



May 15, 2024

On May 15, 2024 Office of Community Safety staff attended the monthly meeting of the Minneapolis Advisory Council on People with Disabilities. 11 people were in attendance. After a brief presentation about the community safety center concept, OSC staff answered questions and individuals engaged in a conversation about what services are important in the South Minneapolis Community Safety Center and Lake Street Community Safety Center.

Based upon the discussion, the following social services emerged as important to the South Minneapolis community Safety Center:

- Mental health
  - Emphasis on de-escalation
  - Mental health referrals not primary care at the site
  - Trauma and disability-informed services
- Employment support
  - $\circ$   $\;$  Adding computer rooms to allow for searching for employment  $\;$

Based upon the discussion, the follow social services emerged as important to the Lake Street Community Safety Center:

- Mental health
  - o Trauma informed care
  - Referral services not primary care at the site
- Education support

Other building uses and resources that emerged as important to this community:

- Legal services (South Minneapolis Community Safety Center)
  - Disability law center space
- Medical services (South Minneapolis Community Safety Center)
  - $\circ$   $\;$  Culturally specific and disability informed services
- Community room (both locations)
- Technology access (both locations)
  - Computer rooms
  - Offer education classes

Additional ideas for resources at the center

• Mediation and dispute resolution services (safety and prevention to resolve community issues on their own). Really is de-escalation that is unique to social service feedback and should stand on its own.

Other topics of note:

- Even without police, we would need basic services such as food, rental support, and safety. "We keep each other safe."
- Engagement at the center:
  - Important for city staff to understand complex disabilities and concerns and talk to individuals about layers of support offered.
  - A disability should not prevent someone from getting services. Incorporate thoughtful training of city staff at the site about intersections of physical and mental disabilities.
  - Ensure there is a plan in place for routine feedback sessions to share what's in place and find out what's work and what's not working.
- Physical space:
  - Physical accessibility of the location, including a single stall gender neutral family restroom with adult changing table.
  - Accessible path of travel and signage is a sign of inclusion, video ASL onsite. Consider sunflower program that exists at airports.
  - Consider having restrooms with accessible showers, especially for unsheltered community. Consider single stall family-friendly gender-neutral restroom with adult changing table.
  - When building, consider sensory, low stimulation versus high stimulation needs. Sensory kits and sensory friendly spaces in a multigenerational way in marketing and promotional materials as well.
- Services:
  - Smart 911 should be more widely available that includes people with disabilities and emphasizing non-apparent disabilities in continuity of care.
  - Site could be more of an outreach versus services onsite. "It starts here" less than "it all happens here."
  - Include COPE services. Redefine what safety is so that safety means mobile crisis response.
- Safety
  - Include a safety plan for those who may be dysregulated.
  - Space should be a place where people know they are not feeling safe and can go and get discrete support as they feel comfortable. It can be a hub for connecting with services that could be elsewhere. Center should be a general safety net for anyone having a problem and include referral services.
- A MACOPD board member provided OCS staff with a list of ADA and disability services suggestions prior to the meeting that focuses on the exterior, interior, and services.