

# Vision to



# End Homelessness

KENT COUNTY, MICHIGAN

Grand Rapids Area Housing Continuum of Care



In recent decades, national and local efforts to address homelessness have placed substantial emphasis on emergency response to homelessness. This *Vision to End Homelessness* challenges our community to take a fresh look at our current system of emergency services for people who are homeless and to purposefully move to a system focused on the provision of safe, affordable permanent housing. In essence, [this is a movement from \*managing\* homelessness to \*ending\* homelessness](#). The body of this Vision document presents this new perspective and captures our vision for the future. The appendices include detailed information regarding the Vision planning process, data used to support the Vision, and a glossary of terms.

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Dear Kent County Community Members,

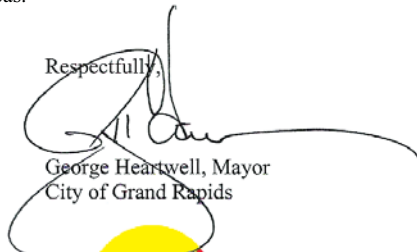
End homelessness? It sounds impossible. Thousands of families and individuals experience homelessness every year in our community. On a given night two-thirds of those who are homeless are women and children. Many individuals and families never recover from the turmoil and loss and are locked into a cycle of chronic poverty and recurring episodes of homelessness, often crossing generations. Yet, like most seemingly intractable problems, the devastation caused by homelessness will yield to thoughtful analysis, a carefully constructed plan and the will of our community to implement solutions in a judicious and fair way.

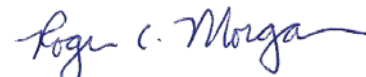
For the past year, housing and service providers and other interested persons have been studying our current housing situation, learning about high performing communities across the country and gathering input. We have consulted people who have been homeless or at risk of homelessness, as well as other community members, as part of the Vision to End Homelessness planning process. As a result, we discovered ways to push our resources upstream to prevent homelessness rather than wait to mitigate the effects of homelessness only after a family or individual loses housing. We identified causes of homelessness, such as discharge from institutions directly to shelters and regulations that inhibit the most effective use of resources. We heard proposals that would reduce the number of evictions and provide benefit to both tenants and landlords. We discovered that the end of homelessness won't come from a massive new program but instead from many small changes and new collaborative relationships.

What can we expect after the vision is implemented? It is too much to expect that no one will face a housing crisis again. What we can expect is that the crisis will be resolved in most cases without resorting to the disruption of temporary displacement. Homelessness prevention and rapid re-housing will be the rule. Needed services will be provided to *prevent* housing crises and avoid the need for recovery from crises.

Solving a problem as complex as homelessness requires complex and technical solutions but **the over-riding idea is very simple: Affordable permanent housing for all is an essential component for strong families and communities.** Ending homelessness makes sense in every way.

We gratefully acknowledge the generous support of the Grand Rapids Community Foundation, Dyer-Ives Foundation, Steelcase Foundation, and the U.S. Department of Housing and Urban Development in making this Vision process possible. We are also grateful to the hundreds of people who invested their time, knowledge and ideas.

Respectfully,  
  
George Hartwell, Mayor  
City of Grand Rapids  


  
Roger Morgan, Chair  
Kent County Board of Commissioners



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Bibliography is available online at [www.grahcoc.org](http://www.grahcoc.org)

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The Dyer-Ives Foundation

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# Vision to End Homelessness

## Summary and Overview

As we articulate our community's Vision to end homelessness, our hearts are wrenched with the awareness of the homelessness and other terrible harm that has transpired in the southern United States as a result of Hurricane Katrina. In a sudden and dramatic way our awareness of homelessness has been increased. But note well: *every day* hundreds, if not thousands, of our local neighbors in Kent County deal with the tragedy and crisis of homelessness, homelessness not caused by a hurricane yet also disruptive and traumatic and equally deserving of remediation. We have a crisis of homelessness in our midst, and it demands our urgent attention.

**The Vision to End Homelessness is our community's response to homelessness. The Vision will be brought to fulfillment through an implementation plan to end homelessness in Kent County by the end of 2014.**

### Our Vision assumes:

- **Homelessness is unacceptable** in our community.
- Our community has the **will to end homelessness**.
- Ending homelessness requires that we identify and provide **MORE affordable units of permanent housing**, in an array of configurations: *with supports as needed; tailored to meet the needs of the individual or family being served; with housing stability as the desired outcome; and in a fiscally responsible way.*
- **Housing is the solution to homelessness**; yet this is not a one-size-fits-all solution. Some people will need housing with extensive supports if they are to succeed. Others will succeed with no or few extra supports. We will offer a spectrum of housing options, providing what is needed for housing stability, but not mandating more than what is needed. We will seek out the best alternatives to resolve each housing crisis that has led or could lead to homelessness. We will focus on the provision of safe, affordable permanent housing for people who are homeless or in a housing crisis.

### Among our key areas of focus will be:

- Prevention of homelessness, with more resources directed to this strategy.
- A dramatic decrease in emergency shelter need, use, and bed capacity.
- Increased coordination of systems and services (our system will address housing issues, and homelessness is a multifaceted problem that will be overcome by the collaboration of many systems).
- The expansion of the role of *Housing First* as a local strategy for permanent housing.
- Vision implementation, local education and planning efforts around housing will be coordinated by the Grand Rapids Area Housing Continuum of Care (HCOC).



## Close the Front Door Into Homelessness

OUR EFFORTS AND PROGRAMS TO ADDRESS HOMELESSNESS WILL PROCEED FROM OUR CONVICTION THAT CRISES MUST BE ADDRESSED BEFORE HOMELESSNESS OCCURS

RESOURCES AND SERVICES WILL BE RE-DIRECTED UPSTREAM – TO PREVENTION ACTIVITIES - BEFORE AN EPISODE OF HOMELESSNESS OCCURS

OUR “CENTRAL INTAKE SYSTEM” WILL BE BROADENED IN SCOPE OF POPULATION SERVED AND WILL BE ENHANCED TO INCLUDE SERVICES FOR PREVENTION OF HOMELESSNESS OR IMMEDIATE PLACEMENT IN PERMANENT HOