

**TEN YEAR PLAN TO END HOMELESSNESS
MIDLAND COUNTY
2006**

OUTLINE

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4. We Have Collaborative and Invested Stakeholders.
5. We Have Sufficient and Sustained Funds to Target Priority Housing Areas.

E. ATTACHMENTS

CoC Area: Midland

Exhibit 1: Continuum of Care: Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Homeless Individuals	76	0	2	78
2. Homeless Families with Children	29	0	2	31
2a. Persons in Homeless Families	90	0	5	95
Total (line 1+2a)	166	0	7	173
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	0		0	0
2. Severely Mentally Ill	17			17
3. Chronic Substance Abuse	36			36
4. Veterans	4			4
5. Person with HIV/AIDS	0			0
6. Victims of Domestic Violence	50			50
7. Youth (Under 18 years of age)	6			6

*Optional for Unsheltered

10/19/05
Midland County Point In Time
Homelessness Survey

Individuals (without children)	Total # of individuals without children	Chronic Substance Abuse	Seriously Mentally ill	Chronically Homeless	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence	All Others
Open Door	8							8
Trinity Lutheran	2		1					1
Midland Reformed Church	1							1
City Rescue Mission	2							2
ETC	6	6		2				
7th Day Adventist Community Services	2			1			1	
WMFC	2						1	1
MI Works	1							1
Shelterhouse	15						15	
Bullock Creek Schools	3							3
CMH	3	1	3			1		
CMH	1		1	1				
CMH	4	2	4	1			1	
DHS	2	2						2
MPS (MHS)	2							
CMH	3	3						
CMH	3	2	2					
Windover	2							2
AHA	2							2
1016	12	12						2
MAH	1			1				
Total Individuals	76	28	11	6	0	1	18	23
Families (with children)	Total # of individuals in families with children	Chronic Substance Abuse	Seriously Mentally ill	Chronically Homeless	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence	All Others
Open Door/House of Mercy	11							11
Bullock Creek Schools	4							4
Pine River (BC)	3							3
WMFC	4							4
MI Works	16							16
Shelterhouse	44							44
DHS	5						2	3
CMH	2	2						
Windover	3							
MAH	22			14				8
Total Families	114	2					46	41
GRAND TOTAL	190	30	11	19		1	64	72

Exhibit 1-A: 2006 I: CoC Housing Inventory Charts - Midland County

Emergency Shelter: Fundamental Components in CoC System - Housing Inventory Chart														
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code □	Target Pop.		Year-Round			Total Year-Round Beds	Other Beds		
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seas- onal	Overflow & Voucher	
Current Inventory			Ind.	Fam.										
Open Door	Open Door		0	0	269111	SM		0	0	15	15	0	2	
Open Door	House of Mercy		0	0	269111	SF		1	3	8	11	0	2	
Council on DV&SA	Shelterhouse		0	0	269111	M	DV	0	19	0	19	0	2	
											0			
											0			
											0			
											0			
											0			
											0			
											0			
											0			
											0			
											0			
SUBTOTALS:			0	0	SUBTOT. CURRENT INVENT:			1	22	23	45	0	6	
New Inventory in Place in 2005			Ind.	Fam.										
N/A											0			
											0			
											0			
											0			
SUBTOTALS:			0	0	SUBTOTAL NEW INVENT:			0	0	0	0	0	0	
Inventory Under Development		Anticipated Occupancy Date												
N/A											0			
											0			
											0			
											0			
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0	0	0	
Unmet Need					TOTALS:				92	53	145			
1. Total Year-Round Individual ES Beds:					23	4. Total Year-Round Family ES Beds:					22			
2. Year-Round Individual ES Beds in HMIS:					0	5. Family ES Beds in HMIS:					0			
3. HMIS Coverage Individual ES Beds:					0%	6. HMIS Coverage Family ES Beds:					0%			

Exhibit 1-A: 2006 I: CoC Housing Inventory Charts - Midland County

Transitional Housing: Fundamental Components in CoC System - Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory			Ind.	Fam.							
N/A											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
SUBTOTALS:			0	0	SUBTOT CURRENT INVENT:		0	0	0	0	
New Inventory in Place in 2005			Ind.	Fam.							
N/A											0
											0
											0
											0
SUBTOTALS:			0	0	SUBTOTAL NEW INVENT:		0	0	0	0	
Inventory Under Development		Anticipated Occup.Date									
N/A											0
											0
											0
											0
SUBTOTAL INVENTORY UNDER DEVELOPMENT:		0	0	0	0	0	0	0	0	0	
Unmet Need						TOTALS:		0	0	0	
1. Total Year-Round Individual TH Beds					0	4. Total Year-Round Family TH Beds					0
2. Year-Round Individual TH Beds in HMIS					0	5. Family TH Beds in HMIS					0
3. HMIS Coverage Individual TH Beds						6. HMIS Coverage Family TH Beds					

Housing Gaps Analysis Chart 2005

		Current Location (Point-In-Time)	Estimated Need (Point-In-Time)	Current Inventory 2005	Under Development 2005	Unmet Need/Gap
Individuals and Unaccompanied Youth						
Beds	Emergency Shelter	76	33	23	0	10
	Transitional Housing	0	25	0	0	25
	Permanent Supportive Housing	0	20	0	0	20
	Unsheltered/Street	2				
Total		78	78	23	0	55
Persons in Families with Children						
Beds	Emergency Shelter	90	67	22	0	45
	Transitional Housing	0	23	0	0	23
	Permanent Supportive Housing	0	5	0	0	5
	Unsheltered/Street	5				
Total		95	95	22	0	73

SUMMARY
MIDLAND COUNTY 10-YEAR PLAN TO END HOMELESSNESS
2006

The effects of homelessness on individuals and families and the ramifications of housing loss and instability are devastating. The Campaign to End Homelessness in Michigan began in an attempt to react to this problem and look at ways we, as a state can use our resources more wisely to solve the homelessness problem. We recognize that we need to be proactive rather than reactive, doing something to get at the root causes of homelessness rather than just spending money on shelters and services. We need to dream together, plan together and work together to implement systems wide changes in the way we serve the homeless populations at the local level.

To begin this process the Health and Human Services Council (Community Collaborative), the Housing Continuum of Care, the Department and Human Services, and Community Mental Health for Central Michigan agreed to work together collaboratively. Two facilitated planning meetings were held, ideas were shared, and excitement grew as we began to plan together for the steps needed in Midland County to end homelessness. Through the planning process, the following vision and priorities were established.

The vision statement decided on at this meeting is as follows:

All individuals and families in Midland County have safe, affordable housing through community-wide involvement.

The Key Priorities are listed as follows:

- A. Our Community Owns the Issue of Homelessness.**
- B. We Have Housing Options for All Unmet Needs.**
- C. We Have a Focused, Coordinated Response to Families and Individuals Facing Housing/Homeless Issues. Through this process we promote self-sufficiency and self-worth.**
- D. We have Collaborative and Invested Stakeholders.**
- E. We Have Sufficient and Sustained Funds to Target Priority Housing Areas.**

These goals address the highest priorities identified in the planning process and the need for a coordinated response to address the needs of families and individuals. The Midland Community needs to embrace the idea of ensuring that all its residents have a safe, affordable home.

INTRODUCTION

Explanation of the 10-Year Plan to End Homelessness Initiative

Homelessness in Michigan is a problem of immense yet sometimes invisible proportions. There are approximately 30,000 homeless people sleeping on the streets, in vehicles or in shelters every night in our state of 10,120,860. Forty-five to fifty percent of those who are homeless are in families with children. The effects of homelessness on individuals and families and the ramifications of housing loss and instability are devastating. The Campaign to End Homelessness in Michigan began in an attempt to react to this problem and look at ways we, as a state can use our resources more wisely to solve the homelessness problem. We recognize that we need to be proactive rather than reactive, doing something to get at the root causes of homelessness rather than just spending money on shelters and services. We, as a state, as communities, as agencies and as individuals have been working very hard, but the problem isn't going away. To really solve the problem, we need to have a clear vision of what is needed in our own communities. A "cookie cutter" collection of prevention services, shelters, mobile homes and less than affordable housing units is expensive to manage and is not ending homelessness. We need to dream together, plan together and work together to implement systems wide changes in the way we serve the homeless populations at the local level. And the state needs to respond to local communities with enough funding to make a difference to homeless persons, both immediately through a "Housing First" approach, and long term by funding support services to help people work toward stability and self sufficiency. We all need to be aware of the extreme and far reaching difficulties homelessness causes to children and youth. They are counting on us. The vision of the state, DHS and MSHDA, is that every county will develop a 10 Year Plan to End Homelessness. Midland County is ready and willing to take up this challenge and to work together to make a difference in the lives of our homeless population, our neighbors who are experiencing housing instability, our non-profit agencies and churches who are struggling to maintain their programs and our entire community.

GENERAL INFORMATION

The Housing Continuum of Care

Midland County has a long history of working together collaboratively to solve community problems. The Midland County Continuum of Care for Housing was established in 1997. A formal Continuum of Care plan was written in 1997 and endorsed by the Health and Human Services Council January 28, 1998. Several agencies involved with housing defined the scope of the problem, surveyed the current levels of somewhat affordable housing, held a community wide meeting to get community input on prioritizing housing needs, identifying gaps in services, and set goals to solve housing problems. The agencies providing housing, emergency shelter, prevention services, and home repair agreed to work together and to meet regularly. The current membership list

of the Continuum is attached. (Attachment 1) The Continuum of Care mission and vision statements are as follows:

Mission Statement

The Midland Continuum of Care will provide a network of housing related services to those who are homeless or living in substandard housing and will actively promote safe, supportive shelter and affordable housing for all.

Vision Statement

Midland is a community that offers optimal housing opportunities for all and actively works to end homelessness and its underlying causes.

The Continuum of Care continues to meet monthly and has 31 members representing 26 agencies. There are four active and engaged committees working in greater detail on very specific issues and reporting back to the full Continuum. The Committees are the Executive Committee, the Transitional Housing Committee, the Funding Opportunities Committee, and the HMIS Committee. Ad Hoc committees are formed as needed.

The Health and Human Services Council (Community Collaborative)

The Health and Human Services Council was established in Midland County in 1998, as the result of an initiative through the State Departments of Community Health, Human Services, and Community Mental Health to work more effectively together. Councils were established in every county, with broad director level representation to communicate and to coordinate services throughout every county. The Midland County Health and Human Services Council has always had a strong interest in poverty and housing issues, and is very supportive of the 10 Year Plan to End Homelessness. A membership list is included as Attachment 2. The Health and Human Services Council Mission is as follows:

Mission Statement

The Health and Human Services Council shall promote the welfare of the community through systems level planning, collaboration, and promotion of health and human services with an emphasis on demonstrated effectiveness and prevention.

The combined Continuum of Care and the Health and Human Services Council make up the Advisory Board for the 10-Year Plan. The committees of the Health and Human Services Council are the Executive Committee, the Community Health Assessment Initiative (CHAI) committee, and the Communications committee. Ad Hoc committees are formed as needed.

Description of the Housing Problem

While much has been accomplished through the efforts of these groups, as well as many other agencies and churches, there is still a problem in Midland County. The Point in Time Homelessness Count done on January 25, 2005 showed 173 people homeless and the count done in October 19, 2005 showed 190 people homeless. Midland County has a total of 26 homeless shelter beds and 19 domestic violence shelter beds. (Attachment 3, 4) In January 2005 the unmet need for shelter beds was 128 and in October 2005 the unmet need for shelter beds was 145. In a rural county such as Midland, most of these people do not end up staying on the street. A few may get motel vouchers for a night or two, some are “couch surfers”, staying with family or friends for a night or 2, and others may sleep in cars, tents in the woods or in parks or camp grounds. Others “shop” at stores open 24 hours all night. So, while Midland County has a significant homeless problem, it is largely invisible to the majority of residents.

Description of Midland County

There are two commonly held misperceptions about the Midland community. The first is that poverty does not exist at all, or too an extent that is so small, it can hardly be noticed. The second is that poverty does exist, but not in the city of Midland or its surrounding townships. Rather, it is believed to exist only in the western and northern most parts of the county, which are rural. The truth is that Midland, like many communities in the United States, is faced with poverty that manifests itself in many different populations, age groups and places. One of the challenges of the Continuum of Care has been to educate the community with a greater understanding of the nature and extent of poverty in Midland County. One of the root causes of poverty in Midland is the lack of enough available, affordable housing. It is hoped that the 10-Year Plan to End Homelessness will serve as a document for discussion of the relevant issues involved and will foster further understanding of the issues and initiate planning around increasing housing opportunities and reducing poverty in our community.

Midland County is a community of contrasts. It has an estimated population of 84,615, with approximately half living in the city of Midland and the other half living in the more rural county. It is one of the highest centers of affluence in Michigan, with a major Fortune 50 Company and a Fortune 500 Company whose world headquarters are located here. The median household income is \$45,912. It is a community blessed with beautiful churches, a Center for the Arts, a clean downtown area, many beautiful neighborhoods, an excellent school system, and 78 wonderful parks and recreational areas. We clearly have many visible community assets. At the same time, 9% of our population is living below the Federal Poverty Level. Midland County’s median income has dropped 14.2% since 1999, according to the US Census Bureau American Fact Finder. Of the 31,778 households in Midland County, 25.9% earn less than \$25,000 per year, while 15.5% earn more than \$100,000 per year. We currently have 333 people on public cash assistance (FIP), 502 receiving child-care assistance (CDC), and 4,179 receiving food assistance

through DHS. Currently, 7,718 receive medical assistance. As of June 2006, there were 1,409 individuals enrolled in the Midland Health Plan B and 216 individuals were enrolled in Midland County Plan A. Of children aged 0 to 18, 24.9% are on Medicaid or MI-Child state health insurance. The average cost for child-care in this county is \$564/month, which is 16% of the average wage per job. Fourteen percent of children ages 0 –18 live in poverty in Midland County. Midland County has 11,589 people with disabilities, many of who have housing issues, due to the lack of available, affordable and accessible units.

The unemployment rate in 2006 for Midland County has fluctuated between 5.6% and 6.5%. We rank 78th of the 83 counties in Michigan in pay equity for women, with women earning 60.17 cents to the dollar paid to men. The median annual income for women is \$27,470. More than half, 57.5% of women in this county work, and 38.5% are employed in management or professional occupations. While Midland ranks 3rd of 83 counties in the percent of women in management/professional occupations, 47% percent of single women with children under 5 in Midland County live below the poverty level. This again shows the great disparity in standard of living between the wealthy professionals and those living in poverty.

One of the indicators of poverty in an area is the number and percentage of children receiving free and reduced lunch through the public schools. In Midland County a total of 2,972 students, or 21%, qualify for assistance.

<u>School System</u>	<u>Free/Reduced Lunch</u>	<u>Percentage</u>
Midland Public Schools	1,397	14%
Bullock Creek Schools	629	30%
Meridian Public Schools	542	33%
Coleman Public Schools	404	39%
Windover Alternative High School	73	65%

Midland Public Schools are largely made up of students living in the city or more affluent parts of the county. Bullock Creek, Meridian, and Coleman are largely rural. While the percentages of people living in poverty are higher in the county than the city, the actual numbers are approximately the same.

Open Door, the local faith-based homeless shelter and soup kitchen, serves an average of 60 individuals every day. First United Methodist Church provides a soup kitchen each Sunday when the Open Door soup kitchen is closed and they serve an average of 48 individuals each week. The Emergency Food Pantry Network, a system of seven food pantries in churches and agencies around the community, serves 273 households (875 people) per month for an average of 18,383 meals per month.

While poverty certainly exists in Midland County, one of the greatest problems and the greatest unmet needs is for decent and affordable housing. Those living in poverty are unable to afford safe and adequate housing. Since housing is so expensive, and such a large percent of a low-income household budgets (often 50 to 75 percent of income), this

problem needs to be addressed so people can afford most of the rest of their basic needs. In the city of Midland, land is very expensive and not readily available. In the downtown area, there are large homes in need of renovation that would be ideal for rooming houses or apartments but because of the desirability of the location, the land is too expensive for purchase by nonprofits. Midland lacks the population density in downtown neighborhoods to qualify for grants for neighborhood housing repair and rehabilitation. There are no vacant affordable lots of land within the city. In the county, land is less expensive but infrastructure (well and septic systems) is lacking making it difficult to construct affordable housing in these locations. Transportation in the county also becomes an issue for clients as most services are located in the city.

While resources have been lacking to properly address housing issues, Midland County has a wonderful social services community to address some of the other problems. The First Call for Help, our county's information and referral system that is designated to become the 2-1-1 call center for the region, has 294 agencies and 598 services listed in the comprehensive database. Our local churches are very generous and do a tremendous job of filling some of the gaps in services and meeting unmet needs. Our agencies work very well together and meet regularly in many different venues to work on coordination of services. But we still have unmet needs and we still have a problem with homelessness, so there is work to be done.

REVIEW OF THE PLANNING PROCESS FOR THE 10-YEAR PLAN

To begin the process of working together as a community to develop a living, working document that will lay out a plan to end homelessness in Midland County in 10 years, a Memorandum of Understanding was agreed on and signed by the Continuum of Care Chairperson, The Community Collaborative (Health and Human Services Council) Chairperson, the Director of the Department of Human Services and the Director of Community Mental Health for Central Michigan.

First Meeting, June 12, 2006

A preliminary meeting with facilitation provided by professional facilitator, Sue Waechter was held on June 12, 2006. A vision statement was developed, key priorities were established, guiding principles were agreed on, and goals were laid out. The definition of homelessness was discussed and understood by everyone. Our thoughts on "What Keeps Us Awake" and our "Vision for 2016" are included as Attachment 5 and 6. The full set of notes is included as Attachment 7.

The vision statement decided on at this meeting is as follows:

All individuals and families in Midland County have safe, affordable housing through community-wide involvement.

The Key Priorities are listed as follows:

- **Our Community Owns the Issue of Homelessness.**
- **We Have Housing Options for All Unmet Needs.**
- **We Have a Focused, Coordinated Response to Families and Individuals Facing Housing/Homeless Issues**
- **We have Collaborative and Invested Stakeholders.**
- **We Have Sufficient and Sustained Funds to Target Priority Housing Areas.**

The Guiding Principles are as follows:**We will:**

- Keep the focus on housing.**
- Keep a comprehensive approach to the housing issue.**
- Be flexible and keep our plan dynamic.**
- Be client-focused in our planning and implementation.**
- Take an outcomes-based approach.**
- Treat clients with dignity and respect. Understand value differences.**
- Build true system change and set aside personal agendas.**

It was decided that the goals would be the same as the Key Priorities. Some work was done on the goals and is included with Attachment 7. A decision was made to have a second meeting to present the Vision, Key Priority Areas, Guiding Principles and Goals and to let the larger group work on the goals so they would more fully represent the desires, wishes and plans of the community.

Second Meeting, July 12, 2006

The second meeting was also a facilitated meeting. This helped tremendously in being able to get a lot of people's thoughts and input shared and in getting a lot of information organized and focused in a fairly short period of time. The notes and outline from the second meeting are included in Attachment 8. The information gathered in both meetings has been incorporated into the body of the 10-Year Plan. The Key Priorities and Goals were filled out as people came up with ideas that would help their own clients and others.

Meeting with Consumers, held mid-September.

The Open Door, which is Midland County's homeless shelter, Mid Michigan Community Action Agency, and Midland Area Homes, both agencies with housing and homelessness prevention programs, convened a meeting with consumers, who have been their clients, in mid-September. These are clients who are homeless or formerly homeless. This was structured as a focus group giving input and ideas about better ways to work with clients in this situation, and to understand some of the root causes of homelessness. Each participating client was given a \$20 gift card (restricted for no alcohol or tobacco) to a local discount store. Their input was valued and we appreciated the time they gave to help with this Plan.

GOALS AND KEY PRIORITIES

Our Community Owns the Issue of Homelessness

As part of the social services community, those of us working on the 10-Year Plan to End Homelessness know and understand that there are many people in our community in need. These are people who don't make enough money to make ends meet, whose rent is too high to afford with their income, whose job situation may be precarious, and who may be one flat tire away from being homeless. The burdens of rent and utility payments, child care, rising gas prices, inadequate transportation, lack of insurance and affordable health care, inadequate education, job stability and parenting skills causes insurmountable stress. In Midland County, the greatest problem and the greatest unmet need is for decent and affordable housing. Since housing is so expensive, and such a large percent of a low-income household budget (often 50 to 75 percent of income), we believe that if this problem was solved, people would be able to afford most of the rest of their needs. Since having safe and adequate housing gives a family shelter that is not merely physical, but also provides security and peace of mind, we believe that solving the housing problem would give people a base on which to build the rest of their lives. This can be accomplished using the Housing First approach. Housing First is a simple concept; it is direct provision of permanent, independent housing to people who are homeless. This means providing direct and immediate access to housing with supportive services to follow.

Currently, the people who are homeless or in danger of being homeless own the issue, and agencies, and service providers and some churches, who are trying to help struggling households every day own the issue. But somehow, we haven't educated the rest of the community well enough. We haven't educated them well enough about the scope of the problem in our own community. We haven't reached them with the reality and the ramifications of homelessness and we haven't touched their hearts. Our goal is that our entire community will own the issue of homelessness and care enough to do something about it.

We will agree on an effective plan to inform Midland County residents about the problems of homelessness and get their ideas and involvement in addressing it. We need to get the word out and to foster greater community awareness. We will educate the community on the issues of homelessness by publicizing the problems. This will provide a reality check for all of us, as we work together. We need always to remember people first. Without compromising confidentiality, we need to put a face on the problem, to help the community to understand that families with children, teens aging out of foster care, those temporarily out of work can become homeless. It is not just a problem of substance abuse, gambling, chronic homelessness, and irresponsibility. And to solve the problem in this county, we need to market the need for more affordable housing.

