

Out Wayne County Continuum of Care (CoC) Racial Equity Plan

Equitable Results Statement: All Out Wayne County community members at risk of or experiencing homelessness will receive the support needed to thrive in safe, affordable, quality, stable housing.

INEQUITIES & DISPROPORTIONALITIES WITHIN OUT WAYNE COUNTY COC:

According to C4 Innovations comprehensive [Quantitative Data Findings & Analysis](#) report:

- Households (HHS) who identify as Black are overrepresented in our homeless response system, accounting for only 14% of Out-Wayne County residents yet 65% of the HMIS count in 2021. In other words, Black HHs are almost 5x more likely to access our homeless response system than other populations.
 - White HHs make up 77% of the 2020 Count yet only 30% of the HMIS Count in 2021. Other racial and ethnic groups are proportionally represented.
- Black HHs experience higher rates of multiple episodes of homelessness than other racial and ethnic groups.
 - During FY2021 71% of HHs experiencing 2-3 episodes of homelessness identified as Black
 - During FY2021 50% of HHs experiencing 4+ episodes of homelessness identified as Black
- Black HHs experience higher rates of returns to homelessness when exiting to permanent destinations
 - Of HHs that returned to homelessness within 6 months during FY2021, 61.4% identify as Black
 - Of HHs that returned to homelessness within 12 months during FY2021, 72.7% identify as Black

ROOT CAUSES & CONTRIBUTING FACTORS:

- Landlords engaging in discriminatory housing practices and increasing rents, leading to higher eviction rates and reducing stock of affordable housing and ultimately creating barrier for lower income households attempting to obtain housing that meets their needs.
- According to qualitative feedback received during listening sessions and from persons with lived experience:
 - Homeless response system is difficult confusing and difficult to navigate, is not low barrier, and there is a lack of coordination between providers and systems of care.
 - Staff and processes demonstrate a lack of trauma-informed and person-centered case practices
- Current assessment tool (VI-SPDAT) utilized by Coordinated Entry [perpetuates racial inequities](#).
- Lack of “upstream” support to catch people prior to falling into homelessness, such as prevention and diversion
- Historically, the homeless response system has not shared power with persons with lived experience, so programs have been designed and implemented without the perspective and expertise of those with the most intimate knowledge of and most impacted by homelessness.

STRATEGIES & ACTIONS STEPS FOR ADDRESSING THE IDENTIFIED ROOT CAUSES & CONTRIBUTING FACTORS

- **Strengthen network of landlords who do not engage in discriminatory practices**
 - Hold semi-annual landlord engagement sessions each year to recruit and educate landlords
 - Research and expand housing strategies for our CoC such as master leasing and shared housing
 - Track and report disaggregated data related to landlord history of evictions
 - Listen to residents when they share negative experiences with landlords - identify potential harmful patterns and take appropriate action
 - Train frontline staff on fair housing, tenants rights, and mediation so they feel confident in supporting participants navigating challenging dynamics with landlords or property managers
 - Develop active CoC partnership with local eviction courts, conduct pre-trial mediation
- **Meaningfully engage and share power with persons with lived experience in homelessness to provide guidance, shape priorities, and develop programming**
 - CoC team to develop a training and onboarding for persons with lived experience so they have background knowledge to confidently contribute to and participate in CoC activities
 - Hire persons with lived experience as consultants to the CoC and compensate at consultant rate
 - Appoint persons with lived experience to CoC leadership positions
 - CoC programs to hire persons with lived experience as staff, considering lived experience equivalent to professional or educational experience
 - CoC team to hold annual listening sessions at least annually with program participants to hear their experiences within the homeless response system
- **Strengthen coordination between providers and other systems of care**
 - Increase marketing of CoC promotional materials to increase community awareness and participation
 - Available in multiple languages
 - Accessible, common language that is easy to understand - avoid jargon, spell out & explain acronyms
 - Identify and engage local tribal authorities partner with the CoC
 - Build partnerships with low barrier, community-integrated groups such as mutual aid organizations
- **Make sustainable, structural shifts so best practices are reflected on a systemic level**
 - Invest in staff development and training around best practices, including person-centered care, trauma-informed care, Housing First, and progressive engagement
 - Develop standards of care across CoC programs based in best practices so participants receive consistent care regardless of provider or case manager
 - Identify or develop an alternative assessment tool to the VI-SPDAT that centers equity
 - CoC team to provide technical assistance support to providers and implement strong monitoring and evaluation practices which center equity as a measurable outcome
 - Monthly: disaggregate data by race and ethnicity for returns to homeless and episodes of homelessness. Share findings with CoC General Membership and CoC Diversity, Equity and Inclusion committee. Complete further analysis (program type, provider, etc) as needed.

MEASURES FOR PROGRESS. BY OCTOBER 1, 2024:

- Black HHs who experience 2-3 episodes of homelessness will decrease by 20% (from 71% to 50%)
- Black HHs who experience 4+ episodes of homelessness will decrease by 10% (from ~50% to 40%)
- Black HHs returning to homelessness within 6 months will decrease by 10% (from 60% to 50%)
- Black HHs returning to homelessness within 6-12 months will decrease by 15% (from 75% to 60%)
- Black HHs in HMIS count will decrease by 20% (from 65% to 45%)
- Rates for other racial and ethnic groups will maintain or decrease
- Qualitative feedback will reflect a system that is low barrier, trauma informed, and centers equity