

Campaign to End Homelessness: 10-Year Plan (Draft)
Mecosta-Osceola
Submission Due Date: August 31, 2006

Summary (*Making the Case*):

Problem Identification

Mecosta and Osceola counties are primarily rural with child poverty levels above the state average. The rural nature of the Mecosta-Osceola region contributes to the issue of homelessness being overlooked and hidden, thereby making it easy to ignore and difficult to ameliorate. Homeless folks in this region are not the stereotypical “bum” drinking under the bridge or the “bag lady” pushing a cart down a desolate alley. In our area it is the family that is living in a tent at the access site on the lake or the family that moves in with their cousins or other family members. It is the unaccompanied youth that has been thrown away or has run away. Homelessness is a family issue with the average age of a homeless person being a very young nine years of age. The largest segment of the homeless population is the mother and child dyad. We need to educate folks to change their perceptions about what homelessness is and what it looks like.

This region lacks safe, affordable housing stock and shelters and must export those seeking temporary shelter to other communities, compounding disruption and confusion in the lives of those experiencing homelessness while frequently moving them further from existing support networks, schools, and jobs. Ultimately, this denies folks the support of the community where they have chosen to live.

We have a diverse service support network in our communities; however, better coordination among mainstream services coupled with the alignment and augmentation of existing resources will facilitate supportive service delivery and timely re-housing strategies. Full implementation of HMIS and the development of a common intake/assessment are needed as well as developing a collaboratively funded housing specialist position for the region. These activities will allow for more effective service delivery and linkages with housing while allowing for coordination of resources with timely data to support efforts and demonstrate success.

Vision

All families and individuals in the Mecosta-Osceola region will experience family-centered supportive services allowing them to live with dignity and thrive in safe, affordable and sustainable homes in our communities.

Organized Response to Problem

The following activities are currently underway:

- Implementing DV Supportive Housing Initiative

- Educating ourselves about housing issues, programs, and funding sources—best practices, etc.—Attendance at state and national homeless conferences and we hosted MSHDA staff to our Continuum of Care meetings
- 2nd Annual Safe, Affordable Housing Expo—linking housing resources and services with consumers and raising community awareness (funded by McKinney-Vento Homeless Education Assistance grant and community funds)
- Landlord Luncheon—relationship building and Housing First Model presentation/discussion—MSHDA staff are helping out with this event
- Consumer Focus Group—gather input and recruit individuals for involvement in on-going planning groups
- HMIS implementation—timely, consistent data collection
- Community engagement and political will-building through participation in Leadership Mescota, advocacy at state/federal level; developing a community focus series of articles in the local paper around the Plan
- Discussions around current resources and mainstream services and how to align and link them to housing to achieve our goal of eliminating homelessness in our region.

General (Educating the Masses):

Scope of the Problem

By the numbers—According to US Census figures (2000), the National Low Income Housing Database contains the following statistics related to the state of housing in the Mescota-Osceola region:

Area Median Income (AMI) eFannieMae.com	% very low income**	% extremely low income*	Number of renter households	% of households that rent	Mescota	Osceola	Number of owner households	% of households that own	Mescota	Osceola
					26.4	18.7			42.8	29.8
\$51,200	51.5	24.9	3,939	26.4	7	7	10,976	73.6	7	7
					8.4	8.4			7,206	8.4
There are almost 4.5 units available for very low income households that want to own their own home.										

*A household with under 30% of AMI.
**A household with under 50% of AMI.

Mescota County is the home of Ferris State University. The presence of college rental units distorts the “available” housing reality. Moreover, most of the college rental units are not HUD compliant and therefore unavailable to anyone with a subsidy or voucher. In order for us

to have successful implementation of the Housing First model, developing relationships with landlords is imperative. Funding support services and developing incentive programs for landlords will be integral for success.

The following matrix illustrates the number of homeless services or prevention services provided by community agencies. Each agency's homeless definition and eligibility criteria differ according to funding source. The data does not represent an unduplicated count. Some data was not available or in a format that made sense at the time of this DRAFT document and will be adjusted as appropriate in the final Plan.

