

Moving Forward



A Ten-Year Plan to End Homelessness
in Detroit, Hamtramck,
and Highland Park, Michigan.

October 2006

October 2006

To the Community,

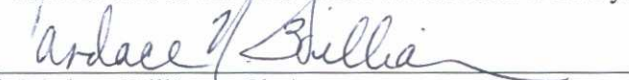
Two years ago our community began the development of an ambitious plan to end homelessness in the cities of Detroit, Hamtramck, and Highland Park in the next 10 years. During this time, numerous stakeholders have spent time analyzing the current picture of homelessness in Detroit, studying best practices from across the country on how to address this problem, engaging in meaningful dialogue, and setting goals and objectives for our community. The result is a plan, which challenges us to work together and apply new ways of addressing the problem of homelessness. Our vision is to not only provide more housing for the people who need it, but to end homelessness altogether in our community. This vision is based on the beliefs that:

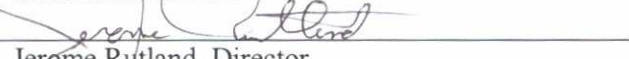
- Homelessness is a serious problem in our community. At any point in time, there are between 13,000 and 14,000 people who do not have a home. Over 60 percent of these people are families with children.
- People who are chronically homeless make up about 10 percent of the entire homeless population, yet consume the greatest percentage of resources. New methods of meeting the needs of these men and women must be applied.
- The provision of permanent supportive housing and affordable housing is key to ending and preventing homelessness in our community.
- As we provide appropriate housing, we must also improve the supply of and access to other supports and resources, such as health care, substance abuse treatment, education, child care, job training and placement, and transportation.
- Preventing homelessness from occurring in the first place must be a priority in our community.

This is no small task that lies before us. We face many challenges – including difficult economic times – that must be overcome if we are to be successful. These challenges are felt acutely by the nonprofit organizations that valiantly strive each day to meet the needs of the thousands of men, women, and children seeking their help.

In the midst of these challenges though, hope remains. During the past several years, we have also witnessed encouraging signs that our cities are making a revival. It will only be by all sectors – nonprofits, businesses, government, and individuals – working together that we will be successful in ending homelessness in our community.

In our support of this plan to end homelessness in ten years, we commit to working together with other stakeholders so that this vision will become a reality.


Candace Williams, Chair
Homeless Action Network of Detroit
Continuum of Care


Jerome Rutland, Director
Wayne County Department of Human Services


Jerome Rutland, Chair
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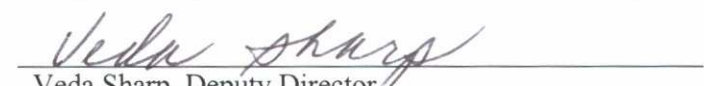

Veda Sharp, Deputy Director
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Table of Contents

Executive Summary	1
Introduction.....	3
Homelessness in Our Community.....	4
Who Are the Homeless in Detroit?	4
Factors Associated with Homelessness.....	8
Cost Analysis.....	10
Guiding Convictions	11
Building on Our Successes	13
Planning Structure and Timeline	15
Participants	17
Goals and Objectives	18
Housing.....	18
Prevention.....	21
Supportive Services	23
Collaboration	25
Engaging the Community	27
Action Steps	29
Conclusion.....	30
Appendix A: Participants.....	31
Appendix B: Glossary	36

Executive Summary

Over the past two years, numerous stakeholders and community partners in Detroit, Hamtramck, and Highland Park have contributed hours of brainstorming, data collection, dialogue and idea refinement as a part of “Moving Forward Together: A 10 Year Plan to End Homelessness in Detroit, Hamtramck, and Highland Park”. This plan requires our community to think and act in new ways, and demands that we all work together. Throughout the development of the plan, we were guided by the following core convictions:

- *Housing First*
Housing First is a proven method of helping move people with substance abuse and/or mental health issues off the streets and keep them housed by providing housing first, and then treatment services as that individual is prepared to receive them. Our community recognizes that Housing First is one of the best ways to serve people who are chronically homeless.
- *Rapid Re-Housing*
Rapid Re-Housing ensures that when a person becomes homeless, he or she is quickly placed into safe, affordable, and appropriate housing, thus eliminating the need for lengthy stays in emergency or transitional housing. We are committed to reducing the amount of time a person spends in emergency shelters.
- *Prevention*
The best way to end homelessness is to prevent it from even occurring in the first place. We will explore ways in which more of our resources can be dedicated to prevention services.
- *Streamlining Services*
In order to shorten the time a person is homeless, our community will do a better job of making it easier to access the support services needed to gain and maintain housing.

Our plan is centered on five core areas for action:

- Housing
- Prevention
- Supportive Services
- Community Engagement
- Collaboration

These five areas are closely interconnected, and each must be addressed in its own measure in order for our community to make progress in ending homelessness in our communities. Accomplishing this will be a significant challenge. There are close to 14,000 men, women, and children who are homeless. A homeless population this large has many and diverse needs, such as mental health care, substance abuse treatment, job training and placement, education, health care, transportation, and much more.

The goals and objectives of this plan reflect the diverse and multiple needs of this community. By achieving these goals, we are confident we will see an end to homelessness in Detroit, Hamtramck, and Highland Park. The goals of this plan are:

Housing

Goal: Provide safe, affordable, supportive, and long-term housing solutions for people who are homeless or at risk of becoming homeless.

Prevention

Goal: Prevent homelessness by strengthening and expanding resources and services that allow people to remain in their own homes or to quickly access housing when faced with a housing crisis.

Supportive Services

Goal: Strengthen the infrastructure of supportive services and community resources for people who are homeless or at-risk of becoming homeless to assist them with accessing housing and maintaining residential stability.

Collaboration

Goal: Create and sustain effective collaborations at all levels to generate greater impact on ending homelessness.

Engage the Community

Goal: Build a political agenda and public will to end homelessness.

These goals address the needs of the many sub-populations in the homeless community, with an emphasis on those who are chronically homeless. Due to a long history of homelessness and intense service needs, the best way to help these individuals leave the streets and stay housed is through the provision of permanent supportive housing. We will focus particular attention on addressing the needs of these individuals.

Many of the strategies detailed in this plan are already underway. Over the course of the last year, our community has experienced the following successes: an increase in the availability of permanent supportive housing for the chronically homeless; a strengthened Homeless Management Information System; and improved capacity of our Continuum of Care. Just as important as these successes is the fact that over the past year considerable work has taken place to improve relationships among community stakeholders. Strengthening these relationships – and agreeing to work together in collaboration – has been a key ingredient during the development of this plan, and will be just as vital as we move forward with implementation.

**“When spider webs unite, they can tie up a lion”
– African proverb**

Ending homelessness is a very large and powerful “lion”, which may seem overwhelming or even impossible to defeat. We believe, though, that as each person and organization – each “spider web” – remains committed to the goals and agrees to unite together, even when challenges arise, this beast will ultimately be defeated.

Introduction

In February of 2006 Detroit, Michigan took center stage for one of the nation's largest sporting events: SuperBowl XL. In the midst of preparations for the attention the city would undoubtedly receive, the conditions and needs of the homeless men, women, and children in this city became a pressing issue. City officials worked in concert with social service providers to plan and execute a strategic response to ensure the homeless community was treated with respect and dignity during a time when increased attention to their presence in the city could have resulted in negative actions against them. Their efforts served as a catalyst for further planning on how to not only meet the needs of the homeless now, but to end homelessness altogether during the next decade.

Over the past two years, numerous stakeholders and community partners in Detroit, Hamtramck, and Highland Park have contributed hours of brainstorming, data collection, dialogue and idea refinement for "Moving Forward Together: A 10 Year Plan to End Homelessness in Detroit, Hamtramck, and Highland Park". From this planning process, the following vision emerged:

Our vision is that every individual and family in our community has a home that is decent, safe and affordable, and that they receive every support needed in order to remain housed. This vision is grounded in the belief that through our commitment to working together, being open to new ways of thinking and acting, and having this shared vision, we can - and will - move forward together to achieve real change in our community.

To support this vision, our work will concentrate on five core areas of housing, prevention, supportive services, community engagement, and collaboration. These five areas are closely interconnected, and each must be addressed in its own measure in order for our community to make progress in ending homelessness in Detroit¹. Addressing the varied needs of the people who are homeless in our community requires that all stakeholders – nonprofit organizations, businesses, government leaders, and the consumers – agree to work together in new ways and toward the common vision of ending homelessness.

