

# **Cheboygan County 10-Year Plan to End Homelessness**

To be submitted to

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October 16, 2006

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## COMMUNITY RESOLUTION

### TO END HOMELESSNESS IN CHEBOYGAN COUNTY WITHIN TEN YEARS

**Whereas**, safe, decent, affordable, permanent housing is an essential component for individuals, families and their communities and

**Whereas**, homelessness happens for many reasons and takes many forms and

**Whereas**, the citizens of Cheboygan County choose not to ignore the needs of the homeless or those living on the edge of homelessness and

**Whereas**, there are financial and social benefits from solving the issues of homelessness both for the homeless and their communities and

**Whereas**, the citizens of Cheboygan County will search for new ideas, innovative actions and workable plans to end the plight of homelessness and

**Whereas**, collaboration and cooperation are the cornerstones of creating safe, decent, affordable, permanent housing for every individual and family and

**Whereas**, ending homelessness will make our citizens safer and our community stronger;

**Therefore**, let it be resolved that we the undersigned leaders of Cheboygan County support and endorse the creation and implementation of a 10 year plan to end homelessness in Cheboygan County.

**Let it be further resolved** that the vision of this 10-year plan is that all people will have a roof over their heads, stable supports to sustain life and a firm foundation to keep them safe and secure.

## **EXECUTIVE SUMMARY**

### **EXTENT OF PROBLEM:**

At the current time, it is estimated that the homeless population in Cheboygan County lies somewhere between 150 and 330, maybe higher. Agency personnel interviewed during the process of collecting information for this planning document reported serving different homeless populations. This information is detailed in Chart 1 on page 10.

The total extent of the homeless problem is not known at this time; nonetheless agency personnel are reporting a significant number of homeless youth, individuals and families. They also report that the numbers are increasing. The Housing Commission for the City of Cheboygan currently receives about 25 applications a month and approximately 50% of these applicants are homeless at the time of application. The Michigan Coalition Against Homelessness states that families with children are among the fastest growing segments of the homeless population. The first step in the 10-year plan will to develop a more precise method to determine how many homeless youth, individuals and families are there really are in Cheboygan County.

### **IMPACT ON CHEBOYGAN COUNTY:**

Until the extent of the problem is clearly defined, it is difficult to be specific about the impact on Cheboygan County and its citizens. However, in general terms, students that are homeless are not able to get a quality education, residents that are homeless upon being discharged from jail are not able to become productive citizens and contribute to the community, victims of domestic violence and homeless individuals receiving services in bordering counties face ongoing challenges as they reintegrate into the community. Homeless families have a difficult time meeting basic survival needs, not to mention, the emotional needs required to nurture the family. This can result in problematic parenting, such as neglect and even abuse.

Leaders in the community that serve the homeless have been committed to the prevention of homelessness. Information gleaned over the past months will help the continuation of these efforts and thereby reduce the negative impact. There is a commitment to continue this evaluation as the 10-year plan to eliminate homeless is implemented in Cheboygan County.

### **VISION: A ROOF OVER EVERY HEAD**

The vision for Cheboygan County is that all people will have a roof over their heads, they will have stable supports to sustain life and a firm foundation to keep them safe and secure. The goal is to make permanent housing available for everyone.

## **CORE PRINCIPLES:**

- All people should have equal access to safe, decent, affordable, and permanent housing regardless of their unique needs or life circumstances.
- It is society's responsibility to provide safe, decent, accessible, affordable, and permanent housing for all people.
- People experiencing homelessness deserve access to safe, decent, affordable, and permanent housing through the same systems and programs available to people with housing.
- People experiencing homelessness have unique needs and life circumstances that may be addressed through housing programs designed specifically for them.
- Universal access to safe, decent, accessible, affordable, and permanent housing is a measure of a truly just society.

## **CHEBOYGAN COUNTY'S INTEGRATED RESPONSE:**

The Advisory Board of the 10-Year Plan to End Homelessness intends to continue the process of developing and implementing an integrated response to the elimination the causes of homeless in Cheboygan County. Member agencies of the Cheboygan County Housing and Homeless Coalition have worked to increase awareness and to prevent homelessness over the past several years. These efforts will continue.

The Advisory Board is committed to the vision of "A Roof over Every Head" and feels that all individuals and families should have decent, safe, affordable housing. Housing First is recognized as a necessary response to keep people housed and out of the shelter system. When sheltering an individual or family is the only immediate option, the goal is to return them to permanent housing as quickly as possible.

The Advisory Board supports the following core concepts of Housing First:

- ❖ There is a focus on helping individual and families access and sustain rental housing as quickly as possible and the housing is not time-limited.
- ❖ A variety of housing assistance, case management and supportive services are delivered primarily following a housing placement to promote housing stability and individual well-being.
- ❖ Such services are time-limited or long-term depending upon individual need.
- ❖ Housing is not contingent on compliance with services. Instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help do so successfully.

The implementation of Housing First will take several steps. The first will be to educate the community and community leaders regarding the benefits, workability and the success of the Housing First model. As education is accomplished and acceptance is developed, Housing First will be implemented to meet the needs in Cheboygan County.

The Advisory Board is also committed to ending homelessness rather than managing the homeless system. This is a natural shift for Cheboygan County, since prevention has been a key component of past planning efforts.

The Advisory Board recognizes the need for cooperation and collaboration among agencies to ensure successful, long-term outcomes for individuals and families who are homeless. The Cheboygan County Housing and Homeless Coalition and Human Service Coordinating Body have historically worked to nurture partnerships and teamwork between agencies. It will be an innate process for these agencies to rally around the issues of homelessness.

An Interagency Service Team (IST) is in the process of being created to address homelessness specifically. This team will consist of agency staff from a variety of disciplines that currently provide services to the homeless and the precariously housed. The Advisory Board will take the lead to initiate an IST.

Closing the front door on homelessness is an integral component to ending homelessness. Prevention and intervention services are needed for those at-risk before they become homeless. This is the best, most cost-effective way to stop homelessness.

The Advisory Board will encourage and assist in the procurement of both private and public, funding and support, at the local, state and federal levels.

Finally the Advisory Board is committed to the ongoing development and implementation of this plan and will take steps necessary to ensure the successful end to homelessness in Cheboygan County. This will include continued research, evaluation and implementation of appropriate best practices in the field, thus eliminating the underlying causes and eventually ending homelessness.

## INTRODUCTION

Cheboygan County hugs the shoreline of Lake Huron at the tip of northern Michigan and is a paradise to those that enjoy the out-of-doors. It is a favorite vacationing spot for many offering boating, fishing, dining, shopping, lodging, hiking, cross country skiing, snowmobiling, camping, swimming, biking, and mountain biking.

Cheboygan County's main industries are tourism, farming, commercial fishing, paper, wood, and metal fabrication. The main employment occupations are: sales and office occupations, 25.6%; professional or managerial, 23.4%; service industry, 20.3%; production, transportation and material moving, 16.9%; construction, extraction and maintenance, 13%; and farming, fishing and forestry, 0.8%.

According to the 2000 US Census Bureau, the population was 26,448. The racial makeup of the county was 94.80% white, 0.25% African Americans, 2.55% Native Americans, 0.20% Asian, 0.02 % Pacific Islanders, and 0.15% from other races.

There were 10,835 households, 7,573 families residing in the county and 16,583 housing units. Of the 10,835 households, 28.60% had children under the age of 18 living with them, 58.00% were married couples living together, 8.60% had a female head of household with no husband present, and 20.10% were non-families, 25.80% of all households were made up of individuals and 11.80% had someone living alone who was 65 years of age or older. The average household size was 2.41 and the average family size was 2.87.

In the county, 23.70% of the population was under the age of 18, 6.20% between the ages of 18 and 24, 25.80% - 25 and 44, 26.30% - 45 and 64, and 17.90% were 65 years of age or older. The median age was 41 years. For every 100 females there were 98.30 males. For every 100 females age 18 and over there were 96.50 males.

At the time of the 2000 census, 42.5% of the population was not in the labor force, 48.9% of the population was employed, 5% were in the armed services and 8.1% of the work force was unemployed. This must have been a summer count as unemployment in Cheboygan County is much higher in the winter months as demonstrated in Chart 2 on page 14.

The median income for a household in the county was \$33,417 and the median income for a family was \$38,390. Males had a median income of \$30,054 versus \$20,682 for females. The per capita income for the county was \$18,088. About 8.7% of families and 12.20% of the population were below the poverty line, including 17.90% of those between the ages of 7 and 18 and 10% of those age 65 or over. There were 930 families with a female head of household with husband present, 27.5% of these families lived below the poverty line.

Larceny, robbery, burglary and motor vehicle theft accounted for 92.5% of the crimes reported in 2000, aggravated assault, 4.7% and rape 2.1%. There were no murders.

Although the median income was \$33,417, 5.6 % of the families had an income below \$10,000, 10.6% below \$14,999, 19.6% below \$24,999 and 23.4% below \$34,999.

According to the 2000 US Census Bureau, the county has a total area of 885 square miles, including 716 square miles of land and 170 square miles of water.

Cheboygan County has one city: Cheboygan; two villages: Wolverine and part of Mackinaw City; 7 unincorporated municipalities: Afton, Aloha, Burt Lake, Elmhurst, Indian River, Mullett Lake, and Topinabee; and 19 townships: Aloha, Beaugrand, Benton, Burt, Ellis, Forest, Grant, Hebron, Inverness, Koehler, Machinaw, Mentor, Mullett, Munro, Nunda, Tuscarora, Walker, Waverly, and Wilmont.

Cheboygan County has an extensive system of connecting inland lakes and rivers, which allows boaters to navigate through Mullett and Burt Lakes, and access several towns. Native Americans used this inland water route for centuries, from which the county acquired its name, which literally means: "Water of the Chippewa." Today the waterway is used exclusively for recreation.

## SCOPE OF THE PROBLEM

Is homelessness a problem in Cheboygan County? The answer to this question lies in how the term is defined. If we define homelessness too narrowly, almost no one would be considered homeless and if we define it too broadly, everyone that would like to improve his or her living situation might fit that definition.

The National Coalition for the Homeless in NCH Fact Sheet #11 states, “Understanding rural homelessness requires a more flexible definition of homelessness. There are far fewer shelters in rural areas; therefore, people experiencing homelessness are less likely to live on the street or in a shelter, and more likely to live in a car or camper, or with relatives in overcrowded or substandard housing. Restricting the definition of homelessness to include only those who are literally homeless – that is, on the streets or in shelter – does not fit well with the rural reality, and also may exclude many rural communities from accessing federal dollars to address homelessness.”

**DEFINITIONS:-** Most homeless program funds are bound by regulation to limit the population served to those who meet the HUD definition of homelessness. The HUD definition is very limiting.

- **HUD Homeless Definition:** HUD defines Homeless persons as those who are sleeping in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings, or those who are sleeping in an emergency shelter as a primary nighttime residence. Persons may also be considered homeless if they:
  - Are living in transitional or supportive housing for homeless persons but originally came from the streets or emergency shelters;
  - Ordinarily sleep in transitional or supportive housing for homeless persons but are spending a short time (30 consecutive days or less) in a hospital or other institution;
  - Are being discharged within a week from institutions in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack resources and supportive networks needed to obtain access to housing;
  - Are fleeing from domestic violence and no subsequent residences have been identified and they lack resources and supportive networks needed to obtain access to housing; or
  - Are being evicted within a week from private dwelling units and no subsequent residences have been identified and they lack resources and supportive networks needed to obtain access to housing.
- **HUD Chronically Homeless Definition:** Additionally, HUD defines a “chronic homeless” person as an unaccompanied homeless (living on street or in emergency shelter) individual with a disabling condition

(diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions) who has been continuously homeless (year or more) or experienced four or more episodes of homelessness in past three years.