Agencies Providing Homeless services*	Red Cross	Salvation Army	Education	DHS		Mental Health	Community Corrections	DV	Comm. Action	Family Support Team
				Homeless Prev/Tra ns.	Emerg. Shelter					
Numbers Served/ Year	12/8	211	246	18	5	6	5 (those w/o placement)	237 individual s for 4,613 shelter nights	NA	12 families
Cost	8,099 (\$63.27/ person)	17,950 (\$85.07/ Person)	21,782 (\$88.54/student or youth)	8,278 (\$459.89/ person)	2,762 (\$552.40/ person)	2,630 (\$438.33/ Person)	\$700/person	\$42/night/ person	NA	3,616.40 (\$301.37 person)

Contributing Factors

Structural factors impacting homelessness in our counties include the rural nature of the region; generational poverty; lack of high-paying jobs (average job/wage earner in these two counties ranges from \$25,574-\$34,096* according to Kids Count (2005), with unemployment rates from 6.9%-8.5%); lack of affordable housing units; and access to support/prevention services due to their location and lack of public transportation. Lack of coordination of services or alignment of housing and support services likely contributes to homelessness and also makes it difficult to address and identify the need. Developing a common intake and possibly single-point of entry will help ameliorate this structural factor.

Personal factors impacting homelessness include: prisoners re-entering the community; individuals with co-occurring disorders; domestic violence; loss of housing due to fire or other disaster; generational poverty; job loss; long-term health issues or disabilities; youth; and substance abuse or mental health issues.

*Note the difference between AMI from Fannie Mae and the average income for the counties as reported in *Kids Count in Michigan Data Book 2005*.

Impact on Individuals

It is difficult to determine the cost-benefit in financial terms at this time. We do not have a shelter (other than DV) to gauge the cost-savings against; however in terms of human capital and preservation of individual dignity, moving families and individuals into safe and affordable housing units is priceless. Research on the Housing First model is very compelling, especially when looking at eviction rates and hearing the success stories from those who have already implemented this model in their communities (e.g. Kalamazoo, HRI). It is not anticipated that prevention and support service dollars will be reduced from their current levels; rather that services will be better coordinated and aligned to help us achieve our goals of eliminating homelessness in our region.

Our new vision as delineated above will help us focus on assisting families to maintain their housing or to become re-housed as quickly as possible. As we align and link mainstream support services with housing, folks will experience family-centered support services that are empowerment and strengths-based rather than deficit driven. Families who have the stability of safe, affordable and sustainable housing can then re-focus their energy into addressing other issues that brought them into homelessness with the assistance of support services as appropriate.

New Vision

Changes needed to better serve our homeless population or those at-risk of becoming homeless is more coordination of mainstream services and linking them to housing resources. It is also important to move families/individuals into housing as quickly as possible, which is where implementing the Housing First model will be helpful. Another needed change is to develop better working relationships with landlords to get them on board with our efforts to ameliorate homelessness and to increase the number of units of supportive housing units as well as the number of safe, affordable housing units available for our diverse population.

Historically our response has been to address each individual case as they hit our service systems and help them as best we can. In the last couple of years we have taken a more proactive approach and are working on closing the front-door into homelessness through directing more program dollars toward prevention efforts as well as through system-wide trainings to better understand poverty, family centered-practice, and relationship building among agencies to provide better, more responsive, respectful services. We have implemented family support teams in each county that address family issues using a multidisciplinary approach placing families in the driver's seat.

Every individual or family unit has their own level of coping so the impact varies across each case. However, in general, what we see are families that are at-risk of losing their children; depression and sense of despair; frustration and sense of despair and fear; families leaving the community to find help and housing elsewhere which may remove them from family, friends, school, and support network; families double-up which makes two families at-risk of losing housing—especially if there is a criminal background or CSC in one's background. Doubling-up often increases the amount of stress placed on individuals and especially on children, impacting their educational success and emotional stability and ability to form relationships. All these impacts only compound the homeless issue and make it more difficult to overcome.

Strategic Response—Defined

Planning structure—We are using our existing Continuum of Care network and Ad Hoc committees to work on specific components of our 10-Year Plan

Participants in the process include the following: domestic violence shelter, public housing, county government, education, Red Cross, Salvation Army, community action agency, mental health, DHS, food pantry, community corrections, and rural development.

How was community engaged in the process—we are working with the local paper to help disseminate information and continue to engage in public awareness about homelessness in our region—2nd Safe, Affordable Housing Expo (September 16, 2006). We also share information about the Plan with the Human Service Collaborative groups in the two county region, where more than 40 agencies are represented including business, philanthropy, health care, and faith-based organizations.

