

# BREAKOUT SESSION - FEEDBACK

## Comments from organizations about how they address racism, poverty, and trauma:

- We work to empower families and provide basic needs.
- Private duty home care to address the needs of caregivers (employment opportunities, housing, transportation, education, etc.) and the aging population (aging in place, choosing to die in place).
- Provide outreach to communities to help marginalized groups that lack adequate identification to gain access.
- Provide free programming to families in poverty in Ypsilanti, particularly addressing trauma related to the pandemic (food shortages, aging issues).
- Our entire approach is to treat the root cause- and we see poverty as that root cause. Our mission is to be an economic mobility ladder, supporting youth in Ypsilanti to get a living wage, education, entrepreneurship, and eventually buy a home.
- Mentorship is our mission, serving all of Washtenaw county, along with providing food, transportation. The majority of kids we serve are high need, under resourced, from Ypsi and Ann Arbor.
- For adjudicated youth - and youth in the jail - racism is the #1 cause, not just poverty. We know if the school system is not equitable, then we have folks on the pipeline to prison.
- Poverty and food strongly linked. Root causes of hunger directly lead to poverty. Acknowledge that racism is strong as well as trauma.
- For eviction legal services, the people who need representations are disproportionately black and brown, so we are thinking about trauma, especially when working with families around neglect and abuse.
- Providing free grief support services for teens (primarily low-income) during a period of loss fits within the trauma and poverty categories.
- All three are things that we do every day, so we are excited about the shift from silos to more of a systemic root cause approach.
- Racism and poverty, especially with trusted advisor initiative, is integral to the work that we do.
- We are immersed in racism, poverty, and trauma everyday. We don't always provide direct services but are a major player in connecting folks to services that address these issues.
- There is a connection between issues facing older adults and the root cause of poverty-- encountering barriers resulting from limitations of Medicaid, with individuals unable to age in place due to limited incomes.
- People experiencing behavioral health issues with low incomes--compounding issues associated with poverty.
- Direct connection to children who are experiencing trauma.
- All are integrated and you can't address them singularly.
- Supporting people who have experienced the trauma of domestic violence to address barriers to financial wellbeing.
- Serving under resourced populations, the majority who are people of color experiencing poverty-- see the connection to all three forces named above- but seeking to focus more on trauma in youth.
- Focus on food insecurity makes clear the connection to poverty and racist policies impacting these domains.
- From the beginning, we were started because people wanted to understand each other from different races, to find the commonalities among races, break the cycles of poverty (i.e., trauma, mental health issues), help people heal traumas and become economically sufficient, and break generational poverty.
- For most of the older adults we work with, it is almost too late to break their cycle of poverty, particularly because all three apply in the situation (race, poverty, and trauma). Childhood trauma (ACES) has huge impact as children age and develop. Much of the illegal housing we deal with has to do with race discrimination (i.e., rental, sales, mortgages --dealing with racism on a daily basis).
- Two-thirds of people we work with are women, often with disabilities, who are vulnerable to poverty and sexual harassment/discrimination from housing providers.
- Trauma of losing your housing/being turned away from housing because of who you are.
- Our organization keeps using the words racism, poverty, and trauma to strive to do better.
- There should be a strong commitment to mental health.
- It's in the nature of what we do. As our work disproportionately impacts African Americans, we exert effort around access, harm-reduction, advocacy related to law enforcement, negative repercussions from those who have overdosed, and advocacy.
- Provide services for those with developmental disability, working in the schools, courts, DHHS, CMH.