- **McKinney-Vento Definition:** According to the McKinney Vento Homeless Assistance Act, “Homeless children and youths are defined as individuals who lack a fixed, regular, and adequate nighttime residence. This includes children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, and transitional shelters; are abandoned in hospitals; or are waiting foster care placement. It also includes those who have a primary nighttime residence that is not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

Some programs dealing with homeless children and youths have specific McKinney-Vento funds that include a broader group of people. McKinney-Vento funds are designed to serve specific populations and provide minimal services.

### **WHO, WHERE AND HOW MANY:**

Persons experiencing homelessness look different in Cheboygan County, a rural area, than they do in Detroit, an urban community. Instead of sleeping on the street, they are sleeping on someone’s couch, in a storage unit, camping on state land, or living in a shack assembled from available remnants. There are often referred to as the “hidden homeless”. Seldom do the homeless in Cheboygan County sleep in their cars but rather they bunk with friends and relatives moving frequently as they wear out their welcome.

The homeless in Cheboygan County by the HUD definition are:

- ❖ Parents leaving treatment
- ❖ Victims of Domestic Violence
- ❖ Individuals being discharged from the jail, the hospital or treatment
- ❖ Mentally Ill and Developmentally Disabled (not huge numbers)
- ❖ Camping in the Pigeon River Forest or other state land
- ❖ Living in shacks on state land, with no heat or water

Those camping or living on state land would meet the definition but are difficult to identify and to count. Some of the reasons that the homeless can be difficult to recognize will be discussed later in the section, Assessment on page 23.

Those that meet the McKinney-Vento definition are:

- ❖ Unaccompanied youth often referred to as “couch surfers” and youth leaving foster care.

- ❖ Living with friends and relatives, often referred to as “doubled up” or the “hidden homeless”. Individuals and families (except unaccompanied youth) that are “doubled-up” do not meet the current HUD definition. They are also difficult to count.

In addition, there is a sizeable population referred to as the “*precariously housed*”, those living on the edge of homelessness. It is important to realize that anyone under the right circumstances could become homeless tomorrow. It may be a medical emergency, an unexpected auto repair, a foreclosure or eviction, a temporary or permanent loss of employment, a divorce or a relationship break-up. All of which can happen to anyone unexpectedly; however, those living in poverty are more at risk of becoming homeless. Depending on the size of one’s savings, the social support of family and friends and the quality of their benefits particularly health and disability insurance, a person or family may be able to weather one or two unfortunate events, but no one is totally immune.

A cursory survey of people working in the human services field indicates that homelessness is a problem in Cheboygan County. The following were reported during individual interviews, Continuum of Care and Human Services Coordinating Body meetings:

### LOCAL AGENCY REPORTS OF HOMELESSNESS

Chart 1

Women’s Resource Center (Domestic Violence)	13	274 nights of care for homeless residents of Cheboygan County (4 women, 98 nights of care; 9 children 176 nights of care)	FY 2004-2005
Cheboygan, Otsego, Presque Isle - Education Service District - Homeless Liaison	86	86 homeless youth in Cheboygan County Schools (324 homeless youth in the three counties)	School Year 2005-2006
Northern Jail Ministry River of Life Church)	20	Caring for 5 homeless people discharged from the jail; one living in the church; 20 over the course of a year.	June 26, 2006 June, 2005 to 2006
Department of Human Services	3	3 homeless people discharged from the jail on case load	July 12, 2006
The Salvation Army	160	Approximately 95-96 “couch surfers” 160 people doubled up with family and friends over a year period	June 26, 2006 June 2005 to 2006
Northern Care Medical Clinic	20	Serve 15-20 homeless a month; 30-35 including those living in the Friendship Shelter Reports clients sleeping in the woods	April 4, 2006 CoC notes
Friendship Shelter, Gaylord, MI	13	13 residents from Cheboygan County were served	2005
Office of Veterans Affairs	9	6 to12 homeless over a year period. They are living with girlfriends, in trailers or in campgrounds	2006
Continuum of Care, Point In Time Survey, 2005	6	6 Total (3 individuals & a family of 3) Point in Time Survey	2006
Housing Commission City of Cheboygan	12	The Housing Commission receives approximately 25 applications for Section 8, Housing Choice Vouchers a month; about half are homeless at time of application.	2006
Estimated total	150 330	Taking into account that there may be some duplication, the number of homeless may be as low as 150-170 and could be as high as 330 or higher.	

The number of people working to help the homeless and to eliminate homelessness are indicators of a homeless problem much like the presence of antibodies are evidence of an unhealthy situation in the body. If homelessness is not a problem, why are so many people

concerned and expending so much energy to alleviate something that does not exist? A good doctor would find the basis of concern and treat the root causes. To do this means that the whole community, the policy makers, the service providers, and homeless, themselves along with the support of the state and federal government must commit and work together to understand the basis for these concerns and to eradicate the root causes.

### **THE COST OF HOMELESSNESS:**

With all of the recent attention to the issue of homelessness at a state and national level, there are many studies done by cities, counties, foundations and institutions that prove that it costs less to keep someone housed rather than supporting them in a state of homelessness. It has been documented that HOUSING FIRST AND SUPPORTIVE HOUSING are less costly for taxpayers than is maintaining a lifestyle of homelessness. A workgroup in Minnesota stated that by providing housing and support services, outcomes for the homeless are enhanced and the costs of crisis services are reduced.

Where and how does the homeless population survive? People who are homeless use a variety of public systems in an inefficient and costly way. They are visiting our over burdened and under staffed agencies daily. They use our emergency room for health care; some end up in jail or prison, others in our homeless shelters. A few are able to get back on their feet and into permanent housing situations, but most need help.

The cost of homelessness to the community becomes quite clear when we begin to look at the services used by the homeless population and those that are precariously housed. The following information was obtained from the National Alliance to End Homelessness at (<http://www.endhomelessness.org/pub/tenyear/cost.htm>). The report is included in Appendix A.

#### **Cost Attributed to Hospitalization and Medical Treatment of the Homeless**

People who are homeless are more likely to access costly health care services. A report from the New England Journal of Medicine, states that homeless people spent an average of four days longer per hospital visit than comparable non-homeless people costing approximately \$2,414 per hospitalization.

A study of hospital admissions of homeless people in Hawaii revealed that 1,751 adults were responsible for 564 hospitalizations and \$4 million in admission cost. Their rate of psychiatric hospitalization was over 100 times their non-homeless cohort. The researchers conducting the study estimate that the extra cost for treating these homeless individuals was \$3.5 million or about \$2,000 per person.

#### **Cost Attributed to Substance Abuse Treatment of the Homeless**

Homelessness both causes and results from serious health care issues, including addictive disorders. Substance abuse increases the risk of incarceration and HIV exposure, and it is itself a substantial cost to our medical system. A study found that the average cost to California hospitals of treating a substance abuser is about \$6,380 or 43% more for those that are in treatment than those who are not. Treating homeless people for addictive disorders is part of the solution for ending homelessness.

### **Emergency Shelter**

Emergency shelter is a costly alternative to permanent housing. The cost of an emergency shelter bed funded by HUD's Emergency Shelter Grants program is approximately \$8,067 more than the average annual cost of a federal housing subsidy (Section 8, Housing Choice Voucher). While emergency shelter may sometimes be necessary for short-term crises, it is a costly, less desirable alternative than permanent long-term housing.

The actual cost of keeping an individual or family housed is less than the cost to re-house. Help with monthly rental assistance is less expensive than coming up with a security deposit and first month's rent each time someone is evicted. A housing subsidy is a more stable form of assistance because it helps to eliminate the constant state of crisis and threat of homelessness. Additionally, it eliminates the stress and emotional price of a housing emergency and the upheaval of a crisis driven move. It makes both economic and psychological sense to keep an individual or family from the fear or actual harm of an eviction or foreclosure, especially if the home is adequate and meets their basic needs.

### **Lost Opportunity**

Loss of future productivity, a definite outcome of homelessness may be the most expensive and yet the most difficult to quantify. The embarrassment and marginalization that comes with homelessness can be tragic. Additionally, it exacerbates other problems and challenges that are faced by this population. Decreased health both physical and emotional and more time spent in shelters, jails or prisons leave the homeless with additional obstacles to becoming or to return to contributing members of the community. Their inability to work, play and be a creative part of a community means we all lose.

Homelessness is difficult and painful for anyone, but children who are part of the population, can be even more damaged. Children and youth face barriers to education during the process of being homeless. An article, written by Dr. Yvonne Rafferty of Pace University compiled earlier research on the education of homeless children and included the following findings:

- 79% of 49 homeless children in NYC scored at or below the 10<sup>th</sup> percentile for children of the same age in the general population.
- Attendance rate for homeless students is 51%, vs. 84% for general population.
- Long-term absenteeism for homeless students is higher than that of the general population.

Because many homeless children are subjected to inconsistent and interrupted educational experiences, their future productivity and career prospects suffer as a result. This makes the effects of homelessness last longer than just the time children spent in shelters or doubled up in cramped quarters.

### **Prisons and Jails**

People who are homeless spend more time in jail or prison, sometimes for minor crimes such as loitering. This is an extremely costly way to take care of the homeless. According to a University of Texas two-year survey of homeless individuals, each person cost the taxpayers \$14,480 per year, primarily for overnight jail. A typical cost of a prison bed in a state or federal prison is \$20,000 per year.

### **Additional Cost Attributed to Homelessness**

Other costs to the community are the operational costs of services to the homeless population such as food pantries, soup kitchens, shelters, etc. The funding for these services comes from both public funding and private donations. As Cheboygan County moves to a Housing First and a Supportive Housing model, these funds can continue to be used and shifted towards a more permanent housing situation.

The service costs necessary to help people back into housing and to address the damage caused by homelessness are much higher than the cost of preventing its occurrence. Cheboygan County takes pride in historical efforts to prevent homelessness and is committed to its elimination.

### **CAUSES OF HOMELESSNESS & CONTRIBUTING FACTORS:**

The National Coalition for the Homeless in NCH Fact Sheet #11 states, "Rural homelessness, like urban homelessness, is the result of poverty and a lack of affordable housing. In 2005, research showed that the odds of being poor are between 1.2 to 2.3 times higher for people in non-metropolitan area, than in metropolitan areas."

**Economic and Financial Issues:** The local economic conditions affect everyone, landlords, tenants, business owners, etc. The differential between the rent that tenants can afford and the cost for landlords to operate and maintain property while making a reasonable profit was cited as a problem in Cheboygan County.

The rising cost of oil creates a dilemma for those living paycheck to paycheck; they may have to choose between a utility cut-off and eviction notice. The lack of housing subsidies or vouchers and assistance for housing related debts such as utility shut-offs, evictions and foreclosures were cited as a concern. Check cashing institutions and predatory lenders that prey on the economically vulnerable was also cited as a local issue.

