficulty in knowing where to turn when experience of homelessness first began. Those who successfully came into the system relied upon word of mouth or local service providers to locate CAM
 - Also advertise the transition – put information into the community so that everyone is aware what is happening and there is no gap in access
- Keep clients informed about the transition through all the various phases.
 - what to expect and how to access resources.
- Consider developing trainings for clients (as this is not necessarily CAM’s responsibility)
 - Relatedly, can the communications team help with developing the mechanisms we utilize to implement these trainings?
 - The intent is to educate clients about CAM, the CoC, local processes, prioritization, etc to help empower clients as they navigate our system and to mitigate the breakdowns in understanding that clients elevated in the various feedback mechanisms.
 - Trainings that clients requested to receive:
 - About the CoC
 - How the homeless system works
 - Including what resources are available/within our control
 - It may also be helpful to explicitly name what resources are not in our control
 - What client can expect/the process

- Clearly explain diversion and the intention behind it when working to divert a client from entering shelter. Also explain that they are able to come back to CAM at any time if their situation changes.
- Prioritization
 - What prioritization is, why we have to prioritize, how we assess clients to determine what resources they are prioritized for, what a client's rights are if they feel they have not been properly prioritized
 - About what external resources are available in the community
 - Important resource needs that were elevated include: Food, clothing, vital documents, non-CoC housing resources, employment, education, etc
 - Skills for living in a congregate setting (for clients referred to shelter)
 - Mental health primer – how to support those who struggle with mental health and how to successfully live in community with persons with SMI

CONSIDERATIONS FOR ONBOARDING THE NEW CAM LEAD

- Training recommendations for CAM Staff
 - Trauma informed care
 - Motivational interviewing
 - Problem solving
 - Conflict de-escalation
 - Ensuring staff are knowledgeable about the homeless response system as well as resources in the community
 - Strong process and organizational trainings – to minimize process breakdown
 - How to maintain empathy/compassion
 - Could include things like implicit bias training as well as providing intentional supports to staff to prevent burnout and compassion fatigue
- Reference training recommendations above – At some point we will want to map out what trainings does the CoC need to administer for CAM leadership/staff directly and what trainings does the CoC need to ensure occur but does not directly administer
- Consider holding additional focus groups with clients with new CAM staff in attendance to get client input for considerations to inform the ramp up
 - This would allow us to start off with a centering of the work on client voice
- There is a segment in this document (below) which details system issues/considerations. The more of these that we can actively address ASAP, the better of a chance for success we will give to the new CAM lead agency

IDEAL CAM FUNCTION CONSIDERATIONS (MAY BE FOR THE FUTURE, BUT SHOULD BE NAMED)

- Hybrid model is ideal
 - Multiple physical access points
 - High functioning call center

- Consider adding additional access options through use of technology (website, texting, app and/or kiosks)
- A number of clients also elevated the idea of considering a more diasporic model where there are CAM liaisons embedded at every shelter so that a client can receive CAM assistance directly at the shelter they present at without having to go to CAM first.
- Transportation (to CAM and to shelter) is essential
 - This must extend beyond bus passes. The ideal model would be for CAM to have their own van(s)/vehicle(s) in which they can provide transportation for clients
- Low-barrier access
 - Increase access hours (24/7 is ideal, but at least having weekend and evening access)
 - Increase capacity to allow for more expedient engagement (shorten wait times)
 - Well known/advertised in the community – clients have no doubt about where to go when they are experiencing a housing crisis
 - Physical, intellectual, language, and any other needed accommodations are considered and available
- Ideal Staff
 - Compassionate, trauma-informed staff who treat each person they engage with as a human and honor the trauma of their situation
 - Well-informed staff who are aware of existing resources in the community and able to make informed connections for clients
 - Able to problem solve to meet the unique needs of the various clients they will engage with
- Adaptable
 - Able to implement the latest technology to streamline processes and improve access and outcomes for clients
 - Seek client feedback consistently and work to incorporate that feedback to make changes needed to improve the CAM function and model
- A model in which clients feel informed and empowered
 - Clients are educated and informed about the function of the different elements of the CAM/CoC Process so they understand both WHAT is happening/will happen as well as WHY it is done that way
 - Have mechanisms for clients to ask questions before and during the assessment/referral process (e.g. which prompt should I press in the call line? What resources will be available to me after I wait for someone to answer my call? Etc)
 - Have mechanisms for clients to check on their status as they wait for a housing resource to become available and/or to ask questions

ADDITIONAL SYSTEM CONSIDERATIONS

- Address glaring shelter quality needs
- Also need to address shelter capacity issues – unacceptable for people to wait all day to speak to a CAM representative only to be told that there is nowhere safe for them to sleep that night
- Hold focus groups more often – clients appreciated having mechanism to share their ideas and feel that they had a say in what supports our system provides
 - Also, build intentional mechanisms that show how that feedback is incorporated.

- Build bank of resources/tools to support persons to resolve their homelessness independently
 - The advisors group have been brainstorming how to develop a “toolkit” of resources for clients who enter the homeless response system. Need to return to this work and continue to move it forward.
- Training shelter staff to be better equipped to meet diverse needs – SMI and medical needs were the two most frequently elevated needs
 - Consider coordination with DWIHN on bolstering shelter’s capacity to meet the MH needs of clients (both those with SMI and the general population)