Goal: Our Community Owns the Issue of Homelessness				
Actions	How Measured	Champion	By When	Status
Develop flyer with statistics and info to increase Public Awareness. Describe people affected and problems associated with homelessness.	Number of people reached through media, schools, churches, recreation. Repeat encounters with survey and opportunities to help.	Community Collaborative, Continuum of Care, United Way	Spring, 2007, through 2008	
Identify numbers of people affected and the ways they are affected. Include in Community Report Card and press.	Data and outcomes from various reporting agencies	Community Collaborative	January, February, 2007	
Presentations to each area of the community (government, businesses, churches, schools,)	Number of presentations. Pre and post presentation survey on learnings.	Continuum of Care	2007, 2008	
Define roles for different groups (students, seniors, church groups, agencies). Everyone can do something!	Number of new people involved. Affect on agencies they help in.	Continuum of Care	Ongoing	
Sub-Goal: Increase agency sensitivity to the issue of homelessness				
Actions	How Measured	Champion	By When	Status
Poverty simulation adapted for homelessness. Give to agencies first and branch out.	Pre and post survey.	Continuum of Care, Community Collaborative	Fall 2007	
Find a champion in	Response to	Committee of	Starting in Nov.	

the media who will run newspaper stories. Make connection personal. Put a face on the problem.	articles.	Advisory Board	2006 with 10 Year Plan and Homelessness Awareness Week, and ongoing.	
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We Have Housing Options for All Unmet Needs

One of the vision priorities defined by the planning group is that Midland County has housing options for all unmet needs. This plan seeks to address the housing needs of all groups in Midland County by providing a comprehensive array of housing. This will include emergency shelter, transitional housing, supportive housing, subsidized housing, affordable housing, rental housing, and home ownership as appropriate. While transitional housing is most effective when dealing with individuals/families fleeing an abusive relationship or an individual working on sobriety, the majority of individuals will benefit from the Housing First approach. This section will look at the specific populations requiring a range of housing options and then will identify the types of housing needed. When possible, the Housing First model will be employed in working with the homeless to help individuals and families quickly access and then sustain housing. This approach puts an immediate and primary focus on helping individuals and families transition more rapidly out of the shelter system and includes crisis intervention, rapid re-housing, follow-up case management, and housing support services to prevent the reoccurrence of homelessness.

Specific populations within Midland County need plans targeted to meet their distinctive needs. Certainly within these populations, the unique needs of each individual or family must be considered and targeted services must be provided. The specific groups identified are those with mental illness or co-occurring disorders, those with substance abuse issues, domestic violence victims, youth, those coming from correctional facilities including sex offenders who are currently very difficult to house, those with disabilities, veterans, individuals with HIV/AIDS, and the general population who are experiencing homelessness because of economic dislocation (job loss, medical bills, for example).

Over the past year, a subcommittee of the Midland County Continuum of Care has been meeting to discuss the Housing First model, transitional housing needs and other unmet housing needs. This group brought together representatives from Community Mental Health, the local substance abuse residential treatment facility, the domestic violence shelter, the homeless shelter, agencies serving those with disabilities, an agency serving individuals with HIV/AIDS, local alternative high schools, and representatives from agencies dealing with the chronically homeless and the general homeless population. The group compiled a list of needs observed by each representative in their respective areas of service in the community. Having access to permanent, independent and affordable housing was the primary need identified. In addition transitional and supportive housing needs for victims of domestic violence, those with substance abuse issues and homeless teens were identified. Currently Midland County has very limited transitional housing targeted at Community Mental Health consumers. Aside from that, few other housing options exist in terms of availability of quickly accessible affordable housing. The committee compiled a list of housing needs for Midland County. The housing needs identified in terms of types of units and individuals served are listed in the table below.

Subpopulation	# of Units	Type of Housing
General Population/Chronically Homeless	30-50	Scattered Site Apartments utilizing Housing First model
Families with Children	50-75	Scattered Site Apartments/Rental Homes utilizing Housing First model
Substance Abuse	6-12 beds	(1) Group facility – longer term (2) ¾ House
Mentally Ill	10-12	Scattered Site Apartments utilizing Housing First model
Domestic Violence Victims	10-12	Scattered Site Apartments utilizing Housing First model and transitional housing
Youth	12 beds – under 18 year olds 10-12 units for those age 18 and up	Group facility for those under 18 Scattered Site Apartments for those 18 and up
Disabled	8-12	Accessible Scattered Site Apartments utilizing Housing First model
Those From Correctional Facilities (Including Sex Offenders)	12-18 beds and 20-30 units	Group facility – ¾ house as well as Scattered Site Apartments/Rooms utilizing Housing First model

One of the challenges in development of this list was the lack of community-wide data. To better put concrete numbers to the community needs, the Homeless Management Information System needs to be well-utilized within the county. In the Midland County Continuum of Care planning document, one of the identified goals was to implement the HMIS system in the upcoming year. While the training has taken place and some data entry has begun, the paper collection of information from churches and other agencies has been slow. An agency coordinator is working to address the collection of data and then entry onto the system. This will help to better pinpoint the priority populations to be addressed as additional housing is secured. While access to permanent, independent and affordable housing was the primary need identified, the data may help to focus our efforts on a particular population in light of this need.

The group identified the need for additional supportive housing, subsidized housing and affordable housing in the community. Due to the disparity in income among Midland County residents, there is a lack of affordable housing for the “working poor.” The Affordable Housing Alliance in Midland County has been working to address this gap through building additional housing units in the county and to date has constructed 68 units. It should be noted that there is a waiting list of over 100 families/individuals for units serving those at 30% or below of Midland County median income. Midland County reported 526 judgments granted to landlords in 2005 with 139 orders of eviction. As of the end of July, 321 judgments were granted to landlords and 109 orders of eviction had been issued. The need for affordable housing that families can sustain is certainly an issue.

One idea to quickly put individuals and families into permanent, independent housing utilizing the Housing First model is the concept of housing vouchers. A complete and thorough needs assessment would be conducted to determine the appropriateness of the Housing First approach and the capacity of community agencies to provide housing and services which will meet each specific client’s needs. These vouchers would serve as a resource to secure an apartment or other rental unit. Ideas on funding these vouchers included locating federal, state and local dollars.

The 10-Year Plan to End Homelessness proposes the following steps to address the vision priority or key area of providing housing options for unmet needs. It is important to note that the guiding principles agreed upon by community planners will be adhered to in this work. These principles include: keep the focus on housing, keep a comprehensive approach to the housing issue, be flexible and keep our plan dynamic, be client-focused in our planning and implementation, take an outcomes-based approach, treat clients with dignity and respect, understand and value differences and build true system change and set aside personal agendas.

