

# 10 Year Plan to End Homelessness

## Wexford and Missaukee Counties, Michigan

2006



*A collaborative process of the:*

### **Continuum of Care**

### **Human Services Leadership Council and**

### **10 Year Plan Advisory Committee:**

Cadillac Area Community Foundation  
Department of Human Services  
Friend's Ministry  
Love, In the Name of Christ  
Mercy Hospital  
Missaukee County Commission on Aging  
Missaukee County Planning Department  
New Hope Shelter  
Northern Lakes Community Mental Health  
Northwest Michigan Human Services Agency  
OASIS / Family Resource Center  
Staircase Youth Services  
Wexford County Council on Aging  
United Way of Wexford County

## Introduction

The Ten Year Plan to End Homelessness in Wexford and Missaukee Counties, Michigan is a living document that is stagnant only as it appears on paper at this one moment. In order to get to this point, to this place, to this level of commitment and understanding of the issues, dedicated men and women representing various facets of life in the two counties, and beyond, have been meeting and studying the homeless situation while brainstorming and planning for strategies to address this significant issue. These meetings will continue as we move forward with plan implementation. Here, we have simply laid the groundwork, placed the vision, imagined and developed steps that will help us achieve our goals. Now our written plan becomes our reality. Now we have a guide to help keep us on track and measure our success. Our plan has three basic components.

**1. Closing the Front Door.** Our plan to end homelessness rests in large part on our ability to prevent homelessness. In homeless prevention jargon, this is called, “Closing the Front Door” to homelessness. We know it costs less money in the long run if we prevent an individual or family from becoming homeless in the first place then if they end up in shelter or on the streets and have to start over in securing and

*How many people are just one paycheck away from becoming homeless?*

furnishing an affordable home. We also know it is better for the family, in terms of stability, to

keep them housed whenever possible. We must stop new homeless from coming out of our institutional systems including mental health, courts, juvenile justice, foster care, prisons and jails, protective services, and more. We need to heighten our awareness of housing prevention efforts, work more closely together as a community, become creative and crafty, and perhaps shift resources, as we keep that front door shut!

**2. Opening the Back Door.** But what happens when someone does become homeless? How do we respond as a community to shorten the length of time they are homeless and provide them with the supports they need to maintain stability? Some people need only a quick fix, just a little extra help during this episodic homeless situation. For others, those that can’t seem to obtain stability, a broader approach is needed. Instead of giving them a quick fix, only to see them return in a few months, let’s “open the back door” and provide appropriate interventions to keep them housed. Applying the “Housing First” approach to persons who are chronically homeless places them in a supportive housing situation where we can then work on their substance abuse, employment, training, budgeting, mental health, or other issues.

**3. Working together.** It’s a tough job. There’s lots of work to do. Through the planning process we have learned just how much more we need to do for us to achieve our goals. By working together, we can break down barriers, improve systems, increase outreach and engagement, educate ourselves and others, improve data tracking, dedicate additional resources, and ultimately achieve our outcomes. The more we know and the more we share our ideas, the better we can serve those in need.

## Who is homeless in the greater Cadillac area?

On any given night, there are 88 men, women, and children living in homeless shelters, motels, or sleeping in places not meant for human habitation in Wexford and Missaukee counties. On any given night, there are an additional 466 men, women and children that are precariously housed – doubled up, overcrowded, living in substandard housing; those with eminent eviction or foreclosure notices; or those with utilities shut off. Homelessness no longer affects one stereotypical group of people. Homelessness no longer belongs to the drunken bum in the gutter or the bag lady on the street.

<b>Wexford and Missaukee Counties</b>	
A minimum wage earner (\$6.95/hr in October 2006) can afford monthly rent of no more than \$361.	
Fair market rent for a 2 bedroom unit	<b>\$550</b>
Income needed for affordable 2 bedroom unit	<b>\$22,000/year or \$10.58/hour</b>
People in shelters in 2005	<b>273</b>
Homeless children on any given day	<b>14</b>
Children in shelters in 2005	<b>103</b>
Total number of bed nights	<b>6,967</b>

The picture of homelessness in Wexford and Missaukee counties consist of a myriad of faces just like you and I, or people we know. In this picture we see:

- a single older woman sleeping in her car in the hospital parking lot because she thinks it is safe
- a middle aged man with a mental illness who gathers at the New Hope Shelter in the evening, but hits the streets in the morning looking for “returnables” and congregates with his peers at the library in the afternoon
- a young woman with children who got in a fight with her last boyfriend and fled domestic violence to stay at the OASIS shelter
- a pregnant teen who no longer feels she can stay at home so she crashes at a friend’s house until they kick her out
- a teenage boy who doesn’t get along at home anymore because his mom is in a new relationship and her boyfriend “hates me”
- a middle aged single woman who is trying to adopt her sister’s children, but is unable to keep up mortgage payments and becomes evicted
- a woman with two young children who has been in the shelter 4 times in the past 18 months. Her children have been removed and are now in foster care. She has a long history of substance abuse.

This is the picture of homelessness in the rural American Midwest. The list could go on and on. But you get the picture. In this picture we have people who need a lot of support and people who need a little support. We have people that are experiencing homelessness once or twice in their lifetime – what we refer to as episodic homelessness. And we also have people that are chronically homeless, those that will require a great deal of support to get and keep them permanently housed. Increasingly, we are seeing more and more homeless families with children. This may be due to the poor economy, the high rate of substance use and abuse, a combination of the two, or a myriad of other issues. There are different strategies for different types of homelessness and different populations.

## *The Planning Process*

To tackle the problem of reducing homelessness, community human services workers and other stakeholders have been engaged in a planning process to strategize new and

*Ending homelessness must begin with the understanding that people who are or have been homeless are our neighbors and members of our community.*

- National Coalition for the Homeless

creative ways to address this growing concern. Their ultimate goal is to develop a 10 Year Plan to End Homelessness.

Inspired by the President's call to action to end homelessness<sup>1</sup>, over 200 communities across the country have recently committed to planning strategies, some with encouraging results. From

these plans have emerged innovative and creative ways to look at problems that have been plaguing some of our larger cities for years. Early in 2006, Michael R DeVos, Executive Director of the Michigan State Housing Development Authority and Marianne Udow, Director of the Michigan Department of Human Services announced a request of local DHS offices, public mental health systems, community collaboratives, and local continuums of care in every county in Michigan join together to begin the process of developing ten year plans to end homelessness.