Consumer involvement—plans are underway for a focus group to be held with consumers in late September. We will be engaging Housing Expo attendees in focused conversations about local realities and their experiences securing safe, affordable housing and how their family has been impacted by their current situation.

Areas being addressed—public will-building and education, housing affordability, landlord relations, coordinated system including realignment of mainstream resources while linking them to housing, and development of a common intake, assessment, and reporting using HMIS.

Goals (*SMART—specific, measurable, achievable, realistic, timely*)

Key Areas to Address

Goal One—Landlord relations—cultivating effective working relationships and providing them with support and incentives to help get them on-board (with both feet!) we will have difficulty implementing a Housing First model in this community. This will be a primary area to address and an on-going component of our Plan.

Strategy—relationship building, incentives (funds to support HUD compliance efforts, tenant damages, support, etc.), and finding that one or even two landlords we can work with to demonstrate successful implementation of Housing First and supportive housing initiatives. We will then use these landlords as champions of our efforts and enlist their assistance in recruiting others.

Related Costs—relationship building takes time and energy and we would like to develop a Housing Specialist position that will champion our housing efforts. We have local agency folks who are very involved and have good-intentions; however, the reality is they cannot carve out

the time necessary to devote to these activities given their multiple responsibilities in their own agencies. The Housing Resource position is going to be an integral component to successful implementation of our Plan.

Resources—to make this happen will come from securing additional funds through MSHDA or other granting sources (anticipated) and through alignment and/or reallocation of existing mainstream funding sources (existing).

Outcome Statements

- Landlords will be onboard with our Plan and assist with implementing the Housing First Model.
- Families and individuals in the Mecoosta-Osceola region will have a Housing Resource Specialist to assist them with their housing needs and to champion our housing efforts.
- Additional funding sources will be sought to augment currently available resources.

Entity Responsible for Implementation—Continuum of Care

Goal Attainment Timeline—developing and fostering landlord relations will be a permanent activity; however by the end of year one, we will aim to have two landlords onboard with our Plan with growth each year after until it becomes the way we do business in our community. There are various grants coming available in fall 2006 that we will seek in our efforts to secure funding to help achieve this goal. We would like to have a Housing Resource Specialist on by mid 2007.

Goal Two—Increase the number of supportive and affordable housing units.

Strategy—Apply for grant funds as RFPs become available and tie in with Goal One—working with landlords to increase the number of safe, affordable units and units available as supportive housing.

Related Costs—Local cash match and costs related to grant writing

Resources—Local grant writers

Outcome Statements

- Grants will be submitted per available RFPs that will assist us to meet our goal and that align with our vision (i.e. Homeless youth and Homeless Families and Children)
- The number of supportive and affordable housing units will increase

Entity Responsible for Implementation—Continuum of Care and Housing Resource Specialist (once secured)

Goal Attainment Timeline—RFPs for several initiatives are due out this fall and will be explored for feasibility. We will set goals each year for the number of units of various housing

options needed for our region and work toward improving our numbers each year. We will delineate action steps and assign responsibility for making it all happen at our annual strategic planning session.

Goal Three—Build political will. In recent interactions with public and governmental entities it is clear that we need to take advantage of every opportunity to educate them about and involve them in homelessness and homeless issues.

Strategy—Engage local politicians, business and community leaders in conversation about the Plan and about the impact of homelessness in our region. Using common language that is clear, concise, and consistent will help us effectively communicate our message. We want to develop a message that resonates with local leaders and garners their support. We will engage local leaders in conversation—individually and in groups. We will be the virus that spreads throughout and infects folks with enthusiasm and support for our project (we will invite/give them tasks to help involve them in the project). We will give our local assessment due diligence and create an engaging “report card” that we can distribute to back up our conversations.

Related Costs—Time and energy are the primary costs. There will be costs associated with the development and printing of the “report card”.

Resources— We will look to local resources to meet this goal (existing). As this is a community-based project and is part of building a stronger community, we will look to our community foundations for support (anticipated).

Outcome Statements

- Community leaders from all sectors will be aware of our Plan (measured by survey)
- Community leaders will be publicly acknowledged as being partners/supporters
- Identified leaders will champion our efforts forward

Entity Responsible for Implementation—Continuum of Care

Goal Attainment Timeline—We are patient and persistent. We will build upon our political and community support each year—adding more names to our “House of Honor” that will display all our supporters’ names in a public place (TBD).