Goal: Utilize HMIS Data to Prioritize Housing Needs				
Actions	How Measured	Champion	By When	Status
Participating agencies will complete all data entry monthly	HMIS report given at CoC meeting	System Administrator	Monthly CoC meetings beginning October 2006	
Paper collection of HMIS forms from churches and nonparticipating agencies done monthly (including DHS)	Report at CoC meeting by agency providing assistance	First Call for Help staff	Monthly Coc meetings beginning October 2006	
Reports will be distributed to the	Report to Community	CoC Chairperson	Monthly report beginning	

Community Collaborative monthly	Collaborative monthly		October 2006	
Quarterly discussion and consensus on priority housing needs	Agenda item quarterly at CoC and Community Collaborative	CoC Chairperson	Monthly reports at both CoC and Community Collaborative starting October 2006	
Goal: Identify and Pursue Funding Opportunities for Housing Needs				
Actions	How Measured	Champion	By When	Status
Look at needs of specific groups within Midland County and identify housing needs.	Monthly report at CoC meeting and compiled housing needs list for county.	Housing Needs Committee Chair	Starting monthly in March 2007	
Continually evaluate housing needs and maintain Midland County priority housing needs list.	Monthly report at CoC meeting and quarterly report at Community Collaborative meeting	Housing Needs Committee Chair	Starting monthly in March 2007	
Identify funding opportunities for housing needs.	Monthly report at CoC meeting and quarterly report at Community Collaborative meeting	Funding Opportunities Committee Chair	Starting monthly in March 2007	
Assign grant writing responsibilities depending on subpopulation and appropriate agency	Monthly at CoC meeting	Funding Opportunities Committee Chair	Starting monthly in March 2007	

These two goals seek to address the vision priority of providing housing options for all unmet needs in Midland County. To accomplish our vision priority, we need accurate information on those that are struggling with homelessness and housing issues. From there the housing needs of various groups within Midland County need to be identified and prioritized. The complete continuum of housing needs within the county need to be

clearly articulated and funding sources sought. Within all of this work, the Housing First approach will be used.

We have a focused, coordinated response to families and individuals facing housing/homeless issues. Through this process we promote self-sufficiency and self-worth

A priority that surfaced again and again during the planning process was the need for a coordinated response with a central agency providing housing resources for residents. Midland County is compact in that there is one major city and the majority of the county in terms of square miles is rural. The idea of the coordinated response is to provide comprehensive services to families and individuals with an emphasis on prevention, rapid re-housing and level of need support tailored for the individual consumer. Currently services are segmented in the community making it difficult for the individuals needing assistance as they travel from agency to agency or church to church to find the necessary resources. The segmenting of resources results in duplication of help at times rather than the coordination desired.

The idea of a housing resource center emerged to focus resources, information and hands-on support for the homeless and those needing assistance in maintaining current housing. Providing one stop for all housing needs will better serve Midland County residents. A coordinated system will provide a standardized housing needs assessment and crisis assistance so the appropriate services can be quickly accessed by individuals and families. A full array of individualized case management services will be matched with the level of care required.

While one agency will serve as the housing resource center, referrals will come from organizations throughout the community. The 2-1-1 call center for Midland and surrounding counties will provide one easy access point for individuals struggling with homelessness and housing issues. Existing community collaborative groups will provide opportunities to keep the community informed about the service and where to refer individuals.

It will be critical that key stakeholders in the community be engaged in development and implementation of the housing resource center. The Midland County Continuum of Care will provide an on-going opportunity for dialogue with stakeholders. Looking for ways to dismantle existing barriers will be an on-going process as Midland County works to develop a “barrier buster” approach to reduce and eliminate barriers to service.

Measuring and reporting outcomes will be a vital component to establish approaches and systems that are effective in helping families and individuals obtain and maintain housing. Service agencies which promote self-sufficiency and self-worth will need to work closely with the housing resource center. These services include employment training, life skill development, community support and education.

Existing networks in our community need to be revitalized to ensure that information effectively reaches all those in each agency. Crisis and emergency services need to be discussed routinely at Interagency Network. Interagency Network needs to reach out to key stakeholders that may include agencies or organizations outside the traditional United

Way agencies, Midland County Continuum of Care and Midland County Community Collaborative. Complimentary services to basic housing need to be identified and shared. With a regular discussion of crisis and emergency services at Interagency Network, gaps in service delivery can be identified and addressed. It will be important that this information is shared with the Continuum and Community Collaborative as well so funding opportunities can be sought as needed.

The chart below highlights the action steps, measurements and timeline for implementation of the focused, coordinated response to families and individuals facing housing/homeless issues with an emphasis on promotion of self-sufficiency and self-worth.

Goal: Identify and Develop a “Central” Community Agency for Housing Resources				
Actions	How Measured	Champion	By When	Status
Identify agency to serve as the central agency for housing resources and secure appropriate facilities to serve community need	Continuum of Care recommendation with endorsement from Community Collaborative	Midland Area Homes	2007 identify central agency 2008-09 larger facility	
Identify need areas (include at risk and homeless input) and increase volume and variety of housing/homeless support services provided by or accessed through housing center to assure an adequate continuum – emphasize prevention, rapid re-housing and level of need support both short term and long term	Housing Needs Committee will report monthly to Continuum of Care with quarterly reports to the Community Collaborative Outcome measures will be developed to determine effectiveness of programs	Midland Area Homes Continuum of Care	2006/07 Identify 2007-10 Implement	
Promote high use	Utilization will	Midland Area	Ongoing	

of facility and related services through community promotion, client focused outreach and interagency coordination	be tracked and reported to Continuum of Care Monthly discussion of crisis and emergency services at Interagency Network	Homes Continuum of Care Interagency Network	starting in 2007	
Offer landlord/tenant information kits and eviction/foreclosure kits at Housing Resource Center	Number of kits distributed and verbal satisfaction survey	Legal Services of Eastern Michigan/Housing Resource Center	Fall of 2008	
Offer landlord/tenant informational sessions including lease review	Survey of those completing information session	Legal Services of Eastern Michigan/Housing Resource Center	Fall of 2008	

Goal: Develop and Implement Community Wide Plan to Better Coordinate, Improve access and improve effectiveness of housing/homeless related services.

Actions	How Measured	Champion	By When	Status
Develop and use Barrier Buster Team to identify and change systems/agencies whenever possible to ease access, improve effectiveness and reduce duplicate efforts.	Monthly identification of barriers at Continuum of Care meeting Monthly discussion of crisis and emergency services at Interagency Network	Midland Area Homes Continuum of Care	On-going beginning in 2007	

Develop and implement local “housing/homeless hotline”	Develop outcome measures for effectiveness of hotline	First Call For Help/Midland Area Homes	Fall of 2008	
Develop web-based system for local landlords to list available units	Track placements through website	First Call For Help	Spring of 2008	
Develop and implement common housing / homeless related assessment tool and centralize the housing assessment and case coordination as much as possible	Track utilization by agencies and churches within the community	Midland Area Homes Continuum of Care	2007	
Triaged level of direct services offered as well as triaged level of support to access/maintain housing	Statistical reports of each level of care and services offered Development of outcomes to measure effectiveness of approach	Midland Area Homes	2007-2008	
Develop and promote common sense “Best Practices” approach to providing housing/homeless services	Measure effectiveness of best approaches identified and implemented locally	Midland Area Homes/Continuum of Care	2010	

These goals address one of the highest priorities identified in the planning process, the need for a coordinated response to address the needs of families and individuals. The two

major components to address this key area are the establishment of a housing resource center and the development of a community-wide plan to deal with housing and homeless issues. When addressing this vision priority, the group also noted the need for information to effectively reach all those in the community. It was noted that housing and other resource information does not uniformly reach all those in the community. In particular, organizations outside the United Way agencies and Community Collaborative members are not always well-informed. The need to expand the existing Interagency Council membership and to include regular discussion of crisis and emergency resources at that meeting was identified and is addressed in this area. In addressing the identified goals, the approaches of prevention, rapid re-housing and offering the level of support needed will be utilized.