## Comments from organizations about how they address racism, poverty, and trauma:

- We are actively working to expand access for early childhood education and childcare. We're looking to scale up for folks in the ALICE category.
- We're on the end of prevention with a strong K-12 program to combat racism by helping girls discover a strong sense of self, critical thinking, and practical life skills.
- We focus on childcare services, camping services, access, counseling services and look at trauma with a DEI lens, providing equitable spaces for staff, volunteers, and access for all.
- We are a positive youth development agency, supporting young women to achieve emotional and economic self-sufficiency by ensuring they graduate from high school and begin their college or career journeys.
- A focus on DEI, race, poverty, and trauma, is interwoven into everything we do (youth development, healthy living, and social responsibility).
- All three areas are a huge part of our current programs (access to transportation, furnish homes, help people get out of poverty). When we did a new strategic plan and visioning effort, racial and social justice was the key focus to an impactful service model.
- We have been trying to address these issues and increase diversity, but we are not reaching all of the individuals needing the help.
- We are open to everyone and see a lot of people who have experienced trauma, along with the effects of racism, trauma, poverty. We have a trauma resilience program and are doing programming with families around racism/anti-racism.
- Providing free legal services to people below certain incomes and vulnerable populations. We have an anti-racist mission and more than half the folks we serve are people of color. Also working with victims of domestic violence, incarcerated folks, reentry issues affecting the populations we serve.
- We provide safety net programs to help people out of poverty.
- Our programs are aligned with community engagement, and look at root causes, poverty, racism.
- We serve anyone, based on need, addressing poverty by providing food, serving as an entry point for the homelessness system.
- We find that the majority of young people coming through the doors have experienced multiple traumas....the underlying element of the work.
- We are addressing poverty, serving low-income communities. We address some aspects of racism but would like to address this more directly.
- We provide scholarships to families in need, which aligns to the safety net category.
- Food insecurity is a symptom of racism, poverty, etc. As people have access to food, they don't have to make other economic tradeoffs.
- Working with other community organizations to provide healthcare in a diverse community that lacks adequate healthcare, partly as a result of racist history and practices.
- Helping the Latino community, which is struggling during the pandemic, since many don't qualify for unemployment and other public assistance.
- We serve older adults, mostly at 200% FPL, so the majority of people in these programs are low income.
- Our new organization embodies racism, poverty, and trauma, so we are seeking funding to help more individuals.
- Grassroots organization working with Spanish speaking/Latinx immigrants, supporting navigation and accessing funding.
- Provide substance use treatment for clients impacted by trauma / fetal alcohol syndrome, addressing unemployment and poverty.
- Food pantry for 200% of federal poverty level in Western Washtenaw County.
- Trauma is underlying issue (generational trauma).
- We invest in access, providing American sign language interpretation to address the basic human need of language deprivation.
- We are aligned with all 3 (racism, poverty, and trauma), working closely with the courts and in the foster care and juvenile justice systems, where there are a disproportionate amount of black and brown youth, particularly youth in poverty and those aging out of the system.
- Address poverty and trauma, while ensuring access to health care.
- Our programs intersect with all root causes, especially systematic trauma.
- Our main role is working with people in poverty or near the poverty level - food, access to medical coverage and other issues like transportation and access to the internet.
- Poverty is the overriding issue - it causes trauma and is a violent thing. We serve a lot of folks in 48197 and 489198 - those folks have less access to everything.
- A little concerned that we don't see anything specifically about aging.

## Comments from organizations about how they address racism, poverty, and trauma:

- We have trauma-based mental health services for those who can't afford to pay or are uninsured.
- We provide health services for those at or below 150% poverty level, to ensure access to care for women, families, transgender individuals. We come from the perspective that everyone has experienced trauma.
- There are a lot of older adults we serve in Washtenaw County who would fit into the definition of poverty.
- These are things that we talk about and are intertwined in our work.
- We serve youth in Washtenaw County, focusing on mental health. Would say trauma but think trauma could be weaponized, so instead say mental health. I'd like to recommend that we take the term "trauma" out because we are in danger of taking that word and using it against people. Let's be cautious about categories.
- All three of these areas are involved in our work. Over 50-55% of our population are POCs, so we are really dealing with systemic racism that led to their situation of poverty and trauma.
- Our goal is to work with root causes that lead up to symptoms of oppression. We are wondering if it would be best to partner with other organizations to get our foot in the door.
- We help folks navigate health insurance and provide healthcare insurance for those who don't qualify, which generally impacts poverty, racism, and trauma.
- The work touches families on all of those areas, particularly immigrants who have experienced trauma overseas, especially in Afghanistan. We also address intergenerational problems in poverty and trauma.
- We want to change the perception that we only serve southside or eastside Ypsilanti because racism, poverty, and trauma is experienced across the community.
- For early childhood education, a high percentage of providers and families served in this area are people of color. Children of color tend to have lower access to high quality education.
- In providing legal services, we focus on systems change, changes in the law, and addressing literacy needs for adults to have better outcomes in legal situations.
- Advocating for systems changes.
- Mentoring organization, rolling out a new model based on chess, using the analogy that "the world is playing chess and those experiencing racism, poverty, and trauma are still playing checkers."
- The intersection of domestic violence and sexual assault also intersects with the three criterion of racism, poverty, and trauma.
- Constantly looking for ways to remove barriers for those that need emergency services.
- Strive to create a safe place while being inclusive of everyone.
- When our leadership talks about how we address these issues, they talk about promoting access to quality healthcare.
- Our main mission is to increase home ownership rates for low-income individuals and families. We are providing opportunities for low-income folks to build equity and wealth/generational wealth and get families and future generations out of poverty. A byproduct, at least 3/4s of the population we serve are folks of color, increasing home ownership rates for these individuals.
- We help 30,000 people across the state overcome obstacles - mentally, socially, physically.
- We address all three areas in a wide variety of ways, through a lens of disability, by developing entrepreneurs, business ownership, and business management among communities of color in our service area. In addition, we deal with immediate needs (housing, employment, education support, and systems support in terms of Medicaid, Medicare benefits coordination).
- Significant proportion of people among our clientele suffer from all three of these or are at least affected by all three. Significant minority population, most of whom are living on very low incomes and often have physical or mental disabilities.
- We have been working on how we do root cause analysis and scale - how to look at the initial data and get to the causes.
- We are looking at health equity and outcomes.