Now, in Wexford and Missaukee counties and in other parts of rural America, we take from our urban neighbors that which fits and works for us, while at the same time building upon what we know and understand to be those issues and processes unique to our environment. Our rural model is based on the best of these practices and is steeped in our community's rich tradition of working well together to help our neighbors in need. Here you'll find a collaborative approach, a combined effort of public and private resources coming together to work towards one common goal – ending homelessness in our community.

### **Our Vision:**

*Homelessness in Wexford and Missaukee counties is a rare and brief occurrence.*

As we move toward ending homelessness, we recognize that, unfortunately, episodic homelessness is unavoidable. But if we place enough emphasis on prevention strategies and work collaboratively as a community, we can greatly reduce the number of individuals and families that find themselves with no place to live. For those that are chronically homeless, our vision is to end this problem with increased outreach strategies and permanent supports.

### **In a Nutshell...with a roof**

The 10 Year Plan to End Homelessness in Wexford and Missaukee Counties was developed by an Advisory Committee who devoted the spring and summer of 2006 to explore the issue in-depth, creating issue and population specific workgroups to identify

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<sup>1</sup> Major City Mayors, December 2002

solutions and prevention efforts, and formed several avenues to engage stakeholders in the plan. A community summit was held on September 20, 2006 to communicate the plan as it stood to date and incorporate community input. Over seventy community stakeholders, including consumers, learned more about our rural homeless population and potential strategies to end homelessness. The highlight of the summit was the compelling stories of three persons who were previously homeless.

*Historical Timeline of Local Homeless Prevention Efforts*

■ OASIS Shelter	1984
■ Love, In the Name of Christ	1991
■ Shepherd’s Table	1991
■ New Hope Men’s Shelter	1992
■ Friend’s Ministry	1994
■ Lighthouse Café	1998
■ New Hope Family Shelters	2000
■ Continuum of Care	2000
■ Staircase Homeless Program for Youth	2001
■ Challenge Grant - Homeless Prevention Coordinator	2001
■ Projects to Assist in the Transition from Homelessness (PATH)	2002
■ Single Point of Entry	2002
■ Affordable Housing Action Team (CANA)	2004
■ Domestic Violence Transitional Supportive Housing	2004
■ Supportive Housing Program (Mental Illness)	2005
■ Goodwill Transition House	2005
■ Housing First	2005
■ Transitional Supportive Housing Leasing Assistance Program	2006
■ Interagency Support Team	2006

**Scope of the Problem:**

*The Rural Homeless of Northern Michigan*

From the above picture of homelessness in the greater Cadillac area, we know that it is spread throughout the two rural counties, it encompasses individuals as well as families, young as well as old, persons experiencing episodic homelessness, as well as those that are considered chronically homeless.

*Cadillac and Beyond*

Not too many years ago, local residents would say that there may be homeless people in Cadillac, but not in their small neighboring community. Today, casual observers will tell

you otherwise. They see the homeless on the main streets in the smaller cities and villages of Mesick, Lake City, Manton, McBain, and Buckley.

*Transportation*

Since most of the homeless prevention and shelter services are available in Cadillac, the lack of transportation in the two rural counties is increasingly a barrier to access.

*Couch Surfing and Doubled Up*

In addition to the actual numbers of homeless people we count every year in November and the numbers we serve each day of the year, there are many more that are basically homeless but manage to find a place to sleep each night. We call it “doubled up” or “couch surfing” and it is as widespread as the distance between some towns.

*Precariously Housed: Causes and Concerns*

Not only is there a high prevalence of precariously housed people, those that are “at-risk” of becoming homeless, there are many reasons and causes for it – from being kicked out of a family home, to losing a job and no longer being able to pay the rent portion, to getting a divorce or otherwise leaving an intimate partner. This category includes people who have fallen behind on their rent and face eviction notices, those that can no longer afford their high heating or electric bills and find themselves without heat or lights. There are even those that are being forced to leave the homes they were trying to purchase, due to inability to maintain payments. These reasons and more keep people – adults and children – hopping around the communities searching for a semi-permanent place to call home. In the summer months they can be found in campgrounds, the woods, and even cemeteries. Often, it is with these people that we focus our homeless prevention efforts.

*How many homeless are in Wexford and Missaukee Counties?*

<i>Each year in November, the Homeless Continuum of Care conducts a point-in-time survey. These numbers represent the average number of homeless people <b>on one day</b> during the past 4 years.</i>	
88	Men, women and children living in emergency shelters, motels, or sleeping in places not meant for human habitation.
466	Men, women and children living in doubled up, overcrowded, or substandard housing; or those with eviction or foreclosure notices; or those with utilities shut off.
<b>554 Total</b>	<b>People who are homeless or at imminent risk of becoming homeless on any given day.</b>

For a community the size of Wexford and Missaukee counties (combined population approximately 46,000), do these numbers seem high?

## *Sub-Populations of Homeless People*

When looking at numbers of homeless persons, there are two critical numbers to watch: the number of chronically homeless and the number of children that are homeless. The chronically homeless may be the most difficult population to serve, while homeless children are a critical red flag for a number of other reasons.

A "chronically homeless" person is defined as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years."<sup>2</sup> Communities often broaden the operational definition to include persons who have been homeless for 12 or more months during the past three years. Studies in urban areas reveal that the chronically homeless comprise 10% of the homeless population but use up to 50% of all homeless resources.

<b>Chronically Homeless</b> <i>known to be in emergency shelter, motel, sleeping in cars, or on the street</i>	2005 Estimated
	<b>15</b> <i>on any given day</i>

Nobody likes to think of children as homeless! But in Wexford and Missaukee counties school and agency workers see it almost every day. Many of the children that are identified as homeless are young and live with their parent(s). Some are older youth that, for whatever reason, are no longer living at home. Being taken in by friends, this population of "couch surfers" is increasing.

<b>Children</b>	2002-2005 average
<i>known to be in emergency shelter, motel, sleeping in cars, or on the street</i>	<b>14</b> <i>on any given day</i>
<i>"Couch surfing" (living with friends)</i>	<b>22</b> <i>on any given day</i>

Other subpopulations that we track data for include senior citizens, substance abusers, persons with serious mental illness, and domestic violence victims:

<b>Senior Citizens</b> <i>Homeless or at risk of becoming homeless</i>	2002-2005 average
	<b>26</b> <i>on any given day</i>

<b>Substance Abusers</b> <i>Homeless or at risk of becoming homeless</i>	2002-2005 average
	<b>58</b> <i>on any given day</i>

<b>Persons with Serious Mental Illness</b> <i>Homeless or at risk of becoming homeless</i>	2002-2005 average
	<b>46</b> <i>on any given day</i>

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<sup>2</sup> This definition is shared by the U.S. Department of Housing and Urban Development, the U.S. Department of Health and Human Services, and the U.S. Department of Veterans Affairs.

Victims of Domestic Violence <i>Homeless or at risk of becoming homeless</i>	2002-2005 average
	53 <i>on any given day</i>

It should be mentioned that the above data may show significant variances from one year to the next due to the participation (or lack thereof) of the area organizations that provide the information. However, it is believed that the averages given here represent a fairly accurate number.

### *Current Local Initiatives and Regional Dialogue*

The Community Asset / Needs Assessment of Wexford and Missaukee Counties of 2003 indicated an increasing number of homeless, due largely to the sluggish economy and the growing lack of affordable housing. As community stakeholders worked together to develop plans to address this, an Affordable Housing Action Team formed. Great outcomes have been realized since the community began working on this problem. Now a community-wide approach to ending homelessness is imperative.

Wexford and Missaukee counties have a strong history of collaborative and creative development of housing and homeless prevention services. Paramount to the success of our homeless prevention initiative is the following resources:

1. Homeless prevention coordinator
2. Toll free 1-800 homeless hotline
3. TSHLAP Housing First program

The Homeless Prevention Program is a coordinated community response to ending homelessness that started through a “Challenge Grant” from the Council of Michigan Foundations and Michigan State Housing Development Authority and administered by the Cadillac Area Community Foundation. The program is now in its fifth year and has become the main artery in the infrastructure our community has developed to respond to homeless prevention. Recently we have moved toward providing homeless prevention case management services and implementing follow-up and supportive services with outcome measurements. Homeless people, especially the chronically homeless, need more than a short term fix. They need long term supports and creative solutions.

We understand that in order to provide an adequate housing and homeless prevention infrastructure and services which support individual and family success, we must work collaboratively within our regional community. To that end, together with nine other communities in northwest lower Michigan, we have initiated conversations to explore partnership opportunities and gain knowledge from each other.

### *Housing First*

- Approach that provides homeless people with housing quickly, then provides needed services
- Immediate and primary focus on quickly accessing and sustaining permanent housing

- Significantly reduces the amount of time people are homeless
- Significantly prevents further episodes of homelessness

The recently implemented Housing First program using TSHLAP vouchers is proving to be successful in providing consumers with the supports they need to gain and maintain housing stability. Since implementation of the TSHLAP program in 2006, an IST (interagency services team) has formed to assess each application for admission to the program. The IST also provides resource identification to the consumer and Homeless Prevention Coordinator and helps ensure success for the consumer by reviewing progress towards goals and offering support where needed. By providing supports for people with ongoing housing problems, we can work toward permanency, and reduce recidivism.

The Housing First approach is also evidenced in two other programs within the Wexford and Missaukee community: PATH program for persons with mental illness and the Domestic Violence rural transitional housing program.

Housing First reduces the length of time a homeless person is in shelter. When moving people into housing first - even before their situation has stabilized – allows us to work on issues that may have contributed to their being homeless (substance abuse, employment, training, budgeting, mental health, or other issues) while they are stabilizing. It's a relatively new concept, but one that has shown remarkable success in other communities.

### *10 Year Plan to End Homelessness Structure*

The 10 Year Plan to End Homelessness in Wexford and Missaukee Counties has been developed by a 10 Year Plan Advisory Committee. The advisory committee committed to the development of the plan in May 2006, as evidenced in a signed Memorandum of Understanding and subsequent communications. Representatives of the Advisory Committee come from the following organizations:

- |  |                                 |
|--|---------------------------------|
| Northwest Michigan Human Services Agency | United Way of Wexford County    |
| Love, In the Name of Christ              | Friend's Ministry               |
| OASIS / Family Resource Center           | Wexford County Council on Aging |
| Missaukee County Commission on Aging     | Staircase Youth Services        |
| Northern Lakes Community Mental Health   | Department of Human Services    |
| Missaukee County Planning Department     | New Hope Shelter                |
| Cadillac Area Community Foundation       | Mercy Hospital                  |

Additional stakeholders have played an active role in the development of the 10 Year Plan, including local government officials, law enforcement, community corrections, youth, landlord associations, foster care programs, health care, schools, food banks, and churches.

In order to fully explore creative solutions for the various homeless populations, the Advisory Committee chose to engage in subcommittee planning sessions for the following groups:

- Chronically homeless
- Youth
- Families with Children
- Seniors

Additionally, the following subcommittees gathered to explore ways to better address homeless prevention issues:

- Faith-based / Churches
- Landlords / Management Companies

### *Guiding Principles*

Overall guiding principles for the 10 Year Plan to End Homelessness include:

1. All individuals and families should have safe, affordable housing.
2. The Housing First methodology is a necessary response to keep people housed and out of the shelter system or to return them to permanent housing as quickly as possible if homeless. Families and individuals are much more responsive to interventions and support once they are in permanent housing.
3. The development of a planning process that focuses on the outcome of ending homelessness is the only viable approach to ending the institutionalization of homelessness.
4. The definition of homelessness for the purpose of this planning process will include the broad definition that is inclusive of persons at risk of becoming homeless
5. All agencies must work as partners to ensure successful, long-term outcomes for individuals and families who are homeless.
6. Prevention plays a critical role in closing the front door into homelessness. The Plan includes a strong prevention (or intervention) component that aims at preventing people from becoming homeless when they are imminently at risk.
7. The plan addresses the needs of all populations, especially hard to reach populations, or those that haven't adequately been addressed previously, including: chronically homeless, substance abuser, persons with mental illness, youth, seniors, persons being discharged from institutions (including prisons and jails), disabled persons or persons with a sudden debilitating illness, persons with foreclosure / eviction notice, persons fleeing domestic violence (including men).

8. A single point of entry plays an instrumental role in shortening the time it takes for people to access and obtain the necessary services to support their return to housing permanency. To streamline the accessibility of services for the homeless population use the “homeless hotline” 1-800-443-2297.

9. We should work towards addressing the mental, physical, emotional, spiritual and social needs of our clients / consumers, working towards empowerment through education, skill building, identification of strengths, and relationships built on trust.

**HOMELESS?**  
It happens. We can help.  
**1-800-443-2297**  
  
Wexford-Missaukee  
Homeless Prevention Coalition

## *Objectives, Strategies and Action Steps*

### **Area of Focus: PREVENTION**

Prevent people from becoming homeless through early identification, outreach, and education combined with a coordinated community approach.

**Outcome:** A reduction in the number of people with identified risk factors for homelessness who become homeless (Source: Point in Time survey, service providers' records)

**Statement of Need:** Any plan to end homelessness must include a strong prevention component. Preventing homelessness is more cost effective than re-housing someone who has become homeless. Additionally, there is less stress and instability in the consumer's life.

**Prevention Action Team:** 10 Year Plan to End Homelessness Advisory Committee

**1. Objective: Persons at risk of becoming homeless will be identified and provided with appropriate services as soon as possible.**

### *Outreach, Awareness and Education*

**Strategy: Create and implement a comprehensive outreach, awareness, and education plan.** Community members will have better understanding of the homeless situation in our community and will be able to assist in the identification and referral of at risk and precariously housed individuals. (See also, Faith-Based area of focus.)

### **Action Steps:**

1. Hold community summit to gain understanding and support from stakeholders.  
*Fall 2006 and annually*
2. Provide presentations to community groups (churches, civic organizations, schools, etc)  
*Ongoing*
3. Place magnets (1-800 Homeless Prevention Line), calling cards, info sheets, etc. throughout community (libraries, laundromats, etc)  
*Fall 2006 and ongoing to replenish and update*
4. Work with the Homeless Awareness Week committee each year to bring attention to the homeless issue  
*Annually in November*
5. Engage the media to tell the story  
*10 YP Kickoff, Fall 2006, and ongoing*
6. Develop relationships with at risk populations by visiting congregate sites (soup kitchens, food banks, etc.)  
*Ongoing (front line service providers)*

### *Homeless Prevention Coordinator*

**Strategy: Obtain sustainability of the Homeless Prevention Coordinator position.**

The community will maintain “single point of entry” into system so consumers can be served most efficiently.

**Sustainability Action Team:** Kris Brady, Suzanne Gaffney, NMHSA; Rhonda Weathers, Continuum of Care; Shari Spoelman, Community Collaborative; David VanHouten, Department of Human Services; Cadillac Area Community Foundation

**Action Steps:**

1. Meet with stakeholders to brainstorm possible funding streams
2. Search for new funding sources, both within the community and outside. Identify potential funding sources and investigate the feasibility of their use.  
*Challenge grant, community foundation, SFSC, United Way, ESG funds, community block grant, SER funds, banks, hospital, MSHDA, DHS, HUD, JEHT Foundation, etc*
3. Examine internal (within the community) resources and how we do business. Look for efficiencies, collaboration opportunities.  
*Begin immediately. Completion date: January 2007*

### *Community Solutions*

**Strategy: Continuously look for and develop creative community based solutions.**

Partnering with community groups and service providers to identify potentially homeless individuals and families and intervening at an early stage is a crucial step to helping prevent homelessness.

**Action Steps:**

1. Educate various committees and groups (public and private, faith-based, schools, community corrections, prisoner re-entry, etc) about the benefit of preventing homelessness vs. re-housing a homeless person or family.
2. Encourage creative, out-of-the box thinking. (Ex: paying for a past due parking ticket to clear up someone’s credit report.)
3. Be flexible. Flexibility at the front end helps to ensure outcomes on the back end. Whatever it takes for a particular client to achieve stability should be considered.

### *Basic Needs Fund*

**Strategy: Develop a community basic needs fund.** We will be able to help prevent homelessness for consumers that would otherwise fall through the cracks because they don’t meet any of the funding streams’ criteria.

**Basic Needs Fund Action Team:** Dave VanHouten, DHS; Rhonda Weathers, COC; Shari Spoelman, SFSC and Community Collaborative

**Action Steps:**

1. Identify potential funding sources (SFSC, United Way, Community Foundation)
2. Develop policies for access, implementation
3. Determine fiduciary / home
4. Investigate the need to develop a “setting up home” pantry.

***Barrier Busters***

**Strategy: Bust barriers that get in our way of providing timely services to people.**

People will be served quicker. Costs will be reduced for the family and the system

**Action Team:** DHS staff

**Action Steps:**

1. Petition the policy and law makers to allow homeless services eligibility to those confronting the potential of homelessness allowing early intervention  
*Landlords Notice to Evict will be used for service eligibility*
2. Make referrals for services as early as possible

**2. Objective: Gain support from churches and other faith-based organizations to help with our homeless and at-risk populations.**

Churches are a vital link to the community and provide resources that go beyond public and other private sources. Their creativity and mission-driven nature places them in a position to be wonderful partners.

**Outcome:** Churches will take a leadership role to support homeless / potentially homeless neighbors.

**Statement of Need:** Faith based ministries see low functioning families, restrictive disabilities, credit problems, low incomes, non compliance, and lack of home repair and maintenance. While some have the vision that they can make a difference, it may not be shared by all. Faith based leaders are committed to educating and telling the story to their peers and partners in faith with the hope that others will come to the table.

**Faith-Based Action Team:** Mark Mortenson, Friends Ministry; Diane Wood, Love, INC; other faith based group leaders

***Communications with Churches***

**Strategy: Improve communications.** Churches will be more inclined to help if they have knowledge about the need and recognize areas of opportunity. With improved education, Churches will increase their response to the needs of the poor and homeless.

**Action Steps:**

1. Use the Love, INC and FRIENDS Ministry mailing list to inform local churches of the need to understand and minister to the homeless through bulletin announcements and newsletters.

*December 2006*

2. Send prayer requests to local churches and schedule prayer meetings to unite various churches in a common ministry to the poor.

*January 2007*

***Education & Awareness***

**Strategy: Increase education and awareness.** Church leaders and members will gain a better understanding of the culture of poverty and their role and response.

**Action Steps:**

1. Distribute Ruby Payne's Book "What Every Church Member Should Know about Poverty" to local pastors asking them to preach on homeless and the role of the church.

*Cost = \$500-\$1,000*

*Expected completion date: December 2006*

2. Schedule a poverty simulation to allow "middle class" participants to experience a small measure of virtual homelessness.

*Cost = \$350-\$500*

*Expected completion date: April 2007*

3. Develop a group of 10 local church leaders who would commit to keeping the assets and needs of the poor in front of their respective churches.

*Expected completion date: June 2007*

***Volunteer Opportunities and Support***

**Strategy: Increase ministry opportunities and support to those who volunteer.** By acting as a resource to churches on poverty and homeless issues, they will know they are supported.

**Action Steps:**

1. Provide a clearing house system for persons of faith to call and sign up for various ministry opportunities (help a family move or pack, provide furniture, provide a ride to an appointment, home repair, budgeting, mentoring and life-planning.)

*Expected Completion Date: September 2007*

2. Provide a coaching support system for volunteers to be able to ask questions and work through issues concerning their area of ministry.

*Expected Completion Date: September 2007*

## **Area of Focus: INTERVENTION & ENGAGEMENT**

Enhance services and supports for people who are homeless to help them achieve maximum independence and self sufficiency in a manner that is as quick and seamless as possible.

**Outcome:** Shorter lengths of stay in shelter or on the street. Greater stability (measured by length of time in new supportive environment.)

**Statement of Need:** Once an individual or family becomes homeless, they currently get tossed about in a fragmented system, sometimes not getting the appropriate referrals or services needed to move them out of homelessness as soon as possible. Sometimes there is little or no encouragement or incentive for them to move towards permanency and supports.

**1. Objective: Focus on the principles of the Housing First philosophy for more comprehensive implementation.**

### *Housing First = Stabilization*

**Strategy: Continue to implement and improve the Housing First approach in all programming.** Get people into housing and stabilized as soon as possible. Reduce the amount of time people are homeless. Keep people out of shelter.

#### **Benchmarks:**

- The number of people who have been placed into housing first will increase by 50%.
- The average length of stay in shelter will decrease by 7 days.

#### **Action Steps:**

1. Educate various groups and service providers (DV, DHS, CMH, men's shelter) continually until they understand the benefits of Housing First and are making referrals
2. Examine Housing First approach for every client (appropriate?) Take bold steps – we may have to learn from our mistakes.
3. Identify primary case manager for all clients.
4. Investigate using the Wrap Around approach for all Housing First clients.
5. Monitor Housing First program for outcomes, data, lessons learned. Make improvements as needed.
6. Implement a graduated rent program to transition clients off of Housing First.
7. Investigate the acquisition of additional tenant based vouchers.
8. Examine the way Housing First programs have been implemented successfully in other communities to learn ways to improve our program.

**Strategy: Build and improve relationships with landlords and management companies.** Landlords and management companies base occupancy on credit and

references. Our goal is that a better working relationship with landlords and management companies will result in more access for Housing First and other clients. We will be able to find more available and suitable units for consumers.

**Action Team:** Suzanne Gaffney, Joyce Oatley, Donna Veddler

**Actions Steps:**

1. Annual landlord association meeting (attend and present)
2. Educate regarding benefits of case management
3. Demonstrate successes with case studies
4. One – one contacts, relationship building

***Section 8 Homeless Priority***

**Strategy: Obtain Homeless Priority for Section 8 Vouchers.** Clients working with Homeless Prevention Coordinator and other service providers will have priority and be placed in housing before someone who is already stabilized.

**Action Team:** Section 8 Contractor, Northwest Mich Human Services Agency, Continuum of Care, MSHDA

**Action Steps:**

1. NMHSA will investigate the feasibility of applying to be local Section 8 contractor
2. Continue discussion with current Section 8 contractor, educating about benefits to prioritizing
3. Wait for state to make policy change (if necessary)

*Expected Completion Date: 2008*

**2. Objective: Expand the availability and choices of safe, permanent housing that are affordable to individuals and families with extremely low incomes.**

**Outcome:** More affordable housing opportunities for those with low incomes, resulting in less homelessness and the amount of time one is homeless.

**Statement of Need:** Without available permanent, affordable, safe, and appropriate housing, we are unable to move people out of homelessness or prevent them from becoming homeless. The Community Asset and Needs Assessment (2003) identified the lack of affordable housing as a significant hurdle from preventing homelessness in our area.

**Benchmarks:**

- Increase in the number of affordable housing units (subsidized) for low income persons.
- Increase in the number of permanent supportive units.

**Action Team:** United Way of Wexford County, NMHSA, Community Collaborative, CMH, City of Cadillac, Habitat for Humanity, DHS, Senator Stabenow’s Office, Chemical Bank, community volunteers, USDA Rural Development, Staircase Youth Services, Cadillac Schools

### *Education & Public Awareness*

**Strategy:** Increase education and public awareness of housing issues, services, and resources

**Action Steps:**

1. Hold an annual Housing Resource Fair
2. Develop and distribute a Housing Resource Guide
3. Provide advocacy at local government for affordable housing issues

### *Development Incentives*

**Strategy:** Remove barriers from development and implement economic incentives for development of affordable housing projects

**Action Steps:**

1. Address NIMBY issues with neighborhood groups as needed.
2. Work with development companies and local officials to ascertain ability of proposed projects to meet community needs.
3. Advocate on behalf of projects that will help meet need for affordable and / or supportive housing.

*Indicator: Increase in PILOTS and other incentives to builders, increase in supportive housing projects.*

### *Partnerships*

**Strategy:** Build effective partnerships between public and private entities to support efforts to increase affordable and supportive housing.

**Action Steps:**

1. Develop relationships with developers
2. Facilitate through relationship building and education partnerships between agencies, development companies, and local units of government as needed to achieve goals
3. Work with developers to provide support services for clients

*Indicator: (i.e. Creation of M O U’s for case management services)*

**3. Objective:** Develop a comprehensive “safe haven” system in our community that adequately and appropriately addresses the needs of the homeless.

**Statement of Need:** Like many communities, ours has developed a shelter infrastructure over time that met the needs at the time. But things have changed. We now are experiencing many more families that are homeless – families that need supports. We also recognize the differences between chronic and episodic homelessness and the services needed to plan for stabilization of these families and individuals. It is time to re-invent through visioning what an ideal system would look like. In an ideal environment, we will work together to establish the best way to serve the homeless in our community while appropriately planning for permanency.

### ***Comprehensive Emergency Shelter System***

**Strategy:** Establish an emergency shelter or “safe haven” system that adequately addresses the needs of the community by replacing traditional shelters and transitional housing with service-enhanced short term solutions that link people with permanent housing.

**Action Team:** OASIS / FRC, NMHSA, NLCMH, New Hope, Continuum of Care, Community Collaborative, Salvation Army, other community stakeholders

**Action Steps:**

1. Conduct systems visioning exercises with Action Team regarding what the community needs in terms of shelter for non-DV homeless
2. Assess current resources (houses, staffing, etc) and how they can be employed
3. Develop a plan for utilization of current resources and development of resources not currently available.
4. Develop short-term housing standards and processes, including staffing, services, supports, recommended lengths of stay, and interagency linkages that enable families and individuals to quickly and successfully move to permanent housing.

*Timeline: 2016*

## **Area of Focus: DATA CAPACITY**

In order to better measure our successes and to better understand the picture of homelessness in our community, we need to rely on the best data possible. That means, we should all embrace the significance of working together to collect and maintain consistent, accurate information.

**Outcome:** We will have accurate and appropriate data for planning and tracking purposes. We will be able to track how many people are in shelter, how many times they revisit, and how long they remain in shelter.

**Statement of Need:** With the implementation of the national Homeless Management Information System, we have an opportunity to consistently track our local homeless numbers throughout the year. The improvement of our Point in Time survey will help ensure that we obtain numbers from all community stakeholders on one given day, or point in time.

**Action Team:** Rhonda Weathers, Suzanne Gaffney, Katherine Besaw, COC

**Objective: Improve the ability of the community to track data.**

### *Homeless Management Information System*

**Strategy: Improve HMIS.** The community will have a more accurate picture of the number and type of chronically homeless and will be better able to target services. We will have more accurate numbers to use as baseline to measure plan outcomes

#### **Action Steps:**

1. Increase (and communicate) training opportunities for all agency staff on data inputs, report generation, and analysis
2. Obtain software upgrades as needed.
3. Obtain full participation of all homeless service providers in Homeless Management Information System program

*Anticipated Completion Date: 2007*

### *Point in Time Survey*

**Strategy: Improve Point in Time survey.** This will help in the tracking of all populations of homeless persons, including the chronically homeless, homeless children and youth, homeless persons with mental illness.

#### **Action Steps:**

1. Add “chronically homeless” definition and category
2. Clean up – get rid of anything unnecessary in attempt to simplify
3. Assure optimal participation with follow up phone calls to participants

*Anticipated Completion Date: Fall 2006*

**Area of Focus: CHRONICALLY HOMELESS**

The chronically homeless comprise approximately 10% of our homeless population, while consuming 50% of the resources. They are often the most difficult population to serve.

**Outcome:** Fewer chronically homeless persons. (Source: Point in Time and HMIS)

**Statement of Need:** Many of the marginally housed are the working poor. They live in generational poverty, are never able to stabilize, are low functioning with limited skills or are persons with a mental illness. Various crises make them homeless at least annually. There are often substance use / abuse issues. Within the community, there is a general lack of coordination with law enforcement. The barriers / gaps in service include: no family shelter, lack of permanent supportive housing for individuals and families, lack of affordable and safe housing, and stigma.

**Objective: Increase the number of chronically homeless persons placed into supportive housing.**

*Outreach*

**Strategy: Increase outreach to and identification of persons who are chronically homeless.** By increasing awareness and accessibility to consumers we improve our ability to serve and we serve more.

**Action Team:** CMH, NMHSA, OASIS, Continuum of Care, 10 YP Advisory Committee

*...outreach to disengaged homeless people, often street and woods dwellers, is now considered the first and most important step...  
-SAMHSA, 2003*

**Action Steps:**

1. Develop relationships by visiting Shepherd’s Table, library, New Hope Shelter, “the dam,” and other places where the homeless gather.  
*Timeline: Begin immediately and continue “ongoing”*
2. Continue to develop relationship with New Hope board and shelter manager to better understand their client population and educate how they can be served.  
*Timeline: April 2008*

*Community Protocol*

**Strategy: Develop community protocol for system access.**

Communication/coordination of services will increase seamless access to resources.

**Action Steps:**

1. Develop Task Force of persons who come in contact with this population.

2. Identify current situation – issues and barriers
3. Develop protocol for seamless system access
4. Meet with First Responders and others who have contact with chronic homeless to educate about protocol– law enforcement, emergency room staff, free clinic staff, library staff, DHS staff, Social Security Office staff, etc.
5. Print cards with single point of entry information for first responders to hand out while in the field.

*Timeline: Completed by October 2007*

*Cost: \$150 for cards*

### ***Services Infrastructure***

**Strategy: Stabilize and increase services infrastructure.** By using the single point of entry and homeless prevention coordinator, consumers can be served most appropriately and efficiently. Case management services will be available on a coordinated and consistent basis.

#### **Action Steps:**

1. Stabilize funding for Homeless Prevention Coordinator

*Timeline: January 2007*

2. Increase services to include 1 FTE case manager

*Possible resources: Rapid Re-housing RFP*

### ***Transitional Supportive Housing***

**Strategy: Stabilize and increase Transitional Supportive Housing.** Consumers will have safe housing with support services to assist them back into permanent housing (with or without supports).

#### **Action Steps:**

1. Monitor and make improvements as needed with existing TSHLAP

*IST: Interdisciplinary Services Team will continue to monitor, track, and make enhancements*

2. Request additional vouchers and program enhancements when available

*Resources: TSHLAP, DV, PATH – SHP*

### ***Permanent Supportive Housing***

**Strategy: Develop Permanent Supportive Housing for chronically homeless populations (including DV and MI).** Chronically homeless persons will maintain stable long-term housing with the assistance of supportive services.

#### **Action Steps:**

1. Request Permanent Supportive Housing funding when available, including funding for Domestic Violence PSH and PSH for populations with mental illness

*Resources: MSHDA, HOME, NMHSA, HAG*

2. Work with Hollander Development to provide case management to 8 units at new development  
*Timeline: 8 new supportive housing units beginning Winter 2006-07*
3. Investigate the development of new permanent supportive housing units in Cadillac  
*Lead: Fred Brown, NMHSA*
4. Advocate for increased Permanent Supportive Housing units with housing developers through the Affordable Housing Workgroup.  
*Timeline: Ongoing as needed*

### *Lifeskills*

**Strategy: Increase the community’s capacity to serve individuals and families through an array of services,** including financial literacy, daily living skills, links to employment and training resources, links to health resources, and assistance with landlord communications and relationships.

**Action Team:** Continuum of Care, Goodwill, Churches, Love, INC, Friends Ministry, NMHSA, OASIS / FRC

**Action Steps:**

1. Inventory types of lifeskills training
2. Identify gaps and investigate ways to reduce gaps
3. Develop a catalogue of life skills trainings, dates, places, times
4. Investigate the feasibility of faith-based mentoring  
*Cost: \$1,000/annually.*  
*Timeline: 2007*

*Housing is necessary but not sufficient to help people who are homeless...Many individuals and families require some level of supportive services.*

**Indicators of success:**

- Enhance a person’s chances of being successful and attaining their highest potential.
- Increase individual’s ability to sustain housing
- Individuals will gain knowledge, skills, and trust from others in their community.

### *Substance Abuse*

**Strategy: Collaborate with other providers to address substance abuse issues.**  
Results will be seamless delivery & coordination of substance abuse services, increased knowledge & access to services, and fewer substance abuse issues.

**Substance Abuse Team:** Catholic Human Services, Community Collaborative, Continuum of Care

**Action Steps:**

1. Meet with Catholic Human Services to gain better understanding of role of substance abuse contract agency and to educate about community substance abuse issues.  
*Timeline: Fall 2006*
2. Study substance abuse services in community – identify gaps and resources  
*Timeline: 2007*
3. Develop plan for improvement  
*Timeline: 2008*

### ***Mental Illness***

**Strategy: Enhance the capacity to serve persons with mental illness.** The majority of persons who are chronically homeless have a mental illness, with or without a co-occurring substance abuse issue. We must work together to identify and engage these persons in the appropriate services that will provide them with stability and allow them to achieve their full potential.

**Action Team:** Katherine Besaw, Dona Veddler, CoC

#### **Action Steps:**

1. Cross train community service providers, case managers, advocates, primary health care workers, etc to recognize the signs and symptoms of mental illness, substance abuse disorders, and co-occurring disorders to increase referrals to appropriate resources.
2. Increase access for individuals with mental illness who are homeless to innovative psychosocial rehabilitation services, such as Club Cadillac
3. Expand peer support and mentoring capacity through peer recruitment, education and certification

#### **Indicators of Success:**

1. Increased referrals from community
2. Increased number of peer supports
3. Ability to maintain stability for 6, 12, 18 months and beyond

#### **4. Area of Focus: FAMILIES WITH CHILDREN**

Homeless children are a critical red flag in any community, yet school staff and agency workers see it every day. The lack of stability for children results in many risk factors, including poor school performance and neglect.

**Outcome:** A reduction in the number of families with children that are homeless.

**Statement of Need:** On any given day, there are 14 children that are homeless in Wexford and Missaukee counties. What we see even more in this rural area of northern Michigan is the increasing number of families that are doubled up and living in overcrowded situations. Unfortunately, families often wait until a crisis spills over before they set out for help. By then, the children have suffered through some difficult and unsettling times and the stress of not knowing how to get out of the bad situation lessens their ability to develop as fully as their peers with a stable family life.

**Objective: Develop a more streamlined approach to ending homelessness for families with children.**

#### *Wrap Around*

**Strategy: Develop a wrap-around model.** This strength-based approach will provide necessary supports (including transportation, financial management and budgeting, lifeskills, job training, substance abuse services, counseling, etc.) to families with children and help alleviate the underlying causes of homelessness.

**Wrap Around Action Team:** Dave VanHouten, DHS; Rhonda Weathers, COC; Shari Spoelman, SFSC and Community Collaborative

#### **Action Steps:**

1. Working with TSHLAP IST, Continuum of Care and Community Collaborative to implement
2. Identify the model that will be used (evidence based practice). Model should be strengths-based and identify a primary case manager for client.
3. Determine potential wrap around participants
4. Have MOU signed by participating parties
5. Train participants in model and approach

*Target Date for Implementation: 2008*

#### *Education to Service Providers*

**Strategy: Provide education to the community service providers about available services/models.**

**Education Action Team:** Continuum of Care, David VanHouten, Suzanne Gaffney,  
Shari Spoelman

**Action Steps:**

1. Educate DHS, CMH, OASIS, New Hope, schools, etc. staff about Housing First
2. Re-Educate about Single Point of Entry and role of Homeless Prevention Coordinator
3. Provide information about all available service programs

**Indicators:** Through education, Community service providers will:

- gain a better understanding of comprehensive system of services,
- be able to put a name and face together,
- know who to call to access appropriate services,
- understand the importance of early identification
- identify barriers that exist to working with other service providers.

## **Area of Focus: DOMESTIC VIOLENCE**

The domestic violence population faces unique challenges in securing housing, both immediate as well as permanent. In addition to security and safety issues, many survivors may also be struggling with credit issues and economic deprivation as a result of their abusive situation.

**Outcome:** Increase the number of transitional and permanent supportive housing units available to survivors of domestic violence.

**Statement of Need:** Though our community has a domestic violence shelter and transitional housing program to meet the immediate needs of survivors, there remains a gap in permanent supportive housing resources to serve this population. While shelter can provide housing in the midst of a crisis, and transitional housing can further assist a woman to rebuild her life over a two-year span, many survivors are in need of continued assistance to ensure long-term housing stability. There currently exists no permanent supportive housing resources specific to this population in our community.

**Objective:** Increase services to domestic violence victims facing homelessness.

### *Permanent Supportive Housing*

**Strategy: Develop Permanent Supportive Housing for domestic violence survivors.**

Domestic violence survivors will maintain stable long-term housing with the assistance of supportive services.

#### **Action Steps:**

1. Research permanent supportive housing options through partnering with developers or other agencies.
2. Apply for Permanent Supportive Housing funding for Domestic Violence population when available.

*Resources: MSHDA, HOME*

*Timeline: Fall 2006*

### *Transitional Supportive Housing*

**Strategy: Assess need for expansion of Transitional Supportive Housing** to assist survivors of domestic violence in regaining independence and housing stability.

#### **Action Steps:**

1. Assess need for additional TSH units to serve the DV population.

*Lead: OASIS / FRC, Continuum of Care*

*Timeline: Annually*

2. Apply for TSH funding when need is determined

*Lead: OASIS / FRC*

**Area of Focus: YOUTH (16-21 years)**

There has been an increase in the number of homeless youth – mostly teens – that can't or won't live in their family homes any longer. An interesting and difficult population to access and serve, a community approach to this issue best serves this population.

**Outcome:** There will be fewer homeless or couch surfing youth.

**Statement of Need:** There are many factors that contribute to the number of homeless youth, including: poorly functioning parents (drug and alcohol use, etc.), families in crisis, teenage pregnancy, abandoned & displaced youth, and youth exiting detention / foster care. The barriers to service include: lack of relationship building with service providers, families as enablers (within the community), inability to easily identify homeless youth, lack of placement options, inadequate employment options, and lack of motivation.

**Youth Action Team:** Staircase Youth Services, Michigan Youth Opportunities Initiative, Cadillac Area Community Foundation, Continuum of Care, Community Collaborative, Teens

**1. Objective: Improve the prevention of homelessness amongst our 16-21 year old population**

*Youth Committee*

**Strategy: Formulate a youth sub-committee to address homeless youth issues.**

Identify and coordinate community based endeavors to improve prevention efforts and meet the needs of homeless youth.

**Action Steps:**

1. Identify membership: key stakeholders, youth
2. Develop meeting schedule. To meet monthly for the first nine months
3. Personally invite potential members
4. Youth and providers will be involved in community action

*Expected completion date: Committee Formed - Fall 2006, Meetings ongoing*

*Early Identification*

**Strategy: Increase early identification of at risk and homeless youth.** There will be fewer homeless youth, including those who have aged out of foster care.

**Action Steps:**

1. Develop better relations and communications with school liaisons
2. Educate and document who is gathering information, how it is being collected, and what is being done with the information

3. Strengthen initiative through DHS for early ID of youth aging out of foster care
  4. Encourage referrals to appropriate resources (MYOI and Staircase)
- Expected completion date: Spring 2007*

### ***Youth Resources***

**Strategy: Provide more accurate and accessible resources to youth population.**

Youth will have the information they need to access services

**Action Steps:**

1. Work with service providers to ensure appropriate information is used.
2. Assess current resources and identify gaps in service(ie drug and alcohol treatment) Fall 2007
3. Develop Youth Resource Guide
4. Develop Youth Resource Wallet Card (work with suicide prevention coalition)
5. Plan distribution system

*Expected completion date: Fall 2006*

*Cost: \$2,500*

*Possible funding sources: CACF, SFSC, NLCMH*

### ***Community Education***

**Strategy: Increase community education regarding homeless youth issues.** There will be increased knowledge about homeless youth, which should result in early identification and better access to appropriate resources

**Action Steps:**

1. Newspaper ads
2. Community forums
3. School forums
4. Peer educators
5. Civic groups
6. Churches

*Expected completion date: 2006-2016*

## **2. Objective: Improve services for homeless and at-risk youth**

### ***Drop-In Center***

**Strategy: Investigate the development of a one stop program/drop-in center for youth.** There will be an increase in the number of youth that access services.

**Action Steps:**

1. Determine location where laundry, meals , crisis intervention , and case management can be provided

2. Explore funding opportunities (i.e. Street Outreach Grant, Community dollars)
  3. Explore staffing options
- Expected completion date: 2008-2009*

### ***Transition to Adulthood***

**Strategy: Enhance Transition to Adulthood program.** Services for homeless youth will be improved. There will be fewer homeless youth. Homeless youth will experience homelessness for a shorter period of time.

**Action Steps:**

1. Increase advertising, community awareness, and referrals
  2. Establish short term emergency host homes
  3. Provide incentives to youth to participate in program
- Expected completion date: February 2006*

### ***Individualized Service Plans***

**Strategy: Assure that all homeless youth have an individualized service plan.** Youth will be better served.

**Action Steps:**

1. Use wrap around approach
2. Include long term mentors (adult and peer)
3. Plan will include:
  - Housing
  - Education
  - Employment

*Expected completion date: summer 2008*

### ***Independent Living Skills***

**Strategy: Establish structured independent living skills curriculum.** This will be used for youth aging out of foster care, community youth and homeless youth in need of this service. Youth will learn skills to live independently.

**Action Steps:**

1. Develop curriculum
  2. Establish time and place
  3. Offer to “at risk”, homeless, and youth aging out of foster care
- Expected completion date: Spring 2007*

### ***Financial Education***

**Strategy: Develop a financial education program for youth.** Youth will have better understanding of how to manage limited income.

**Action Steps:**

1. Research existing programs
2. Determine appropriate venue (i.e. schools, community, computer based)

*Expected completion date: Spring 2008*

***Employment***

**Strategy: Strengthen employment opportunities for youth.** There will be better employment opportunities for youth through training and education

**Action Steps:**

1. Strengthen relationship with Michigan Works
2. Assure youth technical training options
3. Assist in further education opportunities (ie Baker College)

*Expected completion date: Fall 2007*

***Housing Options***

**Strategy: Expand housing options for youth / teens.** The goal will be to increase housing options for youth.

**Action Steps:**

1. Increase participation in current "Host Home" model program - Fall 2006
2. Investigate possibility of Regional Transitional Homes for youth - Fall 2008
3. Participate in a Regional plan for Tenant Base Rental Assistance for Youth - Fall 2006
4. Develop graduated rent program

*Expected completion date: Fall 2008*

## **Area of Focus: SENIOR CITIZENS**

Increasingly, we are seeing senior citizens that are homeless or are at risk of homelessness, living in situations that are coming to a crisis. An important component to this area of focus is prevention.

**Outcome:** The senior population will have knowledge of and access to services that keep them safe and sheltered in a suitable home.

**Statement of Need:** The issues surrounding this population include lack of knowledge related to accessing assistance, persons overall well-being compromised by chronic health issues or altered cognition, fixed incomes, and a decentralized family unit that contributes to a fragmented support system. There appears to be a lack of affordable, appropriate housing options. Other barriers include a lack of transportation and a fear of asking for assistance (interpreted as inability to maintain independence). These issues are exacerbated by changes in income levels for eligibility of Section 8 vouchers and Medicare.

**Senior Action Team:** Pam Neibryzdowski, Missaukee COA; Bonnie Forbes and Scott Schryer, Wexford COA, DHS

### **1. Objective: Improve prevention of homelessness for senior population**

#### *Education*

**Strategy: Increase education about the issues of homelessness that the senior population faces.** Earlier identification of problems will result in an ability to serve better.

#### **Action Steps:**

1. Community meetings
2. Newspaper articles
3. Service providers
4. Churches

*Expected completion dates: January 2007*

#### *Outreach*

**Strategy: Improve outreach.** Those that are identified will have greater access of services.

#### **Action Steps:**

1. Improve communication with the aging services network (physicians, pharmacists, therapists, in home help, DME providers, etc.)

**2. Objective: Increase available and appropriate housing stock for seniors. Seniors will have access to appropriate, affordable, and safe housing stock.**

*Needs Assessment*

**Strategy: Develop a needs assessment.** A well developed needs assessment will provide a solid foundation upon which to base a request; it will ensure success of a good plan.

**Action Steps:**

1. Work with the Affordable Housing Committee
2. Identify projects that are being considered for future development
3. Consider geographic location (for diversity)

*Expected completion date: 2008*

*Potential resources: HUD, MSHDA*