We Have Collaborative and Invested Stakeholders

The Midland County Continuum of Care and the Health and Human Services Council make up the “Ending Homelessness with Housing Solutions Advisory Board” Membership lists are presented as Attachments 1 and 2. Representatives on the Advisory Board include: the Department of Human Services, Community Mental Health, Midland County Health Department, MidMichigan Medical Center, County Government, Aging Services, United Way, Domestic Violence; Salvation Army, City and County Housing Commissions, Police Chief, County Sheriff, Circuit Court Judge, Prosecuting Attorney, Labor Council, Midland Public Schools, ESA/ISD, Community Foundation, Family and Children’s Service, Council of Churches, Chemical Bank, Center for Independent Living, BASIS (HIV/AIDS Services), Reece Endeavor (Housing for People with Disabilities), USDA Rural Development, Educational Training Connection, MidMichigan Community Action Agency, Project Dreamstarter (Homeless Teens), Habitat for Humanity, Midland Area Homes (Housing Agency), Arnold Center/MI Works, Affordable Housing Alliance, First Call for Help, 1016 Treatment Center (Substance Abuse), Legal Services of Eastern MI, MSU-E, Landlord’s Association, Open Door/House of Mercy (Shelters).

In an effort to be more inclusive we have attempted to identify stakeholders that are “outside of the box”, and not represented on the Ending Homelessness Advisory Board. The faith-based community needs to be included in a much broader role. Churches and agencies in Midland work well together, but their efforts at serving low income clients, especially with housing and homelessness issues, could be much better coordinated. Having a Housing Resource Center as addressed in the Focused and Coordinated Response section of the plan, will be a vital addition to the service provider community in terms of helping the churches and agencies to work together more effectively. Policies need to be standardized, as well as agreeing on desired outcomes. A community list defining terms and language used, such as the definition of homelessness, Section 8 Vouchers, TANF funding, needs to be circulated. The Housing Resource Agency will help eliminate turf issues and encourage pooling of resources for a concentrated, focused effort. The Housing Resource Agency will also house a Homeownership Education and Financial Counseling Center. This center could be directed by a person knowledgeable about grant opportunities to help secure and build the types of housing listed as community needs, such as transitional housing and affordable rental housing. Additionally, the site would provide families with pre- and post-purchase housing counseling. It could also house a room for them to learn about home maintenance and repairs. Its mission would be to promote comprehensive strategies that foster homeownership.

At this time, the agencies and churches meet together monthly and are making great progress toward coordinated services to better help clients with a wide variety of needs. Law enforcement works well with agencies, but agencies could be more proactive in working with the County Jail, the Prison, the Landlord’s Association, the hospital, and other sources of homeless clients. Homeless shelters need to be more engaged in using agency support services, such as case management, budgeting assistance, and emergency financial assistance.

As a community, we need to educate all stakeholders, including landlords, about the Plan to End Homelessness, the Ending Homelessness Advisory Board, and the ways that we can all be involved. The Landlord's Association has a representative on the Housing Continuum of Care. In an effort toward better communication and involvement working together, a representative from the Continuum of Care will attend the Landlord's Association meeting quarterly to update landlords on progress in housing the homeless (Housing First) and to learn more about available quality affordable housing units, fair market rent and Section 8 Voucher availability.

The greatest challenge is to make the entire community a stakeholder. Homelessness affects all of us in some way as it reflects on the community we live in. Homelessness is unacceptable in our community. If the entire community is aware of the scope of the problem, we believe they care enough to end the problem. We need to engage local media to educate the entire community. The Health and Human Services Council, Midland County's Community Collaborative, has a Communications Committee that could be engaged to work with the media.

Homeless and formerly homeless clients are major stakeholders. They and their families have been affected by homelessness the most, and yet are often ignored when it comes to planning. This is not intentional on the part of local planners. It is very hard for people struggling to manage housing stability every day, to attend meetings. A focus group of clients of the Open Door (homeless shelter), Mid-Michigan Community Action Agency, and Midland Area Homes was held in September. To encourage participation, a \$20 limited (no alcohol or tobacco) gift card to a local discount store was offered. These clients are the closest to the problem of homelessness and were able to openly discuss the barriers and solutions to ending homelessness. Their input was greatly appreciated and extremely helpful. Below are the comments from this focus group.

Focus Group Input

Question: What would help you most in securing housing?

A job was the universal answer to this question by all participants.

Question: What current issues are you facing in trying to secure housing? What kinds of difficulties have you run into?

Cost of housing is high.

Employment challenges.

Ex-felons have a hard time finding employment. Statute limits where sex offenders can live and what they can do.

A lot of the low income housing have age restrictions and/or restrictions regarding children.

When housing is found, utilities are not included and are unaffordable.

Program requirements often change.

City/County rules about living in a camper or RV.

Question: What services are you currently using?

Open Door/House of Mercy – provide housing and meals.

Michigan Works

DHS

CMH

The group generally felt that services were difficult to access. They felt that you had to “know the right questions” in order to receive accurate information. Often felt that they were belittled by agency workers when they were applying for assistance. Felt that services from CMH were “hard to get to.” Felt that some services were “hidden” or not available or accessible unless they were mandated.

Question: What kind of services do you think would be most helpful to you?

Educational opportunities

Allowing benefits in addition to disability payments

Allow benefits in addition to disability

Michigan Rehabilitation Services

Allow those on disability to work more

Question: What has been the most helpful?

1st Call for Help

Churches are a big help

Question: How could the services you’ve utilized be improved?

Depression – make counseling easier to get. Have someone who is willing to talk to you.

Don’t like state workers

Worry about foster care due to homelessness

Support/advocacy

Comprehensive list of all of the services available

Focused information

MI Works – Seems to help more for skills, but don’t really help with job placement

Provide more educational services

Transportation is an issue. Dial-A-Ride and County Connection tickets are expensive

Question: What would be helpful in keeping you in housing?

Budget counseling (ongoing help in keeping things paid) (6 mos)

Higher wages for menial labor

Offering suggestions about budgets

Be allowed to feel in control of money and living circumstances

Substance abuse is an issue.

**Substance abuse treatment is easy to access

Health care is not available. Prescriptions are too expensive.

Family planning and healthcare are needed for women.

Question: What are your three month goals?

Independent living
Stay out of jail

Question: How much are you influenced by the people you live with?

A lot of pressure to do the wrong things
Not much help for couch surfers

Question: How much do you think is a reasonable amount to pay for rent?

\$275-300 utilities included. Should be more than one room. At least one bedroom.
No more than 50% of net income.

Question: What other comments do you have?

Would like services like Bay City – long term mission for women and children
Several opportunities for job training and work within the missions and support centers
Shelters offer work to the homeless
Coaching in social skills and interview clothes
No place to wash clothes
Bay City has a transitional, housing voucher program

Participants:

Pauly – White male, 35, chronic substance abuse and chronically homeless

Margie – White female, 40, alcoholic, chronically homeless

Joe – White male, 47, lost job at DOW, alcoholic, newly homeless

Dustin – White male, 28, on parole, substance abuse history, sex offender

James – White male, 32, mentally challenged, chronically homeless

Rebecca – White female, 23, children currently in foster care, 4 evictions this year.

The business and financial community are also stakeholders who have not been as well engaged in the solutions as they could be. Once educated better about the problem of homelessness and the reality of the many homeless and near homeless people living here, we need to have them involved. Presentations will be made to local businesses and foundations. A Financial Institution Subcommittee will be set up, to allow financial institutions to become engaged and to tap their expertise, especially in working with the IDA program and permanent housing solutions. The Chemical Bank executive, a bank VP and CRA Officer and a long standing member of the Continuum of Care, will be instrumental in leading this committee.

The United Way of Midland County, as part of the Community Impact Strategy, is working with businesses to highlight one agency per month for our Fortune 50 Employer, The Dow Chemical Company. Focusing on what the United Way agencies do will help create awareness of the issues in Midland County that the majority of business employees may not be aware of. Midland Area Homes and the Plan to End Homelessness will be presented as a focus for one month. This will be the focus for November, Homelessness Awareness month.