By building from the current momentum in our community and the relationships that have been formed or strengthened through the planning process, we are confident that as we move forward together, we will see an end to homelessness in our cities.

¹ The Continuum of Care in encompasses the cities of Detroit, Hamtramck and Highland Park. For ease of presentation, any mention of "Detroit" throughout this document always also includes Hamtramck and Highland Park.

Who Are the Homeless in Detroit?

As the largest city in Michigan, it is no surprise that the largest population of people who are homeless in the state is found in the city of Detroit. While gathering accurate statistical data on how many people are homeless in Detroit remains a challenge (see box at left), the data we do have show that the homeless population in Detroit is large and includes many different groups of

people, all of which have unique strengths and needs. Our data and experience tell us that the majority of the people who are homeless in our community are represented by the following population descriptions:

How Many Are Homeless?

Over the past several years, our community has improved its ability to get an accurate count of how many people are homeless in our community. The very nature of homelessness – and the transience of many people who experience it – can make it difficult to gather consistent data at different points in time. Many times, the use of good estimates is necessary. When considering the *total number* of people who are homeless in our community, there are two different numbers we can use:

- From the January 2005 point-in-time count, we estimated there are close to **14,827** individuals either on the streets or in shelters.
- Data from our HMIS system estimates that for the month of June 2006, there were approximately **13,000** people who were homeless.

Why the discrepancy? Likely it is due to the fact that the point-in-time count took place during a winter month, when many more homeless would be more likely to be indoors, and therefore easily counted by shelter workers. During warmer weather (June) people may be more likely to stay outdoors, and therefore would not be input into HMIS.

Regardless, *both* of these numbers tell us that there is an unacceptably large population of people who are homeless in our community.

The Chronically Homeless

Men and women who are chronically homeless have survived prolonged periods of time on the streets or in other places not meant for human habitation. These are the individuals who struggle with significant health, mental health, and/or substance abuse problems, and are often the most resistant to receiving treatment and services. Having spent extensive lengths of time on the streets, these men and women generally require intense, on-going support services to regain and maintain stability in the community. Although the people who fit this description are frequently the face that enters a person's mind when he/she thinks about "who is homeless", estimates tell us these individuals make up a small proportion of the entire homeless population. In Detroit, at any given time there are approximately **1,400** individuals who can be considered chronically homeless. They represent only about 10 percent of the entire homeless population. Even though they make up the smallest proportion of the entire homeless population, these individuals consume the

greatest share of resources allocated to homelessness programming. In order to meet the complex needs of these individuals, while also spending our limited resources in an effective manner, new ways of thinking and acting must be realized if we are to make an impact on the needs of this population.

Families and Children

Statistics show that the fastest growing homeless sub-population nationally is families with children; this is also true in Detroit. **Sixty-seven percent** of the entire homeless population in our community is comprised of families with children; within this population, most of these families are headed by a single woman aged 25-34 and do not have a history of homelessness. For these families to become stable again, we must ensure they have at the very least have access to affordable housing, employment, and education.

Our data from our 2005 point-in-time count also tells us that within the homeless population, there are:

- 5,895 people who are severely mentally ill
- 8,466 have a chronic substance abuse problem
- 3,032 have HIV/AIDS
- 3,596 are veterans

(Please note that these categories are not mutually exclusive. An individual could experience more than one of these challenges and be counted in each category.)

Survivors of Domestic Violence/Intimate Partner Violence

Individuals may be forced to leave their homes when domestic violence creates a threatening and dangerous living environment. For these individuals – the overwhelming majority of whom are women – finding a safe place to stay for themselves and their children becomes a top priority. Once in a safe location, these women and children must have access to services that will assist them with coping with the trauma they have experienced, navigating the legal system, and establishing or regaining economic stability. An added challenge this population faces is the fact that landlords may be hesitant to rent to them due to credit problems or poor landlord referrals. Although issues of confidentiality present a challenge in reporting how many homeless people are survivors of domestic violence, our estimates show there are close to **6,000²** individuals in this situation.

Unaccompanied Youth and Youth Aging out of Foster Care

Homelessness affects not only young children in families, but older youth as well. These young people – typically those between the ages of 16 to 24 – have unique needs that must be met in order for them to be successful in school, in work, and in their relationships. The reasons for their homelessness varies: some youth are homeless because they ran away from home; youth who reveal to their families that they are gay or lesbian may find themselves forced from their home; still other young people have developmental disabilities that impair their ability to care for themselves. A large population of youth who are “at-risk” of homelessness are those aging out of the foster care system. For these young people, their 18th birthday typically means they are no longer under the care of foster parents or the State of Michigan; they are now on their own. Many of these young people will experience higher incidences of unemployment, mental illness, and homelessness³. In Wayne County, there are currently close to 900 young people in foster care between the ages of 17 and 19⁴. When they no longer have the support and care they have up until now received, our community must be prepared to assist them with transitioning into adulthood.

² Homeless Action Network of Detroit 2006 Exhibit 1

³ Detroit Free Press. May 25, 2005

⁴ Michigan Department of Human Services, September 15, 2006.

Those in a Crisis Situation

At times homelessness is caused by situations that may be beyond the control of an individual, such as a fire or natural disaster that destroys a house or apartment building or utilities being shut-off that may force a family to seek shelter elsewhere, especially in cold weather months. These are a few examples of how individuals and families – with no prior history of homelessness – may suddenly find themselves without adequate shelter. For these people, services must be available to help them quickly re-establish a safe, secure place to live.

Prisoners Being Released

Incarcerated Men and women face many obstacles upon their release back into their community. They encounter real, persistent pressures to again engage in criminal activity. For those who are able to avoid these pressures, they still face the challenge of finding housing and employment – no easy task for a person with a record. On an annual basis, more than 3,700 parolees return to Wayne County; 80 percent of these individuals return to the city of Detroit, and 10 percent (**approximately 300**) are immediately homeless.⁵ Our community must ensure the necessary supports, services, and training are in place to help these men and women make a successful transition back into society.

Those “At-Risk”

There are some populations who we can identify as being “at-risk” or on the verge of becoming homeless, simply because of their situation. These include people being discharged from hospitals or other institutions of care, extremely low-income families, or others who are precariously housed. As job cuts in Detroit continue to increase, more people find themselves at risk of no longer being able to afford housing and may become homeless. Our plan addresses ways to prevent these people from slipping into homelessness.

Detroit’s Reality: What The Numbers Don’t Tell

The numbers given here show only a part of the picture of how many people are homeless in our community. The experiences of the service providers reveal there are potentially more people in our community who are homeless than what is captured through the official reporting process. Factors contributing to the potential discrepancies between the reported numbers and what’s “really real” include:

- *People are uncounted:* The last point-in-time count for the cities of Detroit, Hamtramck, and Highland Park took place in January 2005. Although best efforts were made to count as many sheltered and unsheltered homeless individuals as possible on that one night, the reality is some people simply were not counted due to the fact that the volunteers doing the counting did not see them. The next point-in-time count is scheduled for January 2007; planning is currently underway, and strategies are being developed to ensure the maximum number of individuals are counted during this event.
- *HMIS capacity:* The Homeless Management Information System (HMIS) is an on-line database used by many service providers in Detroit. This system captures data on how

⁵ Hudson Webber Foundation, 2006

many people are homeless and specific characteristics of subpopulations. While the data captured by this system is generally reliable, it is not operating at full capacity throughout the Continuum, resulting in some individuals not being entered into the system and not being counted. Improving the capacity of HMIS is a component of our community's plan to end homelessness.

- *Definitions of "homeless"*: Individuals who are recognized as being homeless, and therefore counted through the point-in-time count and/or HMIS, must meet specific criteria established by the U.S. Department and Housing and Urban Development. These definitions (see glossary) do not recognize as homeless other people who, in fact, have no place to call their own. These are individuals who spend a few days or weeks sleeping on the couch of a friend or family member before moving on to another place (often referred to as "couch homeless"); families sharing the housing of another family (sometimes termed "doubled up"), or individuals or families living in motels or camping trailers. These individuals are also in need of housing and services, but are not reflected in the numbers above.
- *Stigma*: For some people, the stigma of being homeless may prevent them from admitting that they have no permanent place to live; these individuals and families are therefore also not considered in the numbers given above.