## Comments from Organizations About How They are (or Could) Scale Their Work:

- We have limited dedicated resources, so we are slowing chipping away at it.
- There is only so much we can do with limited funding, so we are developing institutional memory for external consumption, which allows other orgs to benefit from policies, procedures, operations, etc. in order to exponentially increase impact.
- Wanting to put together an online resource/database for other social service agencies
- OCED should suggest how to measure this over time (measurable outcomes).
- How do you prove an impact on poverty/racism in a community? It is great to have goals, but when we operationalize, how do we prove that?
- We've been working on scaling our work in a way that increases accessibility throughout the county, through more and smaller distributions through non-profits, schools, hospitals (places where people go on a regular basis). Scale out so anyone anywhere who needs food knows it's available.
- Biggest challenge to making real impact is through one-on-one connection with our clients, which has been a huge challenge through the pandemic.
- Only one staff member but hoping to expand that to support the outreach we did in Washtenaw County during the pandemic to see what people need.
- Meeting people where they are is the key.
- Scaling scree provides an opportunity to be innovative with homeless and unstably housed youth and adults, especially those with mental health concerns, looking at long term case management.
- Scaling deep: Changing the way we think about case management. Being able to help people before they get to crisis point.
- 80% of folks served are Black/African American, so connecting to partners to address needs of people who have been systemically denied opportunities due to racism is important.
- Scaling deeply: Thinking about who leads on our board of directors and attending to the root cause being trauma of young people.
- Putting deeper emphasis on DEI efforts to create quantifiable outcomes to becoming more anti-racist.
- We're thinking about how we can grow the depth of our services to really focus on partnering with the community to meet the entirety of a need, even if that is for fewer people.
- How can we serve the people we're serving better? How can services align to bring people out of poverty?
- How can we have a larger impact, moving people out of poverty? In other words, rather than serving MORE people, serving the people we're serving better.
- We provide case management and therapy for substance use disorders. Could go back to scaling advocacy pieces, not just with police, but broader community, related to substance abuse disorders. Want to meet our consumers where they are.
- I can see us scaling out for our beneficiaries - we have materials and ways of helping girls to develop anti-racism practices and activities - but we can push that out and scale out - so more girls are benefitting - and scaling deep - so it is more of a cultural piece. I can see a mini-grant helping us scale deep.
- We talk a lot about numbers served but exploring what can we do with a smaller group and have more impact, and then take that and expand it. Might be able to do this through a partnership.
- When considering scaling for our organization, we want to make sure we check in with the communities we serve to see what they need and identify the barriers to access. Once we do find out what people need, what do we need to do to change our programming to meet those needs, with limited capacity? Working with other organizations that are trying to achieve the same things would be mutually beneficial.
- We serve people in poverty with financial assistance, vehicles, furniture, etc. and provide intensive programming to assist people in getting out of poverty. We want to take the things we have learned and the tools we created to scale up and have a greater impact on the community.
- •Collaboration is the way that we can scale our programs.
- I found the discussion around scaling confusing.
- For affordable housing development, scaling out is permanently creating more affordable housing in the community.
- We believe strongly in collaborative ways to get at root cause, not just address symptoms. With other partners in the communities that we work with, we feel we can make a greater impact on all ages...families to seniors. Increase scale and impact by having collaborative partners. More funding can increase amount of work and number of people served.
- Scaling up to allow people served to get businesses back up, after COVID, and also find ways to help them be sustainable, including advocating at the state/federal government levels for more support.
- In terms of scaling, we would like to reduce the staff to client ratio, but it is difficult with limited funding for staff.