Goal: We Have Collaborative and Invested Stakeholders				
Actions	How Measured	Champion	By When	Status
Integrate the Faith-based Community more fully into the planning associated with homelessness.	Number of church reps. attending planning sessions. Interest and input.	United Way, working with Church/Agency group and Ministerial Associations	September, 2006	
Engage and fully integrate the homeless shelters in community planning.	Attendance at C of C meetings, and participation noted. Survey for input.	Continuum of Care	2006 and ongoing.	
Attend Landlord Association meetings quarterly.	Noted in minutes, report back to C. of C.	Continuum of Care	2006 and ongoing.	
Hold focus group with homeless or formerly homeless clients	Surveyed to make sure their feelings and thought were understood.	MAH, Open Door, MMCAA	September, 2006 then Continuing quarterly	9/06 first held
Presentation on housing and homelessness in November for major area employers	Number of businesses covered and number of presentations	United Way, Midland Area Homes	November, 2006 then continuing yearly as part of homelessness awareness week	
Develop and implement a communication plan to engage the local media	Track number of articles dealing with homelessness/affordable housing issues	Communication chair appointed by Continuum of Care, United Way communications director	Beginning November 2007 and ongoing yearly	

We have sufficient and sustained funds to target priority housing areas.

Without sufficient and sustained funding, none of the housing goals in this plan can be implemented. While Midland is one of the wealthiest communities in Michigan with a major Fortune 50 Company and a Fortune 500 Company, housing has not been a major focus of the community. As mentioned earlier, Midland County is a community of contrasts. Nine percent of the population lives below the poverty level and nearly half of the female head-of-households with children under age 5 live in poverty. One of the struggles the Midland County area has faced is the extremes of income, which have left Midland without availability of some resources. For example, Midland is considered an entitlement city which precludes the city from receiving MSHDA rehab dollars for apartments. Local dollars have been poured into parks, recreational facilities, even a new minor league baseball stadium. No major funding has been committed to end homelessness. Affordable housing initiatives received start-up money but no on-going sustained funding exists. Homelessness is a hidden problem in Midland County and not one that is a popular topic. Little media attention is given, even during homeless awareness week. Obtaining sufficient and sustained funding would require community awareness building and acknowledgement of the problem among elected officials, foundation officers, and other community leaders.

To address this vision priority, several steps need to be taken. A funding opportunities committee needs to be established and needs to involve the business and financial community. An appeal needs to be made to community stakeholders from various levels including the funding opportunities committee, from the Community Collaborative, and from elected officials concerned with this issue. A homeownership education and counseling center needs to be established. Whether this site is best located and connected with the housing resource center or established as a separate entity is yet to be determined. However, the community education and counseling center would help to legitimize the issue as the business and financial community takes a role in working with this group. Identifying property and constructing or rehabilitating more affordable housing would be a focus as funding is made available. This would be ideal work for the housing needs committee who would track available property and continue to prioritize housing needs.

Goal: Establish a funding opportunities committee and secure funding opportunities.				
Actions	How Measured	Champion	By When	Status
Continuum of Care will appoint representatives to the committee and will receive monthly updates at meetings. A	Monthly reports at Continuum of Care meetings	Committee chairperson – initially Continuum of Care	January 2007	

committee chair will be appointed.				
The Community Collaborative will appoint representatives to the funding opportunities committee.	Quarterly report at Community Collaborative meeting	Committee chairperson – initially Continuum of Care	January 2007	
Recruit business and financial institution representatives to the committee. Work with the Midland Area Chamber of Commerce to identify representatives.	Monthly reports at Continuum of Care meetings	Committee chairperson – initially Continuum of Care	January 2007	
Identify funding opportunities for housing needs.	Monthly report at CoC meeting and quarterly report at Community Collaborative meeting	Funding Opportunities Committee Chair	Starting monthly in March 2007	
Assign grant writing responsibilities depending on subpopulation and appropriate agency	Monthly at CoC meeting	Funding Opportunities Committee Chair	Starting monthly in March 2007	

Goal: Appeal to community stakeholders.				
Actions	How Measured	Champion	By When	Status
Appeal to community stakeholders to become more educated about homelessness and	Knowledge survey	Community Collaborative, media	2006 and ongoing	

poverty				
Appeal to community stakeholders to contribute time and finances to reduce poverty and homelessness and to invest in people’s lives.	Stakeholders report caring about this issue and donate time and money.	Community Collaborative, Continuum of Care	2007, 2008 and ongoing.	

Goal: Establish a home ownership education and counseling center.				
Actions	How Measured	Champion	By When	Status
Investigate location and agency to house resources and appropriate facilities to serve community need. Appoint committee to work on this process.	Monthly report at CoC meeting and quarterly report at Community Collaborative meeting	Chair appointed by CoC	October 2007	
Secure funding for homeownership education and counseling center.	Monthly report at CoC meeting and quarterly report at Community Collaborative meeting	Chair appointed by CoC	January 2008	
Work with financial institutions to offer Individual Development Accounts matching funds. Find financial institution representative to chair effort.	Monthly report at CoC meeting and quarterly report at Community Collaborative meeting	Financial institution representative	October 2008	

Goal: Identify property and construct or rehabilitate affordable housing for the community.				
Actions	How Measured	Champion	By When	Status
Have funding opportunities committee and housing needs committee work closely with Affordable Housing Alliance on identification of property and funding opportunities.	Monthly report at CoC meeting and quarterly report at Community Collaborative meeting	Affordable Housing Alliance	Starting monthly in March 2007	
Work on tax incentives for builders.	Monthly report at CoC meeting and quarterly report at Community Collaborative meeting	Affordable Housing Alliance, City of Midland, County Housing	October 2007	
Work on housing rehabilitation using community resources such as ABC Building Traces, Delta College Building Trades and high school programs.	Monthly report at CoC meeting and quarterly report at Community Collaborative meeting	Midland Area Homes	October 2007	

This vision priority area is probably the most critical area of the plan. Sufficient and sustained funding is vital to accomplish all of the goals set forth in the entire plan. The Midland community needs to embrace the idea of ensuring that all its residents have a home, a home that is safe and affordable. As this becomes a community priority, funding can be secured to see this vision becomes a reality.