**Poverty:** Poverty often extends over several generations and over time a culture of poverty begins to emerge. The 2000 US Census Bureau reported that about 8.7% of families and 12.20% of the population in Cheboygan County were below the poverty line, including 17.90% of those between the ages of 7 and 18 and 10% of those ages 65 or over. Once an individual or family falls into this downward spiral, the climb out of poverty becomes beyond reach for many.

**Characteristics of Homeless:** With the changing face of homelessness, it is difficult to generalize about characteristics of those experiencing homelessness and one must be careful to not over simplify. However, the poor are more likely to be homeless or precariously housed and the poor have some common characteristics. Interview with staff of agencies serving the homeless report that often there is a lack of education or inadequate education, a lack of financial and other resources, poor money management skills leading to poor choices and poor credit histories and inadequate transportation. These individuals often fear the reprisal of seeking help and may demonstrate a lack of confidence and a sense of hopelessness. It is important to consider each individual or family and their unique situations rather than trying to fit them into a preconceived format.

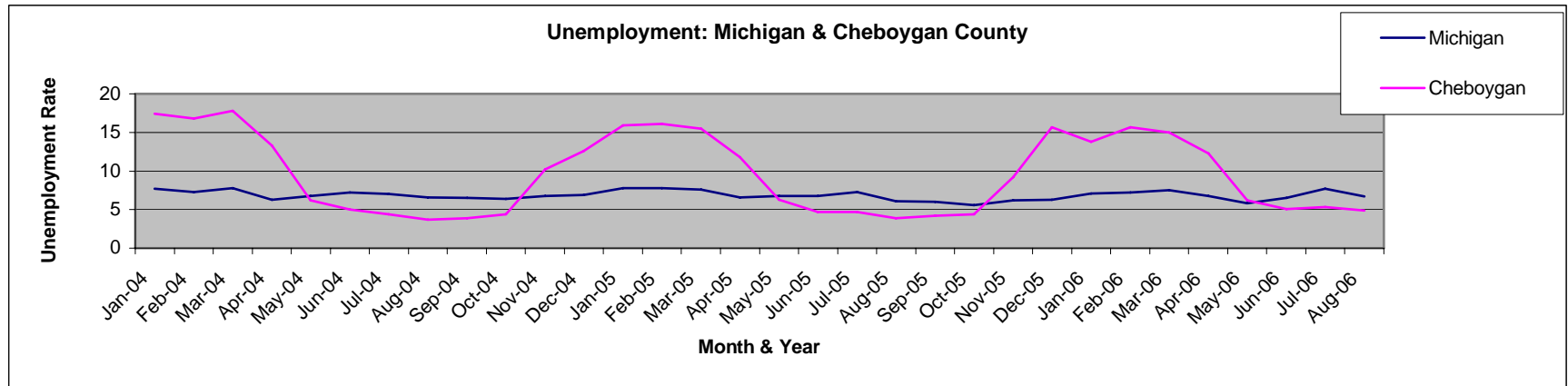
Many homeless or precariously housed are working individuals. Often there has been a precipitating event such as divorce, loss of a job, or a medical crisis.

**Unemployment and Low-Income Jobs** – Cheboygan County is often the leader in unemployment for the state of Michigan. In the 2000 US Census unemployment in Cheboygan County was 8.1%. However, unemployment is further complicated by the seasonal nature of work in Cheboygan County, ranging from 17.8 in March to 3.7 in August. The following chart demonstrates the magnitude of the seasonal variation for unemployment in Cheboygan County as compared with the unemployment rates for the state of Michigan.

The following chart was created with data from the US Bureau of Labor and Statistics.

**SEASONAL NATURE OF UMEMPLOYMENT IN CHEBOYGAN COUNTY**

Chart 2



**Housing Issues:** It was reported by several of the interviewees that there is a shortage of housing that is safe, sanitary and affordable to many residents and this shortage is detrimental to the public health, safety, and welfare.

**Shortage of affordable rental housing** –The National Low Income Housing Coalition defines affordable housing as costing no more than 30% of the renter’s income. In Cheboygan County, the Fair Market Rent (FMR) for a two-bedroom apartment is \$510. In order to afford this level of rent and utilities, without paying more than 30% of income on housing, a household must earn \$1,700 monthly or \$20,400 annually. Assuming a 40-hour workweek, 52 weeks per year, this level of income translates into a Housing Wage of \$9.81 (National Low Income Housing Coalition, 2005). According to the 2000 US Census, approximately 15% percentage of the population have incomes below \$20,400 and would not be able to afford a FMR two-bedroom apartment.

In Michigan, the minimum wage has been an hourly wage of \$5.15. In order to afford the Fair Market Rate (FMR) of \$510 a month for a two-bedroom apartment in Cheboygan County, a minimum wage earner must work 76 hours per week, 52 weeks per year. Or, a household must include 2 people working full time, year-round, in order to make the two-bedroom FMR (\$510) affordable.

In Cheboygan County, the estimated mean (average) wage for a person that rents is \$6.94 an hour. In order to afford the FMR for a two-bedroom apartment at this wage, a renter must work 56 hours per week, 52 weeks per year. Or, working 40 hours per week year-round, a household must include 1.4 workers earning the mean renter wage in order to make the two-bedroom FMR affordable. (The minimum wage was increased to \$6.95 in October of 2006; however, the impact on the cost of housing and unemployment may offset any real gain.)

Monthly Supplemental Security Income (SSI) payments for an individual are \$579 in Michigan. If SSI represents an individual's sole source of income, \$174 in monthly rent is affordable, while the FMR for a one-bedroom is \$413.

Data from the National Low Income Housing Coalition can be found in Appendix B.

**Shortage of safe decent rental housing** - The National Low Income Housing Coalition states that 30% of non-metro households have at least one major housing problem. The Salvation Army estimates that 50% of rentals are substandard. A representative from the Women's Resource Center said that it is difficult to locate rental units that meet the Housing Quality Standards (HQS) necessary for Section 8, Housing Choice Vouchers for families leaving the Domestic Violence Shelter and returning to Cheboygan County.

**Health Issues:** Lack of affordable health care can be a precipitating factor for many homeless. In 2000, approximately 38.7 million American had no health care insurance (U.S. Bureau of Census). In September of 2006, Families USA for the Campaign for Children's Health Care reported that 171,000 children in Michigan had no health insurance. Eighty-eight percent of the uninsured children live in families where at least one adult works. Sixty-seven percent of Michigan's uninsured children live in families with incomes at or below twice the federal poverty level (less than \$33,200 for a family of three in 2006).

A serious illness, accident or disability is difficult for anyone but for those living in poverty and barely getting by, these events can quickly lead to homelessness. A health emergency and the cost of health care can lead to job loss, depletion of savings (if there are any), and a foreclosure or eviction.

Additionally, a person living in poverty may not be able to afford quality nutrition nor be able to practice preventative and positive health maintenance. Just the stress of living in poverty can increase the chances and intensity of stress related illnesses.

Addictive disorders are contributing factors for homelessness. Rates of alcohol and drug abuse are disproportionately high among the homeless population. The combination of poverty and addiction places one at an increased risk. Addiction increases the risk of displacement for the precariously housed and in the absence of appropriate treatment, it may doom one's chances of getting housing once they are on the streets.

Approximately 22% of the single adult homeless population suffers from some form of severe and persistent mental illness (U.S. Conference of Mayor, 2001).

**Legal Issues:** Often homelessness is found in combination of past criminal histories and domestic violence.

**General Issues:** Lack of public transportation creates problems in rural Cheboygan County for consumers to access services or to get to work. The 2000 US Census Bureau reports an average commute to work of 23 miles. The weather in northern Michigan adds another dimension to homelessness. The summers are usually warm and provide the alternative for the homeless to camp in the beautiful state and federal parks but the winters are cold and do not allow the homeless the protection needed to survive outside forcing them to move in with friends or family. The stigma associated with being poor, being homeless, of needing to access public services, having a mental illness or an addictive disorder may not cause homelessness but do present roadblocks to overcoming obstacles.

### **BARRIERS:**

The greatest barrier to addressing the homelessness is the current HUD definition of homeless. This definition excludes many of the people in Cheboygan County that are experiencing homelessness such as those that are living with friends and family because they have nowhere else to live and those that must remain in substandard housing because it is all that they can afford. A person must be on the street for a night to be deemed homeless. If they are bunking with a friend, they must sleep on the street or in their car before they meet the definition. In order to receive Emergency Service Grant funds, a person has to have a denial from Department of Human Services and in order to receive assistance they have to have received an eviction notice. This requires that people make themselves more vulnerable in order to receive assistance.

The amount and extent of paperwork required for a person to apply for services is a burden not only to the staff administering the programs but at times prohibits a consumer from accessing needed services. A recent change by MSHDA now requires that the amount of food stamps be verified even though food stamps are not used to calculate a person's income.

A victim of domestic violence has to stay in a shelter for seven days before being deemed homeless and they need a police report and/or a letter of eviction to document the domestic abuse.

Lack of rental units meeting Housing Quality Standards (HQS) presents a problem securing housing that qualifies for Section 8, Housing Choice Vouchers. The waiting lists are currently lower due to a change in the income guidelines. The need for these vouchers has not decreased only a person's ability to qualify.

The Wolverine area, which is the poorest region in Cheboygan County, is isolated from services that are mainly in and around the City of Cheboygan. Residents must travel 28 miles from Wolverine to Cheboygan. There is a Salvation Army satellite office in Wolverine that is housed in the police station. Often people in need of services are reluctant to go to the police even for assistance.

## IMPACT ON PEOPLE THAT ARE HOMELESS

The stress of not having a permanent living situation creates many of our society's ills. Poor health, child abuse, juvenile delinquency, crime and a deterioration of a community are a few of these ills. Children have a difficult time receiving a quality education, when they move from place to place and vicariously experience the stress of their parents. It is difficult to hold a job or to do well in school when you are worried about where you and/or your family will sleep for the night. The following are a couple real life scenarios in Cheboygan County.