The answer to the question "how many people are homeless in Detroit?" is not as straightforward as it appears. **While the numbers tell us there are anywhere from 13,00 - 14,827 people who are homeless, our experience tells us that reality is a different story: it is very likely these numbers are higher.** As our community moves forward with implementing this plan, we will remain aware of the needs of those in our community who require support and services, even if they do not meet the official definition of "homeless".

A Success Story: Gregory

Gregory has been a mental health consumer for 26 years. Fifteen years ago his wife of four years died suddenly and Gregory found his life spiraling out of control. He found himself homeless and without hope of ever finding himself again.

Gregory turned to a good friend for assistance. This friend and his wife connected Gregory with a PATH Program in Detroit. Within a month the PATH Program placed him in an apartment and provided him with a rental subsidy. One year later Gregory became a member of Fisher Clubhouse where he slowly began to sharpen his social skills, make new friendships, and eventually became reintegrated back into the community.

Six years ago Gregory had the opportunity to become employed by this organization as a Consumer Housing Specialist. He learned to instill hope in other consumers and help them maintain their housing through supportive services. This year he became one of 54 certified peer specialists in the State of Michigan. Gregory is proud to have become part of a movement that draws upon personal recovery experience to end homelessness in the United States.

Factors Associated With Homelessness

The factors associated with homelessness are varied and frequently interconnected. It is often the convergence of two or three of these factors that results in an individual or family becoming homeless. Some of the most significant factors leading to homelessness include:

Job Loss/Economic Hardship

Detroit, not unlike the rest of the state of Michigan, is faced with a difficult economic environment. While at one time this city boasted countless well-paying jobs, workers are now facing the real threat of losing their source of income. For families living paycheck-to-paycheck, the loss of a job can result in the need to make difficult choices about how to spend their money. The choice between paying for utilities, food, medication, clothes, transportation, child care, or housing are not easy, and too often rent or mortgage payments slip into delinquency. It is not long before this delinquency leads to eviction or foreclosure and the individual or family finds themselves homeless.

Shortage of Appropriate and Affordable Housing

Best practices from around the country point to permanent supportive housing as a key strategy in keeping individuals with challenging situations – such as mental illnesses or substance abuse problems – off the streets. There are a number of social service agencies in Detroit providing supportive housing; however, the demand outstrips the need. As the numbers above indicate, thousands of people who are homeless also struggle with a mental illness and/or substance abuse problem; permanent supportive housing would allow many of these individuals to become and stay housed.

Not all who face homelessness require the intensive services of permanent supportive housing; many simply need an affordable place to live. The supply of safe, decent, and affordable housing units in Detroit does not meet the demands of the people who are living paycheck-to-paycheck. In our community, 46 percent of households experience a housing cost burden; close to 25 percent experience a severe housing cost burden⁶. Clearly, we must develop more affordable housing for our community.

Access to Care

Thousands of Detroiters struggle with chronic substance abuse problems, severe mental illness, or HIV/AIDS, as well as chronic health needs such as diabetes, heart disease, or hepatitis. Appropriate care for these potentially debilitating health concerns is available, but too often not accessible for people who are homeless or at-risk of becoming homeless. Challenges related to inaccessibility include:

- No health insurance – either employer provided health coverage or Medicaid/Medicare
- Inadequate health insurance coverage, including restrictions on some forms of treatment for those covered by Medicaid

⁶ www.DataPlace.org. (Please see glossary for an explanation of these terms)

- Limited numbers of primary health care providers that accept Medicaid
- Complexities in navigating the system that quickly overwhelm and frustrate a person in need
- Poor coordination – both in service delivery and funding allocations – among health care providers (including those providing mental health and/or substance abuse treatment)

Discharge Policies and Practices

Individuals being released from correctional facilities, “aging out” of foster care, or leaving other institutions of care are too frequently discharged without adequate planning for their future housing. These individuals – especially youth transitioning out of foster care – are acutely vulnerable to homelessness.

Crisis Situations

At times, unpredictable crises occur which can result in homelessness. These situations may include the destruction of an apartment or house due to fire or natural disaster, domestic violence forcing an individual to leave the home, or utilities being shut-off. Regardless of the situation, too often a crisis forcing a person out of his or her home results in this person becoming homeless and seeking emergency shelter. While crisis situations cannot always be prevented, the system in Detroit must do a better job of quickly moving a person out of an emergency shelter and into permanent housing.

Funding Challenges

The city of Detroit receives millions of dollars each year for a wide array of social services – including substance abuse services, HIV/AIDS prevention and treatment, health and mental health services, and housing. Barriers in the funding streams driving the delivery of these services contribute to the challenges individuals face in attempting to access these services. The Department of Health and Human Services recently undertook a study to identify how their programs are able to respond to the needs of the chronically homeless and to identify the barriers present in the system. The study found that the categorical funding for the department’s programs (e.g., poverty, persons with HIV/AIDS, substance abuse), does not match up with the multi-layered needs of the chronically homeless. A lack in coordination across programs, gaps in program eligibility, and few incentives for providers to be flexible, prevents consumers with complex, multiple needs, from receiving all of the services they need to regain and maintain stability.⁷

⁷ U.S. Department of Health and Human Services Secretary’s Work Group on Ending Chronic Homelessness (March 2003) *Ending Chronic Homelessness: Strategies for Action*.

Cost Analysis

The problem of homelessness takes its toll on both the people who experience it directly and the community as a whole who must bear the burden of the costs associated with providing services to people who are homeless. While it is virtually impossible to calculate the moral implications of allowing a person to become or remain homeless, research from around the country provides us with a picture of the financial burden the community bears when it does not adequately provide for the needs of people who are homeless, particularly the chronically homeless.

The chronically homeless consume the greatest percentage of resources dedicated to homelessness programming, and often have complex needs. Studies completed from other cities around the country point to a tremendous cost savings when a community invests money in programs proven to solve homelessness – such as permanent supportive housing – versus not putting money into these programs. By examining data from other cities in the country, we can infer that similar cost savings are likely in Detroit.

A recent study completed by the Lewin Group examined the dollar amounts nine different urban areas across the country pay per day/per person for the following services: supportive housing, jail, prison, shelter, mental hospital, and hospital. While there was some variation between the cities, the clear result from this study was that overall supportive housing had the lowest per-day/per-person cost⁸.

The average costs spent per day/per person in each of the nine cities in the study is given in the chart below. It is reasonable to presume that our community spends similar amounts of money in our attempts to care for our chronically homeless population:

<u>Service</u>	<u>Cost per day, per person</u>
Shelter	\$ 28.63
Supportive Housing	\$ 30.88
Prison	\$ 79.05
Jail	\$ 81.18
Mental Hospital	\$ 550.11
Hospital	\$ 1,638.10

At a glance, it may appear that shelters (at an average cost of just over \$28 a day per person) are the most cost-effective means to care for people who are homeless. Shelters however, are not a long-term solution, as almost all of them have limits on how long an individual may stay and few provide the intense supportive services many homeless people need to stay off the streets. When this time is completed, the individual is forced to either find another short-term shelter or must fend for him/herself on the streets. For those who end up on the streets, the risk of ending up in the hospital or jail goes up considerably, thereby also dramatically increasing the cost of services they are using.

⁸ The Lewin Group. *Costs of Serving Homeless Individuals in Nine Cities*. November 19, 2004.

While these cost estimates are based upon what other cities have discovered, it will be necessary for local research to be conducted in Detroit so that stakeholders will have an accurate picture on what is spent on the problem and how it may be spent more effectively.

Supportive housing, however, has been found to have a low cost – only approximately \$30 per day/per person on average. Although this figure is slightly higher than that of the shelter, what must be considered is that this cost includes not only longer term housing, but also supportive services that help an individual *avoid* being hospitalized or incarcerated, thereby both saving the community from having to incur these costs and saving the individual from having to experience time in the hospital or jail.

The message behind this cost analysis is two-fold: first, providing supportive housing for the chronically homeless has been demonstrated to help these individuals maintain residential stability. Secondly, investing dollars in supportive housing will then “free up” the funds that will no longer be spent on the hospital or jail stays that the chronically homeless would experience. These funds can then be directed to providing further services to families and children, youth, survivors of domestic violence, or any other population who is homeless or at-risk of becoming homeless.

Guiding Convictions

Millions of dollars and countless hours of staff time have been expended in Detroit to build and maintain a network of emergency shelters and transitional housing to address the needs of the local homeless population in our community. This approach – while appropriate for addressing emergency situations or short-term needs – is not the most effective or humane way to address the long-term housing and support needs of the local homeless population. Providers and funding partners increasingly recognize the need to shift focus and resources from short-term, emergency shelter to long-term, permanent housing, in order to move the community forward in solving homelessness.