## Comments from Organizations About How They are (or Could) Scale Their Work:

- Our building limits our capacity, so we have been inventive, doing community outreach with webinars to reach caregivers for family members, but we are too busy caring for people on the ground to do as much community outreach as we would like to.
- We are seeing a unique need right now to address the aging population with supportive housing and long-term services.
- We provide financial management for those who can't manage it themselves, but it is difficult to offer more intensive services because of the high case management ratio.
- An area where we are trying, but need to do better, is integrating with the larger system and providers and doing it in a logical and coordinated way.
- Partnerships can be an effective way for us to scale our programs. To have a greater impact, it is better to partner with other agencies doing work that's compatible with our goals.
- We are thinking about how we do our work, define and measure success, and evaluate the outcomes.
- We have been able to add another staff member due to increased funding during COVID, allowing for scaling up.
- Scaling accessibility to services and access to funding for smaller organizations.
- As a knowledge sharing institute, we address poverty, racism, and trauma, serving as a contact point for direct service agencies. We can scale by expanding more community partnerships, boosting work that is currently done on a smaller scale.
- It feels really hard to scale up when I'm preserving staff.
- Hard to think about scaling up when we are in trying to survive. We have a bigger caseload and waitlist than ever.
- The issue we have is that we're small, so we go deep, but work with a small number of youth.
- I think that evaluation and continuing to invest in evidence-based interventions is a way to have more measurable impact.
- I think this question takes some discussion with our leadership team and our board. For me, I've always thought that a client has to go through so many hoops just to be told they need to wait 3-4 weeks. Scaling up could look different to address that problem.
- I think scaling may have to be on a case-by-case basis, not generalized, and specific to the needs of the folks we serve.
- Housing and homelessness needs to go deeper in regard to helping people. How do we think about the future needs of those that are experiencing homelessness and break the cycle? Creating additional partnerships to go deeper, connect to resources, and work with folks past their current crisis to prevent additional crises.
- The biggest issue we see is that there are a lot of resources, but organizations tend to work in individual silos. One crisis is addressed but not the root causes or consequences of that crisis. Therefore, creating/establishing partnerships is key.
- We are talking to various health systems about their policies and how accessible or inaccessible they are, so that we can scale up via policies and scale out through outreach.
- We do this scaling, but we haven't thought about it in this way related to funding and want to think about different ways of scaling, rather than just serving more people.
- Scaling deep: In our strategic plan, we have not only increased the diversity of our volunteers, but also increased the understanding of volunteers to create a larger impact, not just on the people being served, but on the community at large.
- Community partnerships (funding partnerships and collaboration) make the work more impactful.
- We address generational trauma and poverty by partnering with schools to break this cycle through youth empowerment.
- I am intrigued by the non-traditional ways of thinking about scaling efforts that seem more appropriate for our organization. How do we serve the people we serve in a more thorough manner? The scaling of the work would be bringing more support and resources through coordinated service delivery vs. adding more programs or staff.
- We are scaling now by improving facilities, opening new facilities, growing partnerships, and focusing on the zip codes where a greater proportion of people are impacted by those 3 areas.
- We are interested in the different ways that scaling was presented. We already do a lot with community members and partner organizations to remove barriers and make it easier for people to access our services.
- I was thinking of ways to eliminate duplicate services by knowing what is already in the community. How do we work together to meet the outcomes we're trying to achieve by bridging silos, without overtaking them?
- I think most organizations can get to scaling up - are our policies anti-racist - thinking of something as simple as dress code - and hiring and making sure staff is reflective of the communities we serve.

# Comments from Organizations About What We Haven't Thought Of:

## **Application Process:**

- Appreciate the idea of a less technical application with OCED receiving comments from the community (verbally AND written).
- People that are not internet-based might be excluded.
- Will there be rolling enrollment (i.e., what are the cycles of funding?)?
- Provide a "why not?" comment option on the application to give an opportunity for an organization to explain what barriers exist that prevent their ability to meet the criterion, which may be due to inequities in the system that are difficult to overcome.
- How is equity considered in the application process? For example, are there non-competitive funding opportunities available?
- 2 months notice on the bigger, 5-year grants would be great.
- Who's going to review the grants? How will funding decisions be made?