ATTACHMENTS

Attachment 1	Continuum of Care Membership
Attachment 2	Health & Human Services Council Membership
Attachment 3	CoC Housing Inventory Charts – Midland County See Excel Spreadsheet Attachment
Attachment 4	CoC Housing Inventory Charts – Midland County See Excel Spreadsheet Attachment
Attachment 5	Keeps Us Awake
Attachment 6	Vision 2016
Attachment 7	Full Set of Notes

CONTINUUM OF CARE MEMBERSHIP LIST

(Revised August, 2006)

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Annette Yott

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839-5994 Open Door

631-2345 House of Mercy (lv message)

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2006 HEALTH & HUMAN SERVICES COUNCIL							
Name	Agency	Address	City	St	Zip	Phone	Email
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Jim Borin, CHAI Chair	Community Volunteer	2001 Ramble Lane	Midland	MI	48640	631-4417	jborin@charter.net
Larry Burgess	Kinship Caregiver	3410 N Waldo Rd	Midland	MI	48642	631-4018	lar1lin2will3@aol.com
Michael Carpenter	Prosecuting Attorney	301 W Main St	Midland	MI	48640	832-6722	mcarpenter@co.midland.mi.us
Hollie Hawkins	Midland Labor Council	220 W Main St Suite 100	Midland	MI	48640	631-3670	hhawkins@unitedwaymidland.org
Gary Hughes, Past Chair	Midland Public Schools	600 E Carpenter St	Midland	MI	48640-5417	923-5014	hughesgj@mps.k12.mi.us
Mike Krecek, CHAIR	Midland Co. Health Department	220 W Ellsworth St	Midland	MI	48640	837-6574	mkrecek@hline.org
Ken Mault	Midland Co. Gang & Violence Prevention	109 East Main St	Midland	MI	48640	839-9661	kmault@midmich.net
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RoseMarie McQuaid	County Commissioner	4612 Shawnee	Midland	MI	48640	631-7000	mcquaidj@netzero.com
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John Zimmerman	United Way of Midland County	220 W Main St Suite 100	Midland	MI	48640	631-3670	jzimmerman@unitedwaymidland.org
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SEE ATTACHMENT 3 & 4 AS ATTACHMENTS EXCEL SPREADSHEETS

Keeps Us Awake

- Concerned with 17–25 year olds out of foster care – don’t have skills/education
- Underlying Issue – Community doesn’t see issue
- Low income jobs /living with relatives (transitional housing)
- No focus, little resources for dealing with a homeless situation – intervening
- Safety nets are working
- Don’t see answers. Community works well yet not effective on this – less & less money; people with greater problems. Scary we can’t get it right.
- We don’t have a money problem but an attitude problem
- Connecting money in Midland to those who need it
- Perpetual problem of mobile homes
- It’s all about bricks and mortar; not people
- We have extraordinary systems; need right focus
- Social Justice – where we are prioritizing our resources
- Put resources into prevention (i.e. money management for individuals)

- Comprehensive approach including good plan
- We have community of low income people relying on safety net system
- Pool all resources – keeping some assistance
- No them/not us
- Midland residents can't and don't want to relate to homeless
- People abusing the system – hurt the system
- We want someone to give us the solution. We need to take charge and ID what we need

YEAR 2016

- “Organization” that deals with housing – housing resource center – coordinate all community resources; know the individuals.
- Focusing on kids just getting out of school – job sector
- We address ALL ages for shelter and services. ALL demographics (i.e. teens, substance abuse, mental health)
- Opportunity for all community members to be housed
- We’ve changed the attitude of the homeless in Midland (wanting to become self-sufficient) Changed values and attitudes
- “Person-Centered” Planning
- We no longer need homeless shelters – we have housing
- Whole community is engaged the issue

- Homeless feel comfortable approaching and using the system. Comprehensive, community-wide view or philosophy of issue
- Homeless have the transition time to turn their lives around
- We are still focusing primarily on housing – it’s the corner-stone of the issue. First Issue – Housing; Second Issue – Transitional Services. Scattered Sites.
- It will be harder and harder to afford housing
- Truly affordable housing for working people

VISION 2016

All individuals and families in Midland County have safe, affordable housing through community-wide involvement.

10 YEAR PLAN TO END HOMELESSNESS (NOTES)

VISION STATEMENT:

All individuals and families in Midland County have safe, affordable housing through community-wide involvement.

KEY PRIORITIES:

A. Our Community Owns the Issue of Homelessness

- Greater community awareness
- Get the word out
- Educate community about issues of homelessness

- Publicize the problems – reality check
- Effective plan to inform Midland County residents about the problems of homelessness and get their ideas and involvement in addressing it
- Remember people first. A plan to have community know each person and their stories.
- Market need for affordable housing.

B. We Have Housing Options for All Unmet Needs

- Permanent supportive housing for those in need of this type of service.
- Comprehensive housing options for chronically mentally ill.
- Expand the safety net to include all ages and stage.
- Housing options for 17-25 year old group.
- Transitional housing for all populations (mentally ill, substance abuse, domestic violence).
- Address co-occurring disorders.

C. We Have a Focused, Coordinated Response to Families and Individuals Facing Housing/Homeless Issues

- A “barrier buster” to reduce and eliminate barriers to services.
- A housing resource center to focus resources, information, and hands-on support for housing/homeless.
- One stop for housing.
- A coordinated system for crisis assistance with a triaged “level of care” approach.
- Coordinate support services.
- Coordinated housing resource center.
- Case management services.
- Have a designated spokesperson-leader to keep the message on track.
- Have long range plans and assistance for homeless once assigned a home.
- Standard housing assessment that all agencies use.
- Best practices in housing – based on what works.
- Measure outcomes.
- Housing-related continuum of supportive services.
- Start with the message in the early grades – we might have to educate the youngest.
- Housing maintenance education.
- Find a way to get the homeless to “trust” the system rather than their peer group.
- Provide management and budget counseling around housing.
- Mentoring at every stage and step – engaging churches.

D. We Have Collaborative and Invested Stakeholders

- Seek collaborative efforts among businesses for employment support.
- Engage landlords and rental agents in vision.

- Bring all those providing assistance together to address issue.
- Seek church/faith community support.
- Research other community efforts so we don't reinvent the wheel and our plan does not implode.
- Spend 1-2 years meeting with all community groups buying into a plan to address homelessness – churches must be involved.
- Engage churches – our best underused resource.
- Get key community leaders – state and local – to endorse the 10 year plan and give them their role in its success.

E. We Have Sufficient and Sustained Funds to Target Priority Housing Areas

- MSHDA to fund urban/rural areas.
- More money for this issue.
- Involve foundations.
- Establish subsidies for existing, available units.
- Combine community resources.
- Confirm governmental agreement on priority.

GUIDING PRINCIPLES:

We will:

- **Keep the focus on housing.**
- **Keep a comprehensive approach to the housing issue.**
- **Be flexible and keep our plan dynamic.**
- **Be client-focused in our planning and implementation.**
- **Take an outcomes-based approach.**
- **Treat clients with dignity and respect. Understand and value differences.**
- **Build true system change and set aside personal agendas.**

GOALS

A. Our Community Owns the Issue of Homelessness

We will agree on an effective plan to inform Midland County residents about the problems of homelessness and get their ideas and involvement in addressing it.

B. We Have Housing Options for All Unmet Needs

We will determine and define the unmet needs. (The gap between today and vision 2016.)

We will strengthen the current safety net and expand it to include all individuals and families.

We will develop housing options to fill the gap.

C. We Have a Focused Coordinated Response to Families and Individuals Facing Housing/Homeless Issues

We will develop a housing resource center (physical space).

We will have agreed upon best practices utilized by all.

We use outcomes to continually evaluate and improve our practices.

We will develop a comprehensive coordinated approach to manage the individuals and families in the system.

- assessment**
- case management**

We have a housing-related continuum of support services.

D. We Have Collaborative and Invested Stakeholders

We will develop the roles for stakeholders.

We will revisit our stakeholders for “right” people and level of investment/involvement.

We will formally revisit the plan and reconvene every 2 years. Informally review accomplishments and efficiencies at each meeting.

We will recognize achievements and our stakeholders regularly (i.e. MDN editors).

- meet to form partnership with MDN/media**

We will have stakeholders who are champions in the public. (one recognized person in community is overall champion)

E. We Have Sufficient and Sustained Funds to Target Priority Housing Areas.

We will involve foundations for local funding assistance.

We will combine community resources (financial and in-kind).

We will collectively advocate for state and local funds.

We will position ourselves to apply for and make the best use of funds.