To affect real change on the problem of homelessness, systems and organizations must make a commitment to work together, test new methods of service delivery, remain open to change, and focus on the outcome of ending the institutionalization of homelessness. The following core convictions will guide the community during the next decade, as it moves ahead to implement its new plan to solve homelessness.

Detroit's Housing Stock

In order for our community to successfully embrace a Housing First model of service delivery, we must address the fact that much of the housing stock in Detroit does not meet quality standards, and therefore would not be appropriate for individuals or families to occupy. As we implement this plan, efforts will be made to rehabilitate our housing stock.

Housing First

Housing First is both a *model* and *philosophy* of service delivery that is gaining national recognition – not only for its innovativeness, but also for the results it is producing. Traditional models of service require that an individual who is homeless and struggling with challenges such as substance abuse or mental health problems first seek and receive services for these or other conditions, become stabilized (or “housing ready”), and then move into housing. For many people who are homeless this is a monumental challenge. Attaining and maintaining sobriety and mental stability is difficult enough – even more so when the person seeking this change has to also focus on finding shelter.

The Housing First methodology reverses this way of thinking. This method of service delivery moves a person directly from the streets, jail, shelter, or hospital and places him or her in safe, permanent housing with no requirement that he or she be “housing ready”. The only requirements of the tenant are those expected of any renter – pay the rent, do not destroy the property, and refrain from violence⁹. Once moved into permanent housing, support services are offered to assist the individual with attaining sobriety, receive care for mental or physical health conditions, or other concerns. Although many individuals may initially be resistant to receiving these services, these services (typically provided through an ACT or PATH model¹⁰) continuously reach out to the individual to ensure his/her housing is maintained, and that treatment is readily available when the individual is ready to receive it.

The Housing First approach is typically focused on the needs of those who are chronically homeless and is combined with a harm reduction approach to mental health and substance abuse problems. This approach virtually eliminates the barriers of access to housing for people with substance abuse and/or mental health concerns, and reduces the likelihood of their relapse into homelessness. Housing First has been proven to successfully help individuals who were homeless leave the streets and emergency shelters, receive necessary supportive services, and maintain their housing.

Rapid Re-housing

A close cousin to the Housing First methodology, Rapid Re-housing is a similar conviction that focuses on reducing the length of time an individual or family must spend either in a shelter or in transitional housing. This method of serving people ensures that when a person becomes homeless, he or she will be quickly placed into safe, affordable, permanent housing. Recognizing that crises such as fire or domestic violence unfortunately occur, there will remain some level of need in our community for short-term, emergency shelter; however, we must focus our energy on quickly getting these individuals and families out of the emergency shelter and into a home of their own once again.

⁹ U.S. Department of Housing and Urban Development Office of Policy Development and Research (January 2004) *Strategies for Reducing Chronic Street Homelessness*.

¹⁰ Please see glossary for an explanation of these terms.

Prevention: “Closing the Front Door”

Prevention programs play a critical role in closing the front door into homelessness. Additional resources must be directed to prevention, including focused efforts on developing protocols to address issues of institutional discharges into homelessness.

Streamlining Services: “Opening the Back Door”

Our community must do a better job of making it easier for people to access the support and services they need to leave homelessness. One way to do this is to co-locate services at the shelter level (or at the point of intake). Doing so plays an instrumental role in shortening the time it takes for people to access and obtain the necessary services to support their return to housing permanency. As we “open this back door”, all agencies and providers must work as partners to ensure successful, long-term outcomes for individuals and families who are homeless.

Building on Our Successes

A combination of the right events at the right time has created an environment conducive to the development and implementation of this plan to end homelessness. Many factors and stakeholders have combined to form a powerful catalyst to generate new ways of working together to find and apply solutions to the problem of homelessness:

- *Homeless Action Network of Detroit (HAND)*: Over the past several years, the continuum of care for Detroit, Hamtramck, and Highland Park has been improving its ability and capacity to work as a cohesive planning body in addressing homelessness. This growth will continue throughout the implementation of the plan, and move our community forward in applying solutions to homelessness.
- *The City of Detroit*: Recognizing the necessary role of city government in ending homelessness in our community, the City of Detroit has within the past year created and filled a new Homeless Coordination Manager position dedicated to developing and implementing the 10 Year Plan to End Homelessness. Additionally, the administration of Detroit Mayor Kwame Kilpatrick has identified Deputy Mayor Anthony Adams as a key player in the efforts to combat homelessness in Detroit.
- *Michigan State Housing Development Authority (MSHDA)*: MSHDA’s Campaign to End Homelessness in Michigan is gaining momentum throughout the state and in our community. Through its recent \$3 million award to Detroit for the development of permanent supportive housing, and the piloting of “Homeless Preference” housing vouchers, MSHDA is demonstrating its dedication to applying solutions to the problem of homelessness.

- *Department of Housing and Urban Development (HUD)*: The recently published five-year strategic plan for HUD expresses the department's commitment to ending chronic homelessness and moving families and individuals into permanent housing.
- *Local Philanthropy*: The local philanthropic community continues to demonstrate its commitment to promoting the well-being of Detroit residents through the funding of programs and initiatives designed to bring solutions to homelessness.
- *Service Providers*: Recognizing the need for deeper partnerships and a new approach to addressing the needs of the homeless communities, many service providers are joining together to explore ways in which service delivery may be improved to better meet the needs of the consumers.

The actions and convictions of these stakeholders are an important factor in the successes we see in our community. These successes include:

- An active Continuum of Care, with approximately 125 member organizations.
- The capacity to provide emergency shelter to 1,046 individuals and 267 families on any given night, with an additional 1,203 spaces during the coldest nights of the year.
- The ability to provide transitional housing for 937 individuals and 144 families at any point in time.
- The ability to provide 763 units of Permanent Supportive Housing for individuals; 56% (425) of these units are designated for people who are chronically homeless; 333 of these units are available for families.
- The current development of 191 beds for chronically homeless persons.
- The selection of Continuum of Care (HAND) by MSHDA in 2005 to participate in the Chronic Homeless Initiative and receive \$3 million for projects targeted to the chronically homeless.
- The establishment of the Detroit Team to End Chronic Homelessness (DTECH) to lead the implementation of the \$3 million Chronic Homeless Initiative; \$2 million of this award is designated as rental assistance and \$1 million is designated to support the development of a supportive housing unit project.
- The designation of one of the organizations within the Continuum of Care as a lead agency for MSHDA's Homeless Assistance Resource Project, which is making available a total of over 100 rental assistance vouchers for people who are homeless.
- The establishment of the Housing Resource Center which will administer the rental assistance projects, serve as a planning and coordinating entity for future projects, and establish an inventory of safe, affordable housing that meet quality standards.
- The section of the Housing Resource Center to serve as lead agency for Youth Aging Out of Foster Care project.
- The establishment of partnerships between the Housing Resource Center and 15 organizations to provide supportive services to tenants receiving rental assistance
- A Homeless Management Information System that was awarded the "2006 Effective Strategies Award" by HUD in recognition of improvements made in the system.

A Success Story: Kelly

In the winter of 2005, a 32-year old woman named Kelly sought shelter in a warming center for women and children in Detroit. Although reluctant to seek help, Kelly kept an appointment with a mental health professional that had been made for her.

After conversations with shelter staff about the value of family, Kelly requested an email be sent to her family on her behalf. This email was sent and her family responded. At this point Kelly opened about her past, and revealed that she was a college graduate, that her parents were university professors, and that most of her family were in professional employment. She had left them six years prior because her parents had wanted her to have a mental health assessment for problems they felt she was experiencing. After wandering around for a few years, Kelly ended up in Detroit; when she wasn't staying in a shelter she spent her days at the Detroit Public Library.

As contact with her family continued, Kelly was able to accept the fact that she needed to be with her family, who lived outside of Detroit. They had found her an apartment and were willing to give her all the support she needed, if she was willing to trust them.

Kelly agreed to return to her family. With the help of staff from the shelter, a flight was arranged that would take her to be with them. After re-connecting with her family and getting settled into her new place, Kelly contacted the staff at the shelter to share that she was seeing a mental health professional and was very happy in her new home.