## **Collaboration & Partnerships:**

- Would like to see more around collaboration/partnerships. How would partner applications work?
- What role will sector leadership/collaborating coordinating agencies play and how can those entities be supported?
- Cross partnership development will increase impact.
- How do we address confidentiality when we look at this type of funding and talk about capacity building and partnering?
- We have seen a lot of re-inventing the wheel in this community, rather than encouraging collaboration to maximize effectiveness, so the funding should encourage partnerships.
- I am curious what funders think about intersectionality: If you only attack one type of discrimination at a time, you're not looking at individuals that fall into multiple categories, as most people do. We have to all work together on multiple fronts, as a good representation of agencies across multiple service areas can have the biggest impact.
- Organizations need to expand their partner network to know what issues are emerging and what problems people are identifying.
- Breaking the cycle of trauma, poverty, and racism through systems changes (i.e., continued education and workshops on financial literacy, establishing self-agency to avoid repeat clients, youth empowerment and skills development, etc.). To address generational poverty, community is the unseen force behind the impact.
- What you are presenting aligns well with "trust-based" philanthropy, a very progressive way of looking at philanthropy to remove barriers and level the playing field. Likes the ideas of bringing in people who have received services to review proposals.
- It would be great to see a more formal or structured approach to encourage collaborative efforts and to increase cross-agency collaboration, particularly for those working on different facets of the problem or where there is a handoff from one agency to another.

## **Funding Questions:**

- If OCED doesn't fund something, is it funded elsewhere? How do we make sure services are sustained, especially safety net services?
- A lot of organizations were using COFU to match funding, so losing that funding could have a much larger impact than we realize.
- Make sure there's equity across categories (aging is often underfunded).
- Need to ensure there is an adequate workforce for people engaged in this work (i.e., lack of nurses, police officers, etc.).
- Commitment to equity....has the organizing group been considering the movement of community-centric fundraising?
- Some of the work is antithetical to the work that the government is doing, especially in the justice system. How do we make sure that we are advocating for that work?
- Keep the language consistent since racism, poverty, and trauma needs to be more normalized, something we're talking about on a regular basis.
- The use of language around "scaling" needs to be communicated more clearly. Some of this language may exclude people unintentionally.
- There's a lot of great work not getting funded out there, so I am hoping that there will be more of a focus on funding programs and agencies that haven't received enough for more grassroots programming. It isn't clear if the "scaling" language means that these small grassroots programs would miss out on a majority of the funding.

## **Comments from Organizations About What We Haven't Thought Of:**

- How do we ensure coverage in the rural parts of the county, rather than just in Ann Arbor and Ypsilanti?
- Organizations have to forecast and strategic plan into the future, so being able to depend on 5 years of funding is a huge help.
- I appreciate the 5-year investments since one-year grants are so frustrating because they keep you busy so that you're always in the position of having to write grants.
- For the 5-year funding, how would the required strategic planning intersect with the strategic planning that has already been completed by an organization's board and community?
- At what point does innovation in human services become regular business (5 years? 10 years?)
- During a crisis situation such as the pandemic, what happens after year 1 in a 5-year award grant?
- Would like clarification between bucket 1 and 3 regarding the time period.
- Addressing root causes is service intensive, so how will this be balanced with providing ongoing basic needs? In other words, should we serve a small number of high needs families well or make sure everyone gets access to basic needs?
- Provide mini-grants for people that have new ideas, rather than limiting them to organizations providing direct service.
- Depending upon which grant bucket our organization chooses, since we could make an argument for all three for our organization, if we applied for safety net funding, would that preclude us from applying for an additional category?

### ***Measuring Outcomes & Evaluation:***

- How will the funders be informed by needs assessments and gaps in services in order to make the most important critical decisions for evaluation that might be duplicative or addressing a service gap?
- We want to know ahead of time what kind of reporting and data/outcomes are to be reported on?
- Glad to have an evaluator who might be able to help us with data collection and reporting.

### ***Technical Assistance:***

- Will there be any resources available to help smaller agencies coordinate large proposals?
- If the model for evaluation around the previous efforts didn't yield the hoped-for results, will there be ongoing resources or technical assistance to grantees to make sure that the evaluation gets you the results you want?
- Measuring outcomes is hard for very small organizations, so what will be offered to smaller organizations that need more help?
- If you are going to emphasize in the criterion that to get funding, you have to have a certain DEI effort, then you may need to provide funding or affordable access to resources for it, particularly for smaller organizations with tight budgets.
- Will there be opportunities to talk with OCED to address questions, specific to an organization, prior to the grant application deadline?
- Provide a client manager for the mini-grants to support the smaller organizations.
- Need more transparency to make sure that organizations understand what is expected.
- Provide some basic support in terms of preparation of proposals for smaller organizations to address inequities in staffing patterns and lack of experience in grant writing.