### REALITIES IN CHEBOYGAN COUNTY:

*A young woman is working two and sometimes three jobs to support her two sons. They are living in a rental unit where the living conditions are so intolerable that Salvation Army will not invest money towards rental assistance for this landlord. They would however help her with another rental. There are broken doors and windows and rats. This family often does not have water. This woman has not moved to another rental because she is in the process of purchasing her own home. She has qualified for a United States Department of Agriculture 502 Direct Loan to purchase the home of her dreams. She reports taking her son to the shrine every night to pray that the purchase goes through. Unfortunately this process has had unexpected delays.*

*In an effort to improve her situation, the woman found a better job. As a result, she could not get her mortgage until she completed a 90-day probationary period at the new job. She sought legal advice and put her rent into an escrow account and the landlord filed for eviction. This showed up on a mortgage verification and she was denied.*

*She can re-apply for a USDA-RD loan, meaning that she and her sons have to live 90 more days in substandard housing and she has to pay an application fee again. USDA funds may or may not be readily available when she reapplies.*

*A man was discharged from Cheboygan County jail at 6:00 AM on a cold March morning in shorts, a t-shirt and sandals because that was what he had been wearing the July day he was incarcerated.*

*A local minister that visits the jail regularly became aware that this was going to happen and contacted the Salvation Army. The Salvation Army picked him up, gave him some clothes, bought him breakfast, put him up in a local motel, purchased a bus ticket and sent him back home.*

*A family of four found themselves homeless as a result of an unfortunate medical diagnosis. Mom had been working at a hospital in another county for about a year and liked her job. Dad was on disability due to a history of cancer and a skin condition. They reported being deeply in love and having a strong marriage. They have two children and at the time of the interview the son was 9 and the daughter 6. They were not well off but they were surviving and happy prior to the untimely news.*

*They were told that dad's cancer which had been in remission for 3.5 years had returned. The second bout with cancer, took dad and mom to Grand Rapids and Ann Arbor for testing and finally to Detroit for treatment. Mom quit her job so that she could be with her husband while he had a stem cell transplant. At first, they left the children with a friend in Cheboygan so that the children could continue with their lives and stay in school. After 6 weeks, they decided that the family needed to be together and the children moved to Detroit where the family was able to live in the Hospitality House, while dad completed treatment. During this already difficult time, dad's father died.*

*When Dad's cancer went into remission, the family was able to return to Cheboygan. They found themselves homeless due to an eviction and their two vehicles had been repossessed. They were homeless for almost a year. During this time they lived with a friend, a situation that is frequently referred to as "doubled-up". They were not considered homeless under the HUD definition, but nonetheless, **they were part of the hidden homeless**. This caveat created problems, as the family struggled to get their life back on track.*

*Currently they are renting a 3-bedroom HUD home. The son now has a medical condition resulting in seizures sometimes occurring up to 30 or 40 times a day. Once again, travel for testing and treatment is necessary. Mom has also had medical difficulties with a thyroid condition and has been told by her doctor that she cannot return to work, at this point.*

*They are living on cash assistance and food stamps from the Department of Human Services, dad's disability and the kindness of friends and family. Their credit is shot and they are struggling to stay a float. Interestingly, they display a spirit of optimism. A stable marriage and a strong sense of family have pulled them through this turbulent time and they remain hopeful about their future. Mom plans to return to school to be a nurse.*

*In general, they feel like they were treated well by caseworkers and service providers. The HUD definition created a barrier for them as they tried to access services. Since they had a wonderful friend that allowed them to live in her home, even though the quarters were very crowded, they were technically not considered homeless. It has been and is still difficult to pay for all the travel that is needed for medical treatment.*

Even if we do not find these situations unacceptable, we must recognize the risk they create for our community. It makes economic sense to help someone remain in their home but more importantly it makes sense for the future of our community, our county, our state and our nation. The emotional cost of homelessness and moving from place to place affects the quality of life for everyone in a community, not just those that are struggling.

## **CURRENT RESPONSE IN CHEBOYGAN COUNTY**

### **CURRENT RESOURCES IN CHEBOYGAN COUNTY**

Cheboygan is rich in human resources; caring people, churches and service agencies. Approximately 45 different organizations were identified during the process of developing the 10-year plan. This list is made up of not-for-profit agencies, private service providers, and local, county, state and federal services. There are approximately 40 churches in Cheboygan County. Most of these organizations provide some form of consumer and community education.

Twenty-seven or about half of the agencies address financial issues, 8 help with monetary assistance, 9 help with food and another 9 help with tangible resources such as clothing, furniture, etc. There are only a couple agencies that work on employment and job training issues. There are 11 agencies that provide some form of assistance with housing issues.

There are a total of 14 organizations that address health issues and about half of these provide services for those with addictive disorders. Approximately 8 of the organizations provide legal services. A list of agencies can be found in Appendix C.

Cheboygan County has a history of homeless prevention; Emergency Shelter Grant funds are allocated to The Salvation Army and are used for prevention. Current goals, activities and strategies of the Cheboygan County Housing and Homeless Coalition include: community education, homelessness awareness building and rental registration to eliminate substandard housing. Services for the homeless population such as homeless and domestic violence shelters are located in bordering counties.

There is momentum to address homeless issues and the concerns of those precariously housed. Cheboygan County is poised to continue its efforts to reduce not only homelessness but to improve the quality of life for the community by its efforts. The lasting effects of these efforts will be passed down to future generations.

### **LOW INCOME RENTALS:**

Cheboygan County tends to have more available subsidized housing (decent & affordable) for low income in contrast to Emmet and Charlevoix as reported by North Country Community Mental Health. The City of Cheboygan has 38 apartments for low-income and there are four apartment complexes with low-income units, Mackinaw, Chippewa, Harbor Lake and Lighthouse Village. However, having more does not mean having enough. A representative from The Salvation Army reports that about half of the rentals countywide are substandard.

### **SERVICES IN CHEBOYGAN COUNTY AND SURROUNDING COUNTIES:**

Some pertinent services identified during the development of this plan were:

- ❖ Transition Supportive Housing (TSH) provided by the Women’s Resource Center of Northern Michigan. There are 12 units in a five county area, two of which are in Cheboygan County. Consumers receive health care, legal advocacy, childcare, parenting education, transportation, two years of rent payment with a Section 8, Housing Choice Voucher, and 30% of their income is deposited into deferred savings or Individual Development Account (IDA).
- ❖ There are dedicated Psychiatric Services for the serious and persistently mental ill consisting of specialized residential services, a six-bed crisis residential facility and foster care services.
- ❖ The Cheboygan-Otsego-Presque Educational Service District has a program for homeless youth that is funded by a McKinney Vento grant.
- ❖ A local minister at the River of Life Church has been providing services to the county jail and would like to develop a Northern Jail Ministries program for those that are discharged with no place to live and are interested in a “Christ-centered” faith based program.
- ❖ Emmet and Charlevoix, two neighboring counties have a supportive housing program that includes services such as rental assistance, financial planning, counseling, a savings plan, and credit repair for up to twelve months.
- ❖ The Cheboygan County United Way has a patient advocate program.
- ❖ Williams House and Evangeline House provide residential substance abuse treatment in Cheboygan County

**REGIONAL SERVICES PROVIDED IN BORDERING COUNTIES:**

Chart 3

	Emmet	Charlevoix	Otsego	Presque Isle	Other
Friendship Shelters			X		
Nehemiah Project	X				
Northern Homes CDC		X	X		
Northeast Michigan Affordable Housing, Inc.			X	X	X
Harbor Hall - Sober Living Residence	X				
Supportive Housing	X	X			X
Residential Mental Health Facilities	X				X

## ASSESSMENT

### ACCURATE COUNT:

The first step of the 10-year plan is to develop a comprehensive, integrated assessment to accurately identify and count the homeless and to identify the conditions of homelessness and those that are precariously housed.

This is a challenge because the homeless do not return surveys, answer polls over the phone or in any way announce to the world, “**I AM HOMELESS!**” They do what you or I would do. They do their best to keep their homelessness a secret, telling only the ones closest to them, the ones they trust. The fear of losing their children and the embarrassment associated with the stigma of being homeless and distrust of government and the system averts them from identifying themselves as homeless unless necessary to receive help.

The Continuum of Care in Cheboygan County conducts a point-in-time survey once a year as required. Unfortunately a point-in-time survey does not accurately or adequately assess the homeless population for this rural area.

Michigan State Housing Development Authority (MSHDA) has developed a Homeless Management Information System (HMIS) for the state of Michigan. Agency personnel in Cheboygan County have been trained on the system. Implementing this system will provide Cheboygan County with a second and more informative source for a more complete assessment. It will provide administrative data that are continuously collected by programs. Additionally, it will help assess the cost of planned solutions to implement preventative measures. Cheboygan County will continue to work with MSHDA to implement this system.

### GAPS AND NEEDS:

The 2006 Continuum of Care Planning Update identifies engaging key stakeholders and promoting collaboration in the Continuum of Care planning process as a critical need for Cheboygan County. Assuring an adequate supply of affordable permanent housing and local permanent supportive housing for victims of domestic violence is also listed as a critical need. Expanding emergency prevention resources, increasing employment and other related supports such as follow-up services for the homeless and to address the impact of institutional discharge were also listed as critical.

**CRITICAL NEEDS RANKING TABLE:** (2006 Continuum of Care Plan):

Chart 4

<b>Needs Area</b>	<b>Critical</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
Engaging Key Stakeholders in Continuum of Care Planning	<b>X</b>			
Promoting Collaboration in Continuum of Care Planning	<b>X</b>			
Collecting Data on Homeless Populations and Needs			<b>X</b>	
Expanding Emergency Prevention Resources	<b>X</b>			
Addressing Impact of Institutional Discharge on Local Needs	<b>X</b>			
Assuring Outreach to Homeless Persons “On the Streets”			<b>X</b>	
Increasing Access to Emergency Shelter		<b>X</b>		
Increasing Access to Transitional Housing			<b>X</b>	
Expanding Financial Resources for Housing First Relocation			<b>X</b>	
Expanding Staffing to Assist in Housing First Relocation				<b>X</b>
Increasing Linkages to Mainstream Resources and Supports		<b>X</b>		
Developing Supportive Housing for Non-Disabled Populations			<b>X</b>	
Developing Supportive Housing for Disabled Populations			<b>X</b>	
Assuring Adequate Supply of Affordable Permanent Housing	<b>X</b>			
Increasing Capacity for Linking Follow-Up Services to Housing	<b>X</b>			
Linking Employment and Related Supports for the Homeless	<b>X</b>			
Implementation of a Housing First Plan		<b>X</b>		

## ISSUES RELATED TO HOMELESSNESS IN CHEBOYGAN COUNTY

The following are areas that were identified during individual interviews and meeting with the Advisory Board, the Continuum of Care and the Human Services Coordinating Body.

- **Eradication of Substandard Housing:** In September of 2005, a contingent of city and county officials from Cheboygan County attended a forum on rental inspections and registrations in Alpena, Michigan. This is a high priority goal for the Continuum of Care in Cheboygan County.
- **Affordable Housing:** There is not enough decent, safe, and sanitary housing available in the county; when it is available; it is not affordable for many people.
- **Transitional Housing:** for those leaving drug or alcohol rehabilitation programs was cited as a need.
- **Supportive Housing (for people with disabilities):** At present, there are no permanent supportive housing programs for persons with disabilities.
- **Inadequacy of Section 8 (now called Housing Choice Voucher) Program:** There are two types of Section 8 vouchers in Cheboygan County.
  - The Cheboygan Housing Commission has 120 Section 8 vouchers for the residents of the Cheboygan School District only. Currently there 160 are on the waiting list.
  - There are approximately 35 MSHDA Section 8, Housing Choice Vouchers. These vouchers are for all county residents and move with the person when they change counties. Currently there are 12 on the waiting list.The length of these waiting lists provides evidence that the current number of Section 8 vouchers is inadequate to meet the current need. As stated earlier, the length of the waiting lists are less due to a change of income guidelines.
- **Landlord/Tenant Problems:** Landlord/tenant problems are a persistent concern in Cheboygan County. Factors involved include the issue of substandard housing, education on responsibilities on the part of both landlord and tenant, as well as the political resolve to address the issue. These issues affect all of the population that rents as well as the general population that is precariously housed.
- **Youth Issue:** The youth that are homeless have been better identified because of the McKinney-Vento grant program in the schools. The School Homeless Liaison for a three county area, Cheboygan, Otsego and Presque Isle reported 86 homeless youth in Cheboygan County for the 2005-2006 school year. Nearly one third, 31% were in either elementary or middle school and 55% were unaccompanied youth defined as a youth in school that is under 19 years of age without parental or guardian supervision and with no set place to live. Unaccompanied youth are often referred to as “couch surfers” because they move from the couch in one friend’s home to a couch in another’s.