Planning Structure and Timeline

In 2004, the city of Detroit established a steering committee of representatives from the community to begin the process of developing Detroit's 10 Year Plan to End Homelessness. The steering committee reviewed research data, best practices, and 10 Year Plans from other cities around the country on how to meet the needs of those who are homeless. The steering committee also attended a regional meeting in Chicago on the development of a 10 Year Plan. Armed with this knowledge, the steering committee identified tentative stakeholders to be engaged throughout the rest of the planning process and potential goals the plan would address.

Recognizing the need for this to be a community-driven plan and to garner greater community support, a Homelessness Summit was held in Detroit on November 16, 2004. This Summit served as an official kick off to the planning process and a call to action for the attendees to become involved in the planning process. After this summit came the convening of community stakeholders from various sectors of the community, including nonprofit organizations, businesses, government representatives, and consumers (a list of participants is included in Appendix A). In addition to the steering committee, a policy board was established to provide broader oversight and direction to the planning process.

The timeline below gives a brief history of the planning process:

2004

- Steering committee established, stakeholders identified, taskforce workgroups identified
- Homelessness Summit held on November 16, 2004
- Commitment of stakeholders and taskforce workgroups established
- Regular meetings of the steering committee held throughout 2004 to provide guidance to the work of the taskforce workgroups

2005

- Taskforce workgroups met regularly during the first half of 2005 to identify challenges, gather data, and brainstorm recommendations
- Steering committee and policy board members met regularly to review work of the taskforce workgroups and provide oversight and direction to the process
- Working draft of the 10 Year Plan was developed and submitted to the steering committee and policy board for review

2006

- Strategic group of stakeholders reconvened to refine and finalize the draft plan 10 Year Plan
- “Moving Forward Together: A 10 Year Plan to End Homelessness in Detroit, Hamtramck, and Highland Park” completed and published

Although the road was rocky at times, the stakeholders remained committed to completing the plan. Through this planning time, new relationships have been formed or strengthened. This community is now ready to move forward together with implementing our plan.

Participants

Numerous participants have been involved in the development of this plan. The lead entities are the City of Detroit, Homeless Action Network of Detroit, Wayne County Department of Human Services, Detroit/Wayne County Community Mental Health Agency, and the Wayne County Human Services Coordinating Body. Numerous stakeholders representing nonprofit organizations, departments of city and county government, health care systems, and housing providers have been involved in the planning process; many will continue to remain engaged during implementation.

“The homeless plight is a critical one. It is a pivotal time in our city and a lot is at stake: our lives...We must focus our energy not only on those elected to lead, but also on our *own* ability to affect our change...We have to be an active player in our own success.”

-statement from homeless participants

No plan to address the needs of people who are homeless would be strong without the voices of the people who are homeless. During our planning process, several people who currently are or have recently been homeless participated in our planning meetings. These individuals provided valuable insight into the strengths and needs of the homeless community. We will continue to

remain engaged with those closest to the issue of homelessness – the homeless themselves – as we implement this plan.

A complete list of the individuals and organizations participating in the plan development is included in Appendix A.

Goals and Objectives

Outlined below are goals and objectives that correspond to the five key issue areas identified in our community. Several strategies have been identified along with these goals and objectives that will serve as a beginning point for the implementation of this plan. As these goals, objectives, and strategies are considered, it is important they be viewed through the following lenses:

- Everything about this plan is dynamic; therefore, it is expected that over the course of ten years these objectives, strategies, outcomes, and partners may require modification to accurately reflect the environment of the day and lessons that have been learned. The strategies described here will be our primary focus for the next three to five years.
- For ease of presentation, the goals, objectives, strategies, and partners described here are categorized into specific issue areas (housing, prevention, etc.). It is recognized, however, that in practice the demarcations between the strategies related to individual issue areas are not so clearly defined.
- The plan presented here has been developed as a framework for collective action to end homelessness. As we work together to implement the plan, the community will develop the greater detail of specificity in timelines, benchmarks, budgets, and responsibilities.

The goals, objectives, strategies, and potential partners discussed here represent the ideas, convictions, experiences, and desires of many stakeholders in our community. By maintaining a collective focus on these goals and objectives, this community will make a significant movement toward ending homelessness.

HOUSING

GOAL 1

Provide safe, affordable, supportive, and long-term housing solutions for people who are homeless or at risk of becoming homeless.

Objectives

1. Adopt and integrate the **Housing First** model of service delivery throughout the Continuum of Care.
2. Develop and maintain an accurate assessment of **housing needs** for those who are homeless or at risk of becoming homeless and the **housing resources** available to meet those needs; report this data to the community.

3. Increase supply of and access to **permanent supportive housing** and **transitional housing** for those who are chronically homeless or have other special needs.
4. Increase supply of and access to quality **affordable housing** targeted to families who are homeless or at risk of becoming homeless.
5. Expand the integration of **supportive services** with affordable housing.
6. Increase availability and use of targeted Housing Choice Vouchers or other **rental subsidies** for homeless individuals and/or families.
7. Establish and maintain a comprehensive, city-wide, **“real-time” database** of available affordable and/or supportive housing; ensure consumer and provider access to this database.

Strategies

Achieving success in these objectives will require a shift in the way in which funding is allocated and a new focus on the programs on which it is spent. Currently, a great deal of funding that comes to Detroit is spent on programs that meet the need of the consumer for the shorter-term. While many of these programs are necessary, by continuing to focus the majority of our energy and limited resources on them, our ability to invest in the development of long-term solutions is limited. In order to move our community forward in the development of the long-term solutions, we will work to shift funds – including city, state, and federal funds – from short-term solutions toward longer term solutions such as affordable housing and permanent supportive housing.

Making this shift in funding priorities will be difficult. It will require finding the right balance between supporting needed short-range solutions such as emergency shelter or transitional housing while at the same time investing in long-term housing opportunities. Making this shift will also require our community to understand and adopt “Housing First” not only as a model of service delivery, but also as a core conviction guiding the way in which we care for those who are homeless. These changes will not happen overnight, but with a commitment and conviction that making these changes is the right course of action, our community *will* see fewer individuals and families in shelters and more people in long-term, stable housing.

As we invest greater energy and resources in the development of long-term housing solutions, partners that must be engaged are the key stakeholders in the housing arena: housing developers,

“Character First”

During the implementation of the plan’s strategies, we must recognize that for many individuals being served, character development is needed just as much as is providing him or her with an apartment or substance abuse treatment. This community-driven plan recognizes and respects the fact that all the partners at the table embrace different values and missions. By working together and harmonizing these values we will be able to address the holistic physical, mental, emotional, and spiritual needs of the individual.

landlords, and management companies. Because many of the people for whom permanent housing solutions are being sought will have difficult rental histories – including evictions, poor credit, or felonies – building relationships with these key stakeholders and securing their willingness to make their housing units available to these “hard to house” individuals or families is of paramount importance. Key to gaining this willingness will be engaging the landlords, acknowledging their needs, and demonstrating that necessary support services will be provided to the tenants to ensure not only individual health and stability but also the maintenance of the housing.

In addition to addressing the needs of the “hard to house” individuals and families, we will also work with landlords and housing developers to increase the supply of affordable housing for those individuals and families who do not require intense support services.

As has been outlined in the cost-analysis section above, communities around the country have found that placing people who are homeless – primarily those who are chronically homeless – in supportive housing ultimately results in a cost savings for the entire community. Presenting this information to the stakeholders in our community will provide additional strength to any case that may be made to support supportive housing.

Expected Outcomes

The expected outcomes of these objectives include:

- Increased levels of funding dedicated to the development of long-term solutions
- Increased numbers of individuals and families moving from the streets or shelters into long-term, permanent housing
- People who move into supportive or affordable housing are able to maintain their placement there because they are receiving supportive services appropriate to their level of need

Potential Partners

- Housing Developers and Nonprofit Housing Corporations
- U.S. Department of Housing and Urban Development
- Michigan State Housing Development Authority
- City of Detroit
- City of Hamtramck
- City of Highland Park
- Landlord Associations
- Supportive Housing Providers
- Supportive Services Providers
- Consumers
- Michigan Department of Corrections
- Local Philanthropic Community

PREVENTION

GOAL 2

Prevent homelessness by strengthening and expanding resources and services that allow people to remain in their own homes or to quickly access housing when faced with a housing crisis.

Objectives

1. Increase the availability of and access to **prevention services** to individuals and families at risk of becoming homeless.
2. Develop and implement **discharge policies** to ensure those exiting correctional facilities, institutions of care, or the foster care system do not exit into homelessness.
3. Expand **job readiness and training, transportation to jobs, and job placement** programs targeted to those who are homeless or at-risk of becoming homeless – especially people with a felony background or other situation that limits their ability to secure and maintain employment.
4. Identify and advocate the change of **public policies** that unintentionally contribute to the causes of homelessness.

Strategies

Ben Franklin once wrote, “An ounce of prevention is worth a pound of cure”. This adage says it all: investing resources in services and programs that *prevent* a person from becoming homeless is more cost-efficient – and humane – than trying to care for the person’s needs *after* he or she becomes homeless. In order for prevention to be fully realized in Detroit, we will build on the programs already in place while at the same time advocating for change.

We will start by strengthening and expanding the preventive work that is already happening in our community by:

- Increasing funding and staffing for prevention services
- Increasing the public’s awareness of how they can access prevention services should they encounter a housing crisis
- Evaluating the prevention programs already in existence, to ensure they are accomplishing their intended purpose and to assist us in identifying gaps that may exist in prevention programming

Public and organizational policies are often interconnected and yet conflicting with practice. In order for our community’s perspective to be one of prevention, our policies will be examined and, where necessary, changed. These policies may address issues such as hiring practices, discharge from prison or an institution of care, youth “aging out” of foster care, eviction or

foreclosure practices, utility shut-off procedures, access to health and/or mental health treatment, and more. In order to bring about this change, we will convene policy leaders and changers at the local, state, and federal levels to gain consensus on changes that need to be made in policy-related issues.

Expected Outcomes

The expected outcomes of these objectives include:

- Fewer evictions/foreclosures resulting in homelessness
- Greater numbers of individuals exiting prison or an institution of care have identified viable housing options they can access
- Greater retention in employment or employment programs

Potential Partners

- Policy Makers and Elected Officials
- Advocacy Organizations
- Service Providers
- Consumers
- Michigan Department of Corrections
- Wayne County Department of Human Services
- City of Detroit
- City of Hamtramck
- City of Highland Park
- Detroit/Wayne County Community Mental Health Agency
- Michigan Department of Community Health

SUPPORTIVE SERVICES

GOAL 3

Strengthen the infrastructure of supportive services and community resources for people who are homeless or at-risk of becoming homeless to assist them with accessing housing and maintaining residential stability.

Objectives

1. Enhance access to **reliable transportation**.
2. Improve access to **health, mental health, and substance abuse treatment** options for those who are homeless.
3. Improve consumer access to an **array of supportive services** by streamlining and coordinating service delivery.
4. Improve access to and use of **mainstream resources** and other **community resources**.
5. Ensure the integration of **supportive services with housing** for those with a history of chronic homelessness.
6. Identify and pursue ways to **coordinate funding streams** in a way that promotes more efficient service delivery.

Strategies

Ensuring that a person who is homeless makes a successful transition into long-term housing requires more than simply providing him or her with a place to live. Many people who are homeless experience significant barriers to maintaining their housing and their personal stability. These barriers may include substance abuse, mental health concerns, developmental disabilities, or chronic medical needs. There is a delivery system in our community to bring supportive services to these individuals that will assist them in overcoming these barriers; however, challenges still persist:

What are “community resources”?

In addition to services such as mental health counseling, substance abuse treatment, transportation, and health care, we recognize that there are additional resources in our community that people must be able to access if they are to move off the streets and into stable housing. These include (but are not limited to):

- Personal identification
- Healthy food
- Clothing appropriate for work
- Child care
- Legal aid

Does our community provide many of these services? Yes. Are they adequate or reliable enough to meet the needs of all who are homeless or at-risk of homelessness? Unfortunately, no. As we move ahead with improving access to and use of other supportive services, we will simultaneously work to improve access to these – and other – vital community resources.

1) For many consumers and providers, this system is fragmented, difficult to navigate, and at times unreliable. In order for people who are homeless to regain stability and sobriety, we will work toward improving the system so that consumers are able to receive appropriate and timely care.

2) Many of the people most in need of treatment and services are also the most resistant to receiving these services, because they are either not willing or ready to do so. To meet the needs of these individuals, our community will take a proactive approach to assist these individuals in coming to realization that seeking treatment will benefit them and their families.

In addition to these challenges within the system itself, many consumers are also not accessing the “mainstream resources”. These “mainstream resources” – such as food stamps, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Veteran's benefits, or Medicaid – can be an incredible asset for those who are homeless. These resources are already in our community; our next step will be to identify barriers preventing homeless persons from accessing and maintaining them and advocate for the removal of these barriers. As we advocate for greater ease of access to these resources, we will also explore change in how which these resources are allocated, seeking dedicated set-asides for identified homeless sub-populations, such as the chronically homeless, veterans, survivors of domestic violence, or youth.

In addition to mainstream resources, comprehensive support services such as intensive case management, substance abuse treatment, and mental health care are key factors in helping people who are homeless – especially those who are chronically homeless – regain and maintain stability in the community. Research demonstrates that intensive case management models such as ACT or PATH have great success in keeping people in stable housing. We will work to ensure these programs have the capacity to be effective and are integrated into housing placement services, so that individuals who need these services will receive them.

For the homeless who do not require intensive support services, we will improve their ability to access services such as vocational training and/or education, job placement support, healthcare, child care, and transportation. We will do this by identifying ways to better coordinate the delivery of the services and the funding streams by which they are driven.

Lastly, we will develop and implement tools to communicate to the community available service options and access routes. Methods of doing this – such as the 211 system – are already in place. We will focus on identifying ways to strengthen and broaden the scope of these methods.

Expected Outcomes

The expected outcomes of these objectives include:

- Greater access to and use of comprehensive supportive services
- Increased housing stability for those who were chronically homeless
- Shorter episodes of homelessness for those who are not chronically homeless

Potential Partners

- Supportive Service Providers
- Funders
- Consumers
- Emergency Shelter Providers
- Transitional Housing Providers
- Supportive Housing Providers
- Michigan Department of Human Services
- Michigan Department of Community Health
- City of Detroit
- City of Hamtramck
- City of Highland Park
- Community and Neighborhood Based Transportation Advocates
- Detroit/Wayne County Community Mental Health Agency
- Michigan Department of Corrections

COLLABORATION

GOAL 4

Create and sustain effective collaborations at all levels to generate greater impact on ending homelessness.

Objectives

1. Develop and maintain an accurate **assessment of the existing funding** resources in Detroit, Hamtramck, and Highland Park and the way in which these resources are used; use this information to identify opportunities to coordinate this funding for improved service delivery and impact.
2. Increase the **capacity** of the local Continuum of Care and strengthen collaborative planning for the use of federal resources.
3. Ensure local planning efforts are **coordinated** among local service providers and at the county, state, and federal levels.
4. Enhance quality and availability of **data for planning and responding** to needs of the homeless by maximizing the implementation of the local Homeless Management Information System (HMIS).

Strategies

There are many service providers in the cities of Detroit, Hamtramck, and Highland Park that collectively receive great sums of money – primarily from government sources – to deliver substance abuse, health, mental health, and other supportive services. However, because the funding for these services is implemented by *category* (i.e., substance abuse or health care) rather than by an individual's *need*, these services become fragmented. An individual may need health care, but if the funding for the program he or she is enrolled in is meant to only address issues related to substance abuse, these health care issues must be addressed through another program, and therefore another funding stream. As a first step toward reducing this fragmentation, we will identify the source of these funding streams and how the dollars are being spent. From here, we will move forward with identifying and pursuing means to coordinate these funding streams to maximize the use of resources and improve delivery and access for the consumer.

Comprehensive and accurate data about the needs and progress of the homeless population will be critical to this funding discussion. Having this data will give our community a clear picture of not only the characteristics and needs of the people served, but also the programs and services that have successful in moving these individuals in to long-term housing solutions. This knowledge will allow us to use our limited resources in a more targeted, efficient, and effective manner. We have at our disposal a valuable tool for gathering and reporting this data – the Homeless Management Information System (HMIS). To further the reach and use of this system we will seek the financial support of local and county government agencies, as well as identify and pursue funding opportunities that support data projects.