- The Salvation Army estimates 90 to 95 “couch surfers” over the past year. The Women’s Resource Center, the Cheboygan County Housing and Homeless Coalition also reported homeless youth. Additionally, there are an undetermined number of other youth that are living in cramped quarters, “doubled-up” with family and friends.

The Department of Human Services reported 6 youth that are aging out of foster care, one that has a child. There are funds to help the youth that are wards of the court but not the ones that are considered juvenile delinquents.

- **Insufficient Funding for Prevention Programs:** Prevention of individuals becoming homeless has been an important element of the past efforts of the Continuum of Care and member agencies. Emergency Funds have been used to keep those facing eviction and foreclosure housed. However, the funds available are barely adequate to meet crisis needs and not sufficient to develop plans to prevent the crisis from happening by moving services further upstream.
- **Transportation/Money for car repairs:** In Cheboygan County, there is a lack of public transportation. The average commute to work in Cheboygan County is 23 miles according to the 2000 US Census Bureau. Low wages make purchasing new vehicles impossible. Older vehicles require repairs and insurance, an expense that many people cannot afford.

## **THE PLANNING PROCESS**

### **STRATEGIC RESPONSE:**

In response to Michigan's State Housing Development Authority (MSHDA), following the Federal government's lead, Cheboygan County has taken on the mission of writing a 10-year plan to end homelessness. An Advisory Board including the Directors of the Department of Human Services and North Country Community Mental Health, and both the Chairs and Coordinators of Cheboygan County Housing and Homeless Coalition and Cheboygan County Human Services Coordinating Body was formed to oversee the process. Northeast Michigan Affordable Housing (NEMAH) was hired to write the 10-Year Plan to End Homelessness.

The Continuum of Care and the Community Collaborative were ideal, initial sources of information. Between these two groups most of the agencies and programs that address issues of homelessness such as Cheboygan County United Way, USDA Rural Development, Cheboygan County MSU Extension, Beacon Center, The Salvation Army, North County Community Mental Health, Cheboygan County Housing Commission, Michigan Works, Women's Resource Center, Harbor Hall, Northeast Michigan Human Community Services Agency, the Department of Human Services and others were reached.

### **CURRENT PARTICIPANTS:**

An Advisory Board consisting of the four required stakeholders: Department of Human Services, North Country Community Mental Health, the Human Services Coordinating Body, and the Cheboygan County Housing & Homeless Coalition was formed to develop the 10-year plan. The Salvation Army was contracted as the fiduciary agent and Northeast Michigan Affordable Housing was hired to research and write the plan. Member agencies of the Human Services Coordinating Body and the Cheboygan County Housing & Homeless Coalition participated during discussions at meetings in June, July, August, September and October.

### **HOW THE COMMUNITY WAS ENGAGED:**

The Advisory Board, the Cheboygan County Housing & Homeless Coalition and the Cheboygan Human Service Body meetings were used to engage member agencies and the community.

In addition to organized meetings, information was obtained from 40 people either in individual interviews or in small groups.

- ❖ Patti Spinella, Michigan State University Extension (June 27, 2006)
- ❖ Roy Glasgow, Director, Beacon Center (June 27, 2006)
- ❖ Rachel Dugal, Coordinator, Cheboygan County Housing and Homeless Coalition (June 27, 2006)
- ❖ Gary Fenlon, River of Life Church (June 28, 2006)
- ❖ Ann Buhland, Women's Resource Center – Transitional Supportive Housing and Leasing Assistance Program (June 28, 2006)
- ❖ The Salvation Army (June 28, 2006)

- Ned Workman, Director
- Aleta Seifert, Case Manager (& Chair, Cheboygan County Housing and Homeless Coalition)
- ❖ Peter Amar, Community Collaborative, Coordinator (July 19, 2006)
- ❖ Department of Human Services 5 staff (July 12, 2006)
- ❖ Karen Daniel, Service Coordinator, North Country Community Mental Health (July 26, 2006)
- ❖ Joe Hebel, North Country Community Mental Health (memo, July 26, 2006)
- ❖ Aleta Seifert & Rachel Dugal Jerrie Lynn Gibbs (August 1, 2006)
- ❖ Family that had experienced homelessness H9148 & H3363 (August 1, 2006)
- ❖ Susan Denise, Superintendent of Wolverine Community Schools (August 2, 2006)
- ❖ Cathy Vroman, Social Worker, Wolverine Community Schools (August 2, 2006)
- ❖ Mary Jo Dismang, Superintendent of Inland Lake Schools (August 2, 2006)
- ❖ Susan Whitener, Homeless Liaison for Cheboygan, Otsego, and Presque Isle – Educational Service District (August 2, 2006)
- ❖ John Wallace, Pastor, Cheboygan Hospital, Chair of Blue Ribbon Committee for Substance Abuse and County Commissioner (August 9, 2006)
- ❖ Harbor Hall (August 9, 2006)
  - Pat McGuinn
  - Bill Carter
  - Donna Applod
- ❖ Sharlayne Grawey (September 29, 2006) by phone and in person (October 4, 2006)
- ❖ Dorene Stempky Director, Cheboygan Housing Commission (October 2, 2006) by phone and in person (October 4, 2006)
- ❖ Carolyn McLellan (October 2, 2006) by phone
- ❖ Jeff Katke, Director, Office of Veteran’s Affairs (October 3, 2006)
- ❖ Northern Michigan Jail Ministry meeting (October 3, 2006)
  - Gary Fenlon
  - Roy Pietrangelo
  - Cynthia Curtis
  - Paul Zalewski
  - Karen Zalewski
  - Sam Agee
- ❖ Lord’s Kitchen
  - Michael Vance
  - Ernie Fay
- ❖ Rhonda Berdan, Executive Director, Friendship Shelter in Gaylord Michigan (October 4, 2006)

Collaboration with surrounding counties:

- ❖ Carol Shafto (Alpena, Alcona, Iosco, Montmorency, and Presque Isle counties) (August 11, & August 28, 2006)
- ❖ Phil Alexander (Otsego County) Lorraine Manary (Emmet & Charlevoix Counties) (August 7, & August 28, 2006)

## **CONSUMERS**

Three families that have been homeless or are currently facing the prospect were interviewed. One family consisted of a young woman with two children that resided in substandard housing, the second, a father with two sons, one that was living with him and a husband and wife with two young children that were able to maintain housing until a medical situation changed everything.

Much of the information regarding consumers was obtained from the staff of agencies that serve the homeless, such as the Beacon Center, North Country Community Mental Health, Michigan State University Extension and the Salvation Army. Some of these individuals have either been homeless or precariously housed, which is one of the reasons they are working in this field. There are plans to hold community meetings to gain insight from more people experiencing homelessness. Additionally, the concept “Project Homeless Connect” is being explored.

## **VISION A ROOF OVER EVERY HEAD**

The vision for Cheboygan County is that all people will have a roof over their heads, they will have stable supports to sustain life and a firm foundation to keep them in safe and secure housing. The goal is to make permanent housing available for everyone.

### **BENEFITS OF STABLE HOUSING:**

The benefits of stable housing are numerous. Having a safe, stable environment in which to eat, sleep and live is a basic foundation needed for individuals and families to survive and flourish. Maslow's hierarchy of needs describes a fixed sequence in which needs must be met in order for development to occur. Figure 1 portrays Maslow's hierarchy of needs.

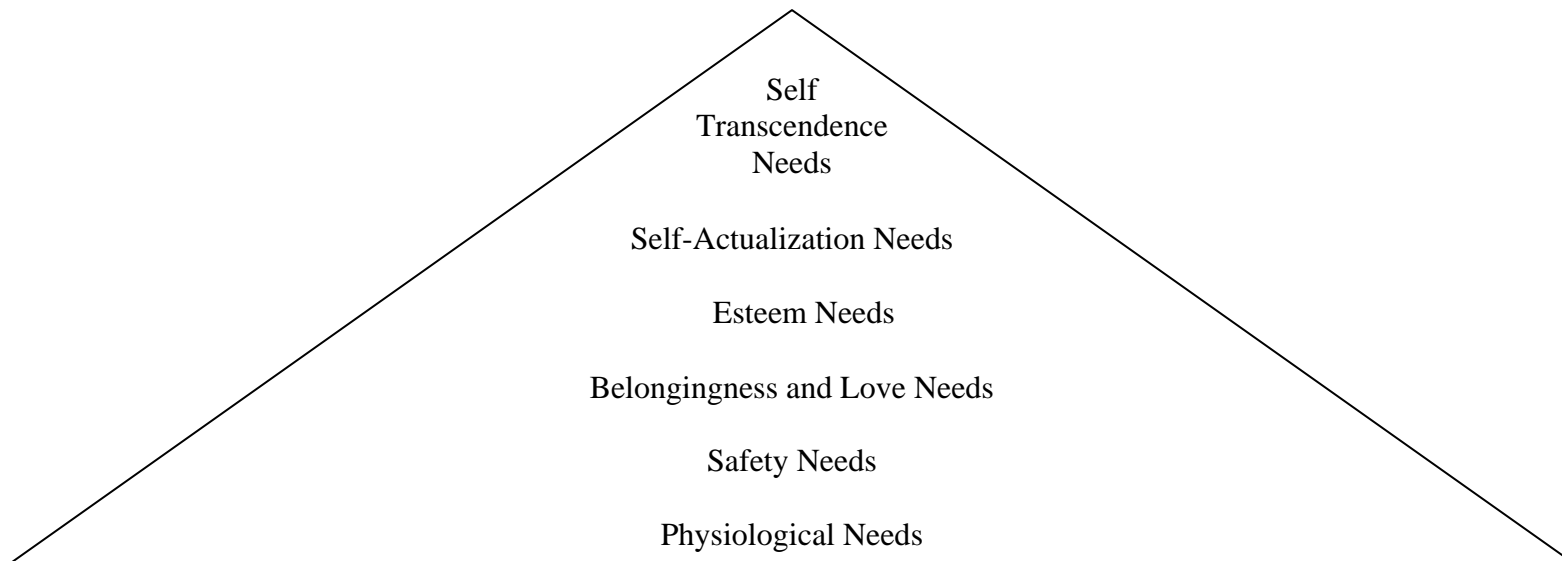


Figure 1

Physiological needs are the foundation upon which an individual can build to meet other needs. According to Maslow, until an individual has his basic biological and survival needs met, he will not be able to meet other needs such as belonging to community and participating in mainstream society. Maslow asserts that the need for safety is stronger than the more vital need, love, and the need for food is usually stronger than that of both safety and love. A person needs a nurturing environment that provides adequate sustenance and social support before they can aspire to reach their potential or believe that a better life is possible.

Without the confidence that safe lodging and adequate food will be available, an individual's efforts are confined to meeting these fundamental needs. When the essentials of life, food, shelter, safety and the reassurance that these needs will continue to be met, then individuals are able to focus on other aspects of life, make plans to meet needs at another level of the hierarchy and achieve goals beyond

basic survival. Gratification of basic needs allows an individual to seek gratification of needs on a higher level. It is at this point that a person can begin to think about and to develop the education and skills necessary to take care of their personal needs, the needs of their family and becoming a positive part of a community. These are the basic premises of the Housing First model.