Expected Outcomes

The expected outcomes of these objectives include:

- Increased collaborative planning among service providers, elected officials, and other key stakeholders
- Increased coordination of funding streams for supportive services

Potential Partners

- Supportive Service Providers
- Housing Providers
- Elected Officials
- Consumers
- Corporations
- U.S. Department of Housing and Urban Development
- Michigan State Housing Development Authority
- City of Detroit
- City of Hamtramck
- City of Highland Park
- Local Philanthropic Community
- Detroit/Wayne County Community Mental Health Authority

- Wayne County Department of Human Services
- Organizations serving all of Wayne County

ENGAGING THE COMMUNITY

GOAL 5:

Build a political agenda and public will to end homelessness.

Objectives

1. Develop and implement a mechanism for regularly **informing elected officials** on homeless issues and legislative concerns.
2. Identify key **legislative changes** needed for ending homeless and **recruit legislative sponsors**.
3. Develop and implement an on-going **marketing strategy** to raise public awareness about solutions to homelessness.

Strategies

Regardless of how well a plan is written, implementation will be difficult if the community and key decision makers are not committed to moving it forward. To raise the public’s consciousness about homelessness and garner the political will to enact changes in policy that will solve the problem, we will engage all sectors of the community on four points:

- 1) educate them on the true nature of homelessness and the needs that exist;
- 2) outline steps that are being taken to address these need;
- 3) show them what is working in our community to end homelessness;
- 4) and invite their participation in implementing this plan.

We will cultivate congressional and legislative “champions” for ending homelessness in Detroit, Hamtramck, and Highland Park by informing them about the programs and services in our community that have

Advocacy

Some of the most powerful voices speaking out on the experiences and needs of people who are homeless are the voices of the homeless themselves. As our community moves ahead to end homelessness, we will work to ensure that these men and women have opportunities to advocate for themselves. Through their advocating and insider’s perspective, many issues that must be addressed, but may otherwise be kept quiet, will be revealed and confronted.

been proven to move a person from the streets and into stable housing and seeking their support of these programs.

Expected Outcomes

The expected outcomes of these objectives include:

- Increased public and political knowledge about the needs in our community and our strengths in addressing homelessness
- Increased action among the general populace and decision makers in enacting changes that lead to the ending of homelessness

Potential Partners

- City of Detroit
- City of Hamtramck
- City of Highland Park
- Advocacy Organizations
- Consumers
- Policy Makers and Elected Officials
- Corporations
- Local Philanthropic Community

Action Steps

The development of this plan has been no small task. In addition to the hundreds of hours dedicated to meetings, dialogue, writing, editing, and refining this plan, considerable time was spent developing relationships with service providers, city, county and state government officials, business leaders, community and faith-based organizations, universities, local collaboratives and others in order to have all of the key stakeholders at the table during the development of this plan.

Now that we have reached this stage, we ask ourselves, “What’s next? How do we move forward from here?” Our understanding is that the *real* work is now to begin, as we move into a time of bringing this plan to life and implementing it in our community. Remembering that implementing this plan is a marathon, not a sprint, our immediate next steps will focus on the following strategies:

Prioritize Plan Components

As has been laid out in the plan, the scope of the problem of homelessness is daunting; it would be easy to quickly become overwhelmed and stalled if we attempt to address all of the issues in this plan at once. Therefore, we have formed implementation teams around each of the five core concepts/goals (housing, prevention, supportive services, community engagement and collaboration). Many of the partners involved in the development of the plan have already signed on to be involved in one or more of the implementation teams.

In the coming months, each of these implementation teams will:

- Expand participation to ensure that they have all sectors in the community engaged. This cross-representation is essential, as creative solutions often emerge when those who are not traditionally involved in the problem are engaged in the dialogue.
- Prioritize the objectives under their goal
- Develop specific, one-to-three year strategies to meet each objective
- Set time-oriented, specific and measurable benchmarks that allow us to assess our progress and make modifications as needed
- Identify the resources needed for implementation

It is essential that these teams not work alone. New ways of thinking and acting demand that we share strategies and ideas with each other in order to develop new approaches. Therefore, ongoing communication and coordination will continue to be one of the hallmarks of our plan, not just to prevent duplication but also to create the synergy needed for solutions.

As we prioritize what to focus our energy on first, it is anticipated that one of these components will be a focus on supportive housing. Over the past year, new energy and resources have come into our community for the development of more supportive housing, and we will continue to build on this energy.

Seek Funding

Funding is a necessary ingredient to support the work we need to do. The implementation teams are also charged with identifying and pursuing funding from state and federal government, as well as local and national philanthropy. Our community is *already engaged* in this process – local philanthropic organizations have committed funding to the development and implantation of solutions to homelessness, and the Michigan State Housing Development Authority is making available new dollars to address this problem. These resources – and many more – will be pursued.

Sustaining Our Engagement with Community Leaders

The effects of homelessness are felt by more than just the individuals and service providers. Businesses and government sectors are also impacted. As a result, over the past three years we have focused considerable attention on building meaningful relationships with leaders from each of these sectors from all levels - the city, county, and state - to help us develop this plan. This is evident by the attached list of participants.

Engaging these leaders in just the development of the plan, however, is not sufficient. A key part of our next steps is to sustain these relationships and continuously developing new ones. Such relationships are key to moving our community forward toward the goal of ending homelessness.

Implement Project Homeless Connect

The most specific of our next steps, implementing Project Homeless Connect will not only connect people with services, but also raise awareness in our community about the needs of people who are homeless. Scheduled to take place in December 2006, a team of people have already been identified and are at work planning and preparing to implement Project Homeless Connect in Detroit.

Conclusion

This quote by Edmund Burke expresses the spirit behind this plan. There is no one individual person, organization, or department alone that is able to affect real change on the problem of homelessness. By working together in concert with each other we will be able to maximize the resources we have while also bringing new resources and developing new partnerships to solve this pressing community problem. The development of this plan is the first of what will become many steps throughout the implementation, evaluation, and celebration of this city's commitment to see that every Detroiter has a decent, safe, and appropriate place to call home.

**“Nobody makes a greater mistake than he who did nothing because he could only do a little.”
- Edmund Burke**

Appendix A

Following is the list of individuals who participated in the development of the 10 Year Plan to End Homelessness in the cities of Detroit, Hamtramck, and Highland Park. Affiliations reflect the individual's affiliation at the time of his or her involvement in the development of the plan.

Name	Affiliation
Anthony Adams	Deputy Mayor, City of Detroit
Cynthia Adams	Covenant House Michigan
Dave Allen	Southwest Solutions - Housing Resource Center
Amy Amador	Office of Councilwoman Maryann Mahaffey
Officer Kathy Anderson	Detroit Police Department
Constance Bell	City of Detroit Planning and Development Department
Monica Bellamy	Michigan Department of Community Health
Janifer Binion	Detroit/Wayne County Community Mental Health Agency
Sally Jo Bond	Detroit Housing Commission
Alfreda Bowden	Travelers Child Care
Deputy Stacey Brackens	Detroit Police Department
Arezell Brown	Detroit Public Schools
Gwendolyn Bush-Smith	Wayne County Department of Human Services
Rev. Sharon Buttry	Acts 29 Fellowship
Carolyn Candie	City of Detroit Planning and Development Department
Joe Cazeno Jr.	DTE Energy Foundation
Anny Chang	City of Detroit Planning and Development Department
Lisa Chapman	Corporation for Supportive Housing
Tyrone Chatman	Michigan Veteran's Foundation
David Cherry	City Connect Detroit
Shirley Cockrell	Go-Getters
Shenetta Coleman	City of Detroit Department of Human Services
Elizabeth Copeland	Great Lakes Community Development, Inc.
Chris Cornwell	Deputy Mayor, City of Hamtramck
Daniel Crockett	Michigan Department of Human Services
Trish Cunningham	Detroit Coalition Against Police Brutality
John Daniels	University of Detroit Leadership Development Institute
Ashante Diallo	City of Detroit Planning and Development Department
Lorna Dieter	Southwest Counseling and Development Services
Bettina Dozier	L.I.F.T. Women's Resource Center
Pat Eaton	Health Services Technical Assistance Addiction Treatment Services
Beverley Ebersold	Corporation for Supportive Housing
Al Edward	Consultant, City of Detroit Department of Human Services Homeless Coordination
Sergeant Delores Edwards	Detroit Police Department
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Justin Follzbout	Presbytery of Detroit/Fort Street Presbyterian Church
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DeLisa Glaspie	Sisters in Transition for Empowerment, Perseverance, and Success
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Sara Gorenchan	Acts 29 Fellowship
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Timothy D. Greer	Michigan Legal Services
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Debra Hart	Detroit Coalition Against Police Brutality
Hector Hernandez	Detroit Housing Commission
Kathrine Hicks	Children's Palace
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Sandra Hines	Detroit Coalition Against Police Brutality
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Joan Glanton Howard	Legal Aid and Defenders Association
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Linda Hunter	Children's Palace
Heather Hurley	City Connect Detroit
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Edna Jackson	Advantage Health Care
Sharon Jamal	Detroit's Work Place/JVS
Audrey L. Jenkins	L.I.F.T. Women's Resource Center
Cheryl Johnson	Coalition on Temporary Shelter
Barbara Jean Johnson	Office of Governor Jennifer Granholm
Haith Johnson	HA Johnson Homes
Angela Yvonne Jones	Office of Councilwoman Maryann Mahaffey
Benjamin A. Jones	National Council on Alcoholism and Drug Dependence
Dorian Jones	Detroit Coalition Against Police Brutality
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Aaron Laramore	Corporation for Supportive Housing
Sonia Latta	Wayne County Department of Human Services
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Clarence Less	City of Detroit Planning and Development Department
Alan Levy	City of Detroit Planning and Development Department
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Gloria Little	Michigan Welfare Rights Organization
James D. Little	Forensic Consultant
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Jacqueline Majors	Advantage Health Centers
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Candace Williams	The Salvation Army/Homeless Action Network of Detroit
Doug Williams	Wayne County Department of Human Services
Geneva Williams	City Connect Detroit
Jameel Williams	Legal Aid and Defenders Association
Corporal Eugene D. Wright	Wayne County Sheriff
Dawn Zachow	L.L. Dien Consulting, Inc.
Theresa Zajac	Southwest Detroit Business Association

Appendix B

Glossary of Terms¹¹

Affordable Housing: Housing and utilities that cost no more than 30 percent of a household's adjusted gross income. (U.S. Department of Housing and Urban Development)

Assertive Community Treatment (ACT): A model of service delivery that provides intense, home and community-based services for consumers who are generally resistant to receiving treatment. This model uses a team approach, consisting of social workers, nurses, counselors, psychiatrists, and rehabilitation specialists that bring services and support to people with serious and persistent mental illnesses.

At-Risk of Homelessness: An individual or family is at imminent risk of becoming homeless when they face eviction from their current housing, including private dwelling units or institutions; or if living in the community where, due to issues of affordability, adequacy or safety, their continued residence is at-risk.

Chronic Homelessness: A person who is "chronically homeless" is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter. A disabling condition is defined as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living. (U.S. Department of Housing and Urban Development)

Continuum of Care (CoC): A planning body initiated by HUD that works to address and end homelessness in our community. The continuum is a coalition of homeless-serving organizations with the responsibility to jointly apply for funding to plan, coordinate, and deliver services.

Cost Burden: A household has a "housing cost burden" if it spends 30 percent or more of its income on housing costs. A household has a "severe housing cost burden" if it spends 50 percent or more of its income on housing. Owner housing costs consist of payments for mortgages, deeds of trust, contracts to purchase, or similar debts on the property; real estate taxes; fire, hazard, and flood insurance on the property; utilities; and fuels. Where applicable, owner costs also include monthly condominium fees. Renter calculations use gross rent, which is the contract rent plus the estimated average monthly cost of utilities (electricity, gas, water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else). Household income is the total pre-tax income of the householder and all other individuals at least

¹¹ Many thanks are given to the Grand Rapids Area Housing Continuum of Care for their assistance in the development of this glossary.

15 years old in the household. In all estimates of housing cost burdens, owners and renters for whom housing cost-to-income was not computed are excluded from the calculations.¹²

Department of Human Services (DHS): The State of Michigan Department that is principally responsible for meeting the basic financial, medical, and social needs of people who are unable to provide for themselves; assisting those who are capable of becoming self sufficient through skill building, opportunity enhancement, and family-focused services; and protecting children and vulnerable adults from abuse, neglect, exploitation, and endangerment.

Disability: A physical or mental impairment that substantially limits one or more major life activities, such as caring for oneself (speaking, walking, seeing, hearing, or learning).

Emergency Shelter: Temporary housing for individuals or families who are homeless over one night or several nights, typically up to a maximum of 30 days.

Food Stamps: A DHS managed resource that improves the nutritional opportunities of low income people by providing them with financial assistance to buy food (or seeds and plants to grow food) for home use. Aid may be in the form of coupons which are used like cash, or an electronic benefits transfer (EBT) card that is similar to a bank debit card.

Foster Care: A system that provides a home for children (0-18 years) who have been neglected and abused, as well as for those who are awaiting adoption.

Homeless Action Network of Detroit (HAND): The Continuum of Care for the cities of Detroit, Hamtramck, and Highland Park, Michigan.

Homeless Family with Children: A family that includes at least one homeless parent or guardian and one child under the age of 18, a homeless pregnant woman, or a homeless person in the process of securing legal custody of a person under the age of 18.

Homeless Person: An individual who lacks a fixed, regular and adequate night-time residence or has a primary nighttime residence that is: a) a publicly-supervised or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for people who are mentally ill); b) an institution that provides a temporary residence for individuals intended to be institutionalized; or c) a public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings. (HUD)

Homeless Prevention: Efforts to assist individuals and families at risk of becoming homeless to stabilize their housing situation and provide supports necessary to help them maintain their housing and avoid homelessness.

Homeless Management Information System (HMIS): A computerized database that collects information about homelessness.

¹² www.DataPlace.org

Housing Choice Voucher: A rent subsidy instrument used to supplement what low income families can afford to pay for housing on the private market. These vouchers, formerly known as Section 8 vouchers, are funded by HUD and administered by public housing agencies.

Housing First: An approach that alleviates homelessness by moving people who are homeless into permanent housing as quickly as possible.

Jail: A County-owned correctional facility.

Mainstream Resources: A variety of Federal and state benefit government assistance programs people may be eligible to receive, including Supplemental Security Income (SSI); Social Security Disability Income (SSDI); Veteran's Benefits; Medicaid; and Temporary Assistance for Needy Families (TANF).

Michigan State Housing Development Authority (MSHDA): State authority that provides financial and technical assistance through public and private partnerships to create and preserve decent, affordable housing for low- and moderate-income Michigan residents.

Medicaid: A program jointly funded by the states and the federal government that provides medical care to people who are poor, including the elderly, children, recipients of welfare and people with disabilities.

People At Risk of Homelessness: People who are in imminent danger of becoming homeless.

Permanent Supportive Housing: Safe, affordable rental housing with support services for low income or homeless people with severe mental illness, substance use disorders, or HIV/AIDS.

Point-in-time Count: A one day count of all homeless people in a defined area.

Precariously Housed People: People who live in permanent housing in overcrowded situations (such as those who are doubled-up or living with friends or relatives) or who are paying such a high percentage of their income for housing costs that their ability to maintain the housing is seriously in doubt from month to month. People who are precariously housed are not considered homeless by HUD's definition; however, they are at a high risk of entering the homeless services system.

Prison: A State operated correctional facility.

Projects for Assistance in Transition From Homelessness (PATH): Funding provided by HUD for services to persons with mental illness as well as individuals with mental illness and substance use disorders who are homeless or at risk of becoming homelessness.

Social Security Disability Income (SSDI): A public assistance cash benefit a for people who are disabled.

Street Homeless: People who currently live on the streets or in abandoned buildings or other places not meant for human habitation.

Subsidized Housing: Housing that has a portion of its rent paid with public funds or, during its development, was financed with public funds that help keep the rent affordable to low income families.

Supplemental Security Income (SSI): A public assistance cash benefit for persons with disabilities.

Supportive Housing: Housing that is both affordable to its residents and linked to mental health, employment assistance, and other support services to help residents live as independently as possible.

Supportive Housing Program (SHP): Federal funds under HUD that support transitional and permanent supportive housing programs.

Temporary Assistance for Needy Families (TANF): A cash benefit and work opportunities program for needy families with children.

Transitional Housing (TH): Housing that provides temporary shelter (usually for up to two years) to persons making the transition from homelessness to permanent housing.

Unaccompanied Homeless Youth: Young people under the age of 18 years old who are estranged from their families and live on the streets or in shelters and have no stable housing.

United States Department of Housing and Urban Development (HUD): The federal agency responsible for overseeing a variety of government-subsidized housing related programs such as the Supportive Housing Program, Housing Choice Vouchers (Section 8) and Shelter Plus Care.