A report issued to the Corporation for Supportive Housing by the Lewin Group November 19, 2004 compares the costs of serving homeless individuals in six alternative settings in nine cities. The cities are Atlanta, Boston, Chicago, Columbus, Los Angeles, New York, Phoenix, San Francisco and Seattle. This information is summarized in Chart 5. The six settings are:

Supportive Housing – housing that combines building features and personal services to enable people to remain living in the community as long as they are able and choose to do so. Cost estimates include operating costs, housing, utilities, case management, employment services, staffing, administration of service and capital cost. (Some additional cost may be food, occupancy costs, mental health or psychiatric services, physical/occupational/medical services, crisis intervention, support groups, conflict resolution and mediation, recovery readiness services, daily living skills assistance, recreational/socialization opportunities, personal money management, legal assistance, tenant’s rights education, transportation and food/nutritional services, on site preventive health and nursing service, 24 hour front desk or coverage, resource center with computer and classrooms/meeting rooms.)

Shelter – temporary housing available for the homeless over one night or several nights. Cost estimates include food, administrative costs, case management, health care services or referrals, housing costs associated with rent, mortgage, or costs associated with the ownership of property. (Some cost estimates also include employment assistance, dental care, vision care, laundry, support groups, showers, optional worship services, mental health care, telephone use, and legal assistance.)

**COST COMPARISON OF SIX ALTERNATIVE TREATMENTS IN NINE CITIES**

Chart 5

	<i>Atlanta</i>	<i>Boston</i>	<i>Chicago</i>	<i>Columbus</i>	<i>Los Angeles</i>	<i>New York</i>	<i>Phoenix</i>	<i>San Francisco</i>	<i>Seattle</i>	<i>Average</i>
Supportive Housing	\$32.88	\$33.45	\$20.55	\$30.48	\$30.10	\$41.85	\$20.54	\$42.10	\$26.00	\$30.88
Shelter	\$11.00	\$40.28	\$22.00	\$25.48	\$37.50	\$54.42	\$22.46	\$27.54	\$17.00	\$28.63
Jail	\$53.07	\$91.78	\$60.00	\$70.00	\$63.69	\$164.57	\$45.84	\$94.00	\$87.67	\$81.18
Prison	\$47.49	\$117.08	\$61.99	\$59.34	\$84.74	\$74.00	\$86.60	\$84.74	\$95.51	\$79.05
Mental Health	\$335.00	\$541.00	\$437.00	\$451.00	\$607.00	\$467.00	\$280.00	\$1,278.00	\$555.00	\$550.11
Hospital	\$1,637.00	\$1,770.00	\$1,201.00	\$1,590.00	\$1,474.05	\$1,185.00	\$1,671.00	\$2,030.82	\$2,184.00	\$1,638.10

Jail – locally operated correctional facilities. Cost estimate includes food, shelter and other housing costs, administrative costs, clothing and security; does not include capital costs. (Some cost estimates also include healthcare, laundry and other supplies and services for inmates.)

Prison – state operated correctional facilities. Cost estimates include operating and administrative cost and all other prison service. (Some estimates also include additional services health care, dental care and security.)

Hospital – a short-term stay inpatient institution providing medical care by professionals including doctors and nurses. Cost estimates were calculated according to the total inpatient cost per day.

Mental Hospital – hospital specializing in the treatment of patients with mental illness. Cost estimates were calculated according to the total inpatient cost per day.

Although these are metropolitan cities and are quite different than Cheboygan County in rural northern Michigan, several inferences can still be drawn.

The cost of providing shelter and supportive housing are comparable, there is only \$2.25 difference on average and 5 of the 9 cities report that supportive housing actually cost less. Both shelter and supportive housing are less expensive than the other four alternatives: jails (2.7:1), prisons (2.7:1), mental health facilities (18:1) and hospitals (55:1).

**COST EFFECTIVENESS OF STABLE HOUSING:**

Chart 6

<b>Current Systems of Cost</b>	<b>Daily or One Time Cost</b>	<b>Monthly Average Cost</b>	<b>Yearly Average Cost</b>
Emergency room visit	\$ 649.00		
Hospital Stay	\$ 789.00		
Urgent psychiatric inpatient care	\$ 600.00	\$ 18,250.00	\$ 219,000.00
Substance abuse residential treatment	\$ 80.00	\$ 2,433.00	\$ 29,200.00
Jail	\$ 67.00	\$ 2,038.00	\$ 24,455.00
Friendship Shelter	\$ 30.26	\$ 920.41	\$ 11,044.90
<b>Fair Market Rent</b>			
3 Bedroom	\$ 22.52	\$ 685.00	\$ 8,220.00
2 Bedroom	\$ 16.77	\$ 510.00	\$ 6,120.00

The actual cost may be slightly different in Cheboygan County but it seems safe to assume that supportive housing would cost relatively the same as sheltering. Jail or a substance abuse treatment facility would cost approximately twice as much and urgent psychiatric inpatient care would cost 18 times the cost of supportive housing.

## LONG RANGE PLAN

**Data:** To end long-term homelessness in Cheboygan County, data about homelessness, housing and support service needs to be collected analyzed and shared. Accurate and timely information is necessary for policymakers and the community to understand and address issues of homelessness in our rural area.

**Rental Registration and Inspection:** A rental registration and inspection program is under development by Cheboygan County Housing and Homeless Coalition. This is a process that needs the commitment of the governmental officials, the concern for the well-being of tenants and the cooperation of landlords.

**Broaden Community Support:** Cheboygan County Housing and Homeless Coalition has several activities each year that address community awareness and education. Additionally there are efforts to increase membership, attendance and involvement at Continuum of Care meetings and activities.

**Supportive Housing:** A consumer-based model that offers the housing options specific to the need of the consumer will be developed. This will not be one-size fits-all program. It will recognize the different strengths and weaknesses of different people. An assessment will be done on a case-by-case basis and a plan tailor made to meet the needs of each consumer recognizing that too much support will create unneeded dependency and not enough support is a recipe for failure. Supports to meet needs are required for success – unsupported, mandated participation have a history of minimal success.

**Close the Front Door:** Enhance the coordination and availability of prevention services. Assisting those most at-risk before their housing crisis pushes them into homelessness is the best, most effective, way to end future homelessness.

**Open the Back Door:** *Increase the availability of permanent supportive housing.* Housing that is safe, decent, affordable and available to homeless people is in short supply. Connecting people to existing housing units by working together to mitigate perceived landlord risk will open many possibilities.

*Increase the availability of housing in or near places of employment.* The 2000 US Census reports the average distance between work and home as 23 miles. Affordable housing available within physical reach of employment opportunities for families who must choose between a house/rent payment and other necessities will ease the decision and help with job stability.

**Implement Prevention and Intervention Strategies:** *Improve consumers' ability to pay for housing.* The gap between these tenants' ability to pay for housing and the rents commanded in the market may never be equal. This means that rent subsidies must be more available to this population for the long term. In addition, to maintain long-term housing stability, it will be necessary to increase the personal income of formerly homeless individuals and families by pursuing employment training and job placement, benefit management and financial planning and education.

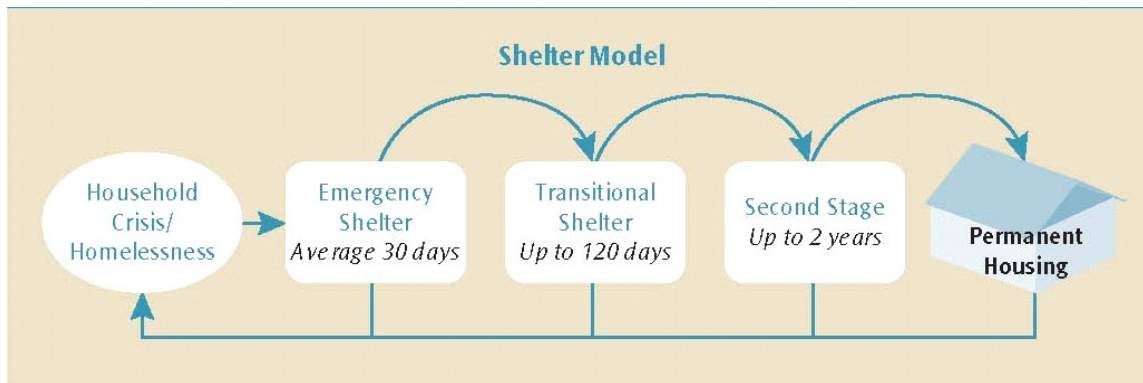
**Encourage Collaboration Among Resources:** *Develop partnerships that will move people into housing first.* Chronically homeless individuals and families “regard housing as an immediate need”<sup>1</sup> and the traditional continuum of care as a series of hurdles that they are unable or unwilling to overcome. Moving people into housing first will immediately end their homelessness, demonstrating a commitment to, and respect for, consumer choice.

**Systems Change:**

**Stop discharging people into homelessness.** People leaving institutional settings face many challenges at discharge; finding stable housing is one of the key components of success in almost every case.

**Provide a safe haven for immediate shelter.** People in abusive relationships need safe refuge. Those with substance abuse or mental health issues require treatment, not rejection. There will always be a need for short-term shelter. Our goal is to shorten the length of stay and limit the restrictions for access.

**Housing First:**



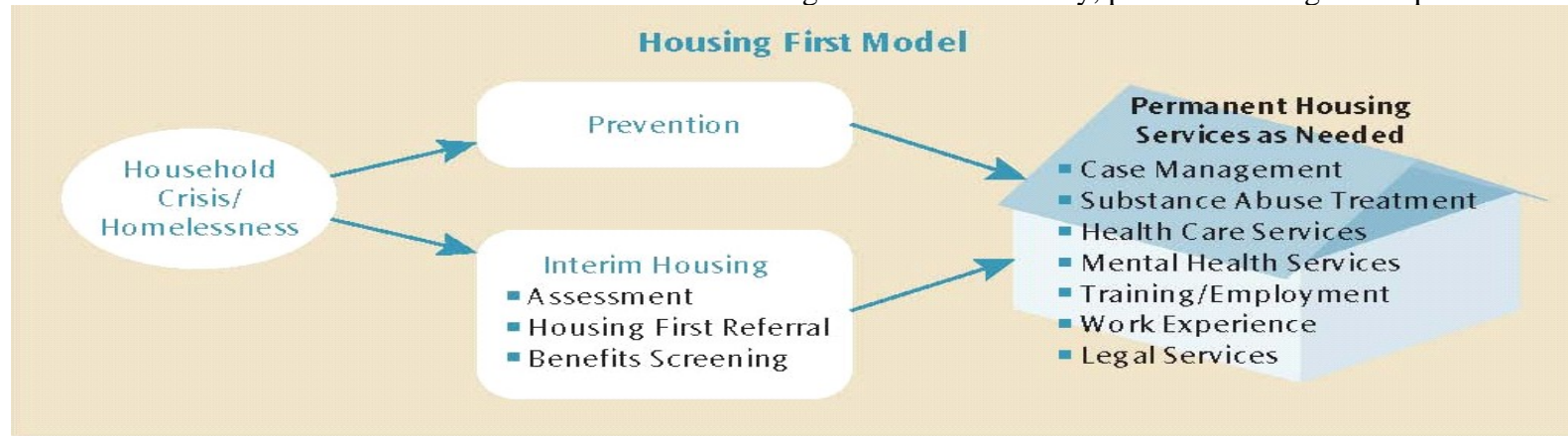
**Figure 2 Shelter Model:** Source: Adapted from “Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness,” Chicago Continuum of Care.

In the current model people move along the continuum when they are “ready” for a specific type of housing, usually by articulating a desire for change or modifying behavior. The chronic homeless do not move along the continuum, because they are never “ready.” The housing readiness model requires clients to adhere to service and treatment plans and frequently services are only available as long as a person lives at the program site. The mentally ill, chronic homeless are focused on surviving from one day to the next, often not realizing the existence of their illness. They cannot move along the continuum, off the street, into transitional or permanent housing using the traditional

<sup>1</sup> “Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis”, *American Journal of Public Health* April 2004, Vol 94 No. 4, 651.

components of this system of care, which include a high demand for cooperative, goal-oriented, and consistent behaviors on the part of the consumer. A different service delivery model has to be utilized to house the chronic homeless population and can be used successfully with a much broader population.

A Housing First or Housing Plus approach seeks to assist persons to exit homelessness as quickly as possible by placing them in permanent housing and linking them to needed services. This best practice approach assumes that the factors that have contributed to a household’s homelessness can best be remedied once the individual or family is housed rather than in emergency shelters or transitional settings. It also recognizes that for some, lifelong support may be required to prevent the reoccurrence of homelessness. Hence it seeks to maximize utilization of mainstream resources. The model also seeks long-term self-sufficiency, promoted through a wraparound service philosophy.



Source: Adapted from “Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness,” Chicago Continuum of Care.

**Figure 3 Housing First Model**

As described by The National Alliance to end Homelessness, Inc., in its document, “WHAT IS HOUSING FIRST?” (2-17-06)

Housing First programs share critical elements:

- There is a focus on helping individuals and families access and sustain rental housing as quickly as possible and the housing is not time-limited.
- A variety of services are delivered primarily following a housing placement to promote housing stability and individual well-being.
- Services are time-limited or long-term depending upon individual need.
- Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully.

As a result, the form of permanent housing will vary according to the needs and desires of each household. For some, permanent housing will mean Shelter Plus Care, for others a unit in a subsidized multi-family development with on-site supportive services. For others,

permanent housing will be an individual apartment unit with a temporary rent subsidy, monthly case management, and facilitated access to community supportive services. For many, the type of permanent housing may change over time but will, most likely, not follow the traditional continuum of services.

Housing First is a less expensive and effective alternative to the current system. The New York Agreement Cost Study found that an overall savings of 30% was achieved when a homeless mentally ill person was housed through Housing First rather than remaining on the streets and relying on public systems. State psychiatric center use decreased 60%, use of acute care hospitals reduced 87%, and use of jails was reduced by 40%. Use of outpatient services increased by 75% (note that outpatient services are less expensive than inpatient services). Pathways to Housing, a Housing First program in New York City reported that after five years, 88% of program participants remained in permanent housing.

Providing rental subsidy to an already constructed one-bedroom apartment in the Cheboygan County area can cost up to \$2,520 annually, depending on the tenant's ability to pay. Housing First is sometimes criticized as being a "government handout," or "giving something for nothing." The reality is that the program, when implemented in a community working collaboratively across systems, is successful and can transform a community. Once a homeless person has a place to live and does not have to worry about where to sleep, what to eat, or potential violence, life changes dramatically. Participants are able to focus on healing physical, mental and habitual ills. As they heal, they desire employment and other activity. Participants in Housing First become functioning members of society who work jobs, pay taxes, and participate in their communities. If a participant is not able to achieve these goals, they are, minimally, removed from an untenable living situation and provided services in a cost-effective manner.

## GOALS FOR CHEBOYGAN COUNTY

**Primary Goal: To end homelessness in Cheboygan County by the year 2016.**

### GOALS & OBJECTIVES:

The following are goals that have been identified in Cheboygan County. The process of implementing the 10-year plan will include stakeholder meetings to prioritize the goals; to identify a key person or agency to implement goals; and to develop action steps, outcome measures and proposed dates of completion.

Goal: Continue to develop, implement and continuously improve a data collection system beginning immediately.

- Objective: To determine the average number of homeless at any given time in Cheboygan County.
- Objective: To implement the Michigan Statewide Homeless Management Information System (MSHMIS) time in Cheboygan County.
- Objective: To periodically contact agencies providing services to the homeless for current numbers and state of affairs.

Goal: To create an Interagency Service Team (IST) to implement the 10-year plan, to begin meeting quarterly, by January 2007.

Goal: To hold focus groups with targeted stakeholders and consumers in each community to garner support and gain input and determine progress of the 10-year plan on a periodic basis.

Goal: To implement Housing First strategy by November 2016.

- Objective: Decrease the need for emergency shelters.
- Objective: Increase access when necessary.
- Objective: Provide outreach to the homeless especially in the out-lying areas of Cheboygan County.
- Objective: Increase linkages to mainstream resources and support.
- Objective: Follow-up.

Goal: To implement Supportive Housing strategy by November 2016.

Goal: To collaborate across county lines to bring services to the homeless and precariously housed in Northern Michigan by November 2016.

- Proposed Objective: To work on a regional basis together when applying for MSHDA and other initiatives.
- Proposed Objective: Promote 211 in the region.
- Proposed Objective: Develop economy and living wage year-round employment.
- Proposed Objective: To reduce poverty in Cheboygan County and surrounding counties.

Goal: To develop accessible, affordable, safe, decent housing for all by November 2016.

- Objective: To eradicate sub-standard housing rentals within Cheboygan County.
- Objective: To implement rental registration and inspections countywide.
- Objective: To support the development of housing in the area of domestic violence.
- Objective: To support the development of housing in the area of substance abuse treatment.
- Objective: To support the development of Transitional Housing as needed in Cheboygan County.
- Objective: To develop Affordable Permanent Housing in Cheboygan County.

Goal: To develop affordable means of transportation for people needing help accessing services or getting to work.

Goal: To continue to provision of consumer education in the following areas over the next 10 years:

- Credit counseling and budgeting
- Motivation & work ethic
- Landlord and tenant, rights and responsibilities
- Develop a secondary education and/or job training programs

Goal: To convene a workgroup to better understand the issues and implications of discharge planning or lack thereof in the following locations:

- Treatment Facilities
- Jail
- Hospital

Goal: To continually assess progress towards meeting goals by:

- Establishing benchmarks
- Developing outcomes
- Identifying indicators
- Evaluate, evaluate, evaluate

## IMPLEMENTATION PLAN

Implementation of the 10-Year Plan to End Homelessness in Cheboygan County has already begun. On Tuesday, October 10<sup>th</sup>, a focus group including community leaders was held. This meeting was convened to review the goal section of the plan, to consider creative ideas, to prioritize the goals and develop action steps. Notes from this meeting can be found in Addendum 2.

The Advisory Board will help facilitate an Interagency Service Team (IST) as part of the Cheboygan County Housing and Homeless Coalition. The IST will meet quarterly, at minimum. Additional members will be included as needed and identified. The Cheboygan County Human Services Coordinating Council and the Cheboygan County Housing and Homeless Coalition will work together to strengthen working relationships and further the goals of the 10-year plan.

We understand that in order to provide an adequate housing infrastructure and services, which support individual and family success, we must work collaboratively with our regional community. Discussions with the Women's Resource Center regarding the Domestic Violence Housing Initiative and with the Cheboygan, Otsego, Presque Isle – Educational Service District's School Homeless Liaison regarding the Homeless Youth Housing Initiative were begun during the development of this plan. The Salvation Army plans to apply for the Homeless Families with Children Initiative. Outreach within the region will continue as this plan unfolds.

The completion of the 10-year plan has become the commencement of a renewed concentration to serve the homeless population. With a flourishing combination of experienced veterans that have been working to alleviate the plight of the homeless for years and the new associates engaged in the process of creating the 10-year plan to end homelessness, success in Cheboygan County is certain.

**There is much work to do and now is the time to begin.**

The following information was obtained from the National Alliance to End Homelessness

(<http://www.endhomelessness.org/pub/tenyear/cost.htm>)

### **Hospitalization and Medical Treatment**

People who are homeless are more likely to access costly health care services.

- According to a report in the New England Journal of Medicine, homeless people spent an average of four days longer per hospital visit than comparable non-homeless people. This extra cost, approximately \$2,414 per hospitalization, is attributable to homelessness.<sup>1</sup>
- A study of hospital admissions of homeless people in Hawaii revealed that 1,751 adults were responsible for 564 hospitalizations and \$4 million in admission cost. Their rate of psychiatric hospitalization was over 100 times their non-homeless cohort. The researchers conducting the study estimate that the excess cost for treating these homeless individuals was \$3.5 million or about \$2,000 per person.<sup>2</sup>

Homelessness both causes and results from serious health care issues, including addictive disorders.<sup>3</sup> Treating homeless people for drug and alcohol related illnesses in less than optimal conditions is expensive. Substance abuse increases the risk of incarceration and HIV exposure, and it is itself a substantial cost to our medical system.

- Physician and health care expert Michael Siegel found that the average cost to cure an alcohol related illness is approximately \$10,660. Another study found that the average cost to California Hospitals of treating a substance abuser is about \$8,360 for those in treatment, and \$14,740 for those who are not.<sup>4</sup>

### **Prisons and Jails**

People who are homeless spend more time in jail or prison—sometimes for crimes such as loitering—which is tremendously costly.

- According to a University of Texas two-year survey of homeless individuals, each person cost the taxpayers \$14,480 per year, primarily for overnight jail.<sup>5</sup>
- A typical cost of a prison bed in a state or federal prison is \$20,000 per year<sup>6</sup>

### **Emergency Shelter**

Emergency shelter is a costly alternative to permanent housing. While it is sometimes necessary for short-term crises, it too often serves as long-term housing. The cost of an emergency shelter bed funded by HUD's Emergency Shelter Grants program is approximately \$8,067<sup>7</sup> more than the average annual cost of a federal housing subsidy (Section 8 Housing Certificate).

### **Lost Opportunity**

Perhaps the most difficult cost to quantify is the loss of future productivity. Decreased health and more time spent in jails or prisons, means that homeless people have more obstacles to contributing to society through their work and creativity. Homeless children also face barriers to education.

Dr. Yvonne Rafferty, of Pace University, wrote an article, which compiled earlier research on the education of homeless children, including the following findings:

## APPENDIX A

- Fox, Barnett, Davies, and Bird 1990: 79% of 49 homeless children in NYC scored at or below the 10th percentile for children of the same age in the general population.
- 1993: 13% of 157 students in the sixth grade scored at or above grade level in reading ability, compared with 37% of all fifth graders taking the same test.
- Maza and Hall 1990: 43% of children of 163 families were not attending school.
- Rafferty 1991: attendance rate for homeless students is 51%, vs. 84% for general population.
- NYC Public Schools 1991: 15% of 368 homeless students were long-term absentee vs. 3.5% general population.<sup>8</sup>

Because many homeless children have such poor education experiences, their future productivity and career prospects may suffer. This makes the effects of homelessness much longer lasting than just the time spent in shelters.

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<sup>1</sup>Salit S.A., Kuhn E.M., Hartz A.J., Vu J.M., Mosso A.L. Hospitalization costs associated with homelessness in New York City. *New England Journal of Medicine* 1998; 338: 1734-1740.

<sup>2</sup>Martell J.V., Seitz R.S., Harada J.K., Kobayashi J., Sasaki V.K., Wong C. Hospitalization in an urban homeless population: the Honolulu Urban Homeless Project. *Annals of Internal Medicine* 1992; 116:299-303.

<sup>3</sup>Rosenheck, R., Bassuk, E., Salomon, A., Special Populations of Homeless Americans, *Practical Lessons: The 1998 National Symposium on Homelessness Research*, US Department of Housing and Urban Development, US Department of Health and Human Services, August, 1999.

<sup>4</sup>From the website of the National Law Center on Homelessness and Poverty, May 8, 2000.

<sup>5</sup>Diamond, Pamela and Steven B. Schneid, *Lives in the Shadows: Some of the Costs and Consequences of a "Non-System" of Care*. Hogg Foundation for Mental Health, University of Texas, Austin, TX, 1991.

<sup>6</sup>Slevin, Peter, *Life After Prison: Lack of Services Has High Price*. *The Washington Post*, April 24, 2000.

<sup>7</sup>Office of Policy Development and Research, U.S. Department of Housing and Urban Development, *Evaluation of the Emergency Shelter Grants Program, Volume 1: Findings* September 1994, p 91.

<sup>8</sup>Rafferty, Yvonne *The Legal Rights and Educational Problems of Homeless Children and Youth* pp 42-45. As reported on the website of the National Law Center on Homelessness and Poverty, May 8, 2000.

**APPENDIX B**

Information from National Low Income Housing Coalition, Out of Reach 2005, (<http://www.nlihc.org/oor2005/data.php?getstate-on&getcounty=-on&county%5B%%d=12>)

Number of Households (2000)			
Location	Total Households	Renter Households	Renter Households as Percent of Total Households
Michigan	3,785,661	992,315	26%
Cheboygan County	10,835	1,861	17%

Family Income (2005)							
Location	Area Median Income (AMI) <sup>1</sup>		Maximum Affordable <sup>2</sup> Monthly Housing Cost by % of Family AMI				
	Annual	Monthly	30% of AMI <sup>3</sup>	30%	50%	80%	100%
Michigan	\$62,506	\$5,209	\$18,752	\$469	\$781	\$1,250	\$1,563
Cheboygan County	\$44,250	\$3,688	\$13,275	\$332	\$553	\$885	\$1,106

Fair Market Rents (FMR) <sup>4</sup> by Number of Bedrooms					
Location	Zero	One	Two	Three	Four
Michigan	\$544	\$599	\$724	\$896	\$942
Cheboygan County	\$355	\$413	\$510	\$685	\$720

**APPENDIX B**

**Income Needed to Afford**

Location	Annual Income					Percent of Family AMI				
	Zero-Bedroom FMR	One-Bedroom FMR	Two-Bedroom FMR	Three-Bedroom FMR	Four-Bedroom FMR	Zero-Bedroom FMR	One-Bedroom FMR	Two-Bedroom FMR	Three-Bedroom FMR	Four-Bedroom FMR
Michigan	\$21,741	\$23,964	\$28,961	\$35,854	\$37,700	35%	38%	46%	57%	60%
Cheboygan County	\$14,200	\$16,520	\$20,400	\$27,400	\$28,800	32%	37%	46%	62%	65%

**Renter Income**

Location	Household Income (2005)			Renter Wage (2004)		
	Estimated Renter Median Household Income <sup>5</sup>	Monthly Rent Affordable at Renter Median	Income Needed to Afford Two-Bedroom FMR as Percent of Renter Median	Estimated Percent of Renters Unable to Afford Two-Bedroom FMR <sup>6</sup>	Estimated Mean Renter Hourly Wage <sup>7</sup>	Monthly Rent Affordable at Mean Renter Wage
Michigan	\$30,407	\$760	95%	48%	\$11.41	\$593
Cheboygan County	\$22,536	\$563	91%	46%	\$6.94	\$361

Location	Housing Wage				
	Hourly Wage Needed to Afford (@ 40 hrs. /wk.)				
	Zero-Bedroom FMR	One-Bedroom FMR	Two-Bedroom FMR	Three-Bedroom FMR	Four-Bedroom FMR
Michigan	\$10.45	\$11.52	\$13.92	\$17.24	\$18.12
Cheboygan County	\$6.83	\$7.94	\$9.81	\$13.17	\$13.85

Location	Housing Wage as % of Minimum Wage					Housing Wage as % of Mean Renter Wage				
	Zero-Bedroom	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom	Zero-Bedroom	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
Michigan	203%	224%	270%	335%	352%	92%	101%	122%	151%	159%
Cheboygan County	133%	154%	190%	256%	269%	98%	114%	141%	190%	199%

Location	Work Hours/Week Necessary at Minimum Wage to Afford					Work Hours/Week Necessary at Mean Renter Wage to Afford				
	Zero-Bedroom FMR	One-Bedroom FMR	Two-Bedroom FMR	Three-Bedroom FMR	Four-Bedroom FMR	Zero-Bedroom FMR	One-Bedroom FMR	Two-Bedroom FMR	Three-Bedroom FMR	Four-Bedroom FMR
Michigan	81	89	108	134	141	37	40	49	60	64
Cheboygan County	53	62	76	102	108	39	46	56	76	80

**APPENDIX B**

Location	Full-Time Jobs Necessary at Minimum Wage to Afford					Full-Time Jobs Necessary at Mean Renter Wage to Afford				
	Zero-Bedroom FMR	One-Bedroom FMR	Two-Bedroom FMR	Three-Bedroom FMR	Four-Bedroom FMR	Zero-Bedroom FMR	One-Bedroom FMR	Two-Bedroom FMR	Three-Bedroom FMR	Four-Bedroom FMR
Michigan	2.0	2.2	2.7	3.3	3.5	0.9	1.0	1.2	1.5	1.6
Cheboygan County	1.3	1.5	1.9	2.6	2.7	1.0	1.1	1.4	1.9	2.0

**FOOTNOTES**

1. HUD, 2005
2. "Affordable" rents represent the generally accepted standard of spending not more than 30% of income on housing costs. Annual income of 30% of AMI or less is the federal standard for Extremely Low Income households. Does not include HUD-specific adjustments HUD, 2005; final as of October 1 Census 2000 median renter household income, adjusted to a 2005 value using HUD's income adjustment factor. Estimated by comparing the percent of renter median household income required to afford the two-bedroom FMR to the percent distribution of renter household income as a percent of the median within the state, as measured using 2003 American Community Survey Public Use Microsample data. States are the most local level for which these data are available. Estimated mean renter wage is based on BLS data and adjusted using the ratio of renter to total household income reported in Census 2000

**APPENDIX C**

4-C (Community Coordinated Child Care)	Cheboygan, Otsego, Presque Isle – Education Service District	Habitat for Humanity	Northern Homes
Beacon Center	Cheboygan Memorial Hospital	Harbor Hall, Inc.	Northern Michigan Counseling & Consultation
Catholic Human Services	Cheboygan County Prosecutor’s Office	Hidden Brook Counseling Services	Northwest Human Services
Cheboygan Area Public Library	Child & Family Services of Northeast Michigan	Joy Fellowship Assembly of God	Prisoner Re-entry Program
Cheboygan Catholic Community	City of Cheboygan – Housing Commission	Legal Services of Northern Michigan	Straits Area Youth Promotion Academy
Cheboygan County MSU Ext	Consumers	Lord’s Kitchen	Straits Area Services
Cheboygan County Department of Human Services	Council of Aging	Michigan Works! Agency	The Salvation Army
Cheboygan County Family & Probate Court	Cheboygan County – Housing Commission	Michigan Rehabilitative Services	United States Department of Agriculture – Rural Development
Cheboygan County Housing & Homeless Coalition	District Health Department #4	North Country Community Mental Health	Williams House & Annex House
Cheboygan County Sheriff	Evangeline House	Northeast Michigan Affordable Housing	Women’s Resource Center of Northern Michigan
Cheboygan County United Way	Food Pantry	Northeast Michigan Community Service Agency	
Cheboygan County Veterans Administration	Friendship Shelter, Gaylord	Northern Family Intervention Services (NFIS)	

## Outcomes from Focus Group on October 10, 2006:

## ADDENDUM 2

### 1. What does Home mean to you?

- a. Family
- b. Residence
- c. Safe
- d. Private
- e. Ownership
- f. Physical Structure
- g. A place to be at rest
- h. Base
- i. Shelter
- j. Your place of growth
- k. History
- l. Emotion
- m. More than the structure
- n. The vision you have in your mind
- o. This is where we live now
- p. Home is where my parents are

### 2. What is Homelessness?

- a. People with out a residence
- b. Question, "How do I get a hold of you?" Response, "You can't"
- c. No ID
- d. Vagabonds / Transients
- e. No shelter
- f. Mentally Ill / Patients
- g. No Home
- h. Persons living in dumpsters/boxes/tents/parks etc.
- i. Couch Surfing
- j. Persons having no where to go

### 3. Who are the homeless in Cheboygan County?

- a. Mentally Ill
- b. Eviction & foreclosure cases
- c. Non-rent paying tenants / eviction

- d. Coming out of jail
- e. Survivor of Domestic Violence
- f. High School Kids
- g. Runaways
- h. Persons coming out of broken homes, splits, divorces
- i. Uneducated
- j. Jobless
- k. Victims of fire or natural disaster
- l. Vagabonds / transients
- m. Underemployed, the working poor

### 4. Why are people homeless in Cheboygan County?

- a. By choice
- b. Job Loss
- c. Income Loss
- d. Fixed Income/Rising Costs
- e. State and Federal cutbacks
- f. Lack of decent paying jobs
- g. Uneducated / Unskilled
- h. Elderly
- i. Criminal record
- j. Drugs/alcohol
- k. Not enough homeless to have political clout
- l. Lack of awareness of problem by balance of county
- m. Discrimination (age, race, gender, disability)
- n. Lack of livable and affordable units of housing
- o. No employment opportunities
- p. Seasonal jobs
- q. Distance to work
- r. Importing of help/labor
- s. Poor work ethic
- t. Lack of down payment or deposit funds
- u. Poor credit or no credit
- v. Sick or medical problems
- w. Cultural mindset

**5. How do we end homelessness in Cheboygan County?**

- Public education, more opportunities, cultural acceptance, cultural understanding and actual use of the education system
- Better business opportunities/climate
- Better Jobs

**Deal with the Culture of the Community**

**Change the mindset**

- Develop Affordable Housing
- Develop life skills, education and/or parenting

**Some Key Points from the Facilitator's chair:**

- A key point to the group's discussion was that many young people whose families have good jobs (the haves) but are not business owners (also haves) leave and go to other communities (generally big cities). They receive training and education to do so. Many kids whose parents own a business may stay.
- Then there are have - nots. They stay and have created an ongoing culture of alcoholism, drug use, seasonal worker, social system client or low income/working poor, it is very hard to break out of this cycle.
- There is a lack of post secondary opportunities of education in the community. What opportunities there are may not tie directly into the needs of the community.
- Local business owners are very cautious about new business opportunities and new business climate. There could be fear of competition. Many long-term small town businesses fear change and have political clout to block/hinder.
- The definition of Home was pondered on but probably the most interesting take was that home is where you feel comfortable. There is the home you grew up in, there is the home you raised your children in, there is the home that you currently reside in and there is the home of the future. We do not know that home, but we can say that home is a place that you considered your safe place that provides you with stability.
- The culture of the persons or families who stay tend to be one of not trying to better self/selves because this is all my parents did or my mom did or my dad did. “What more should I expect” is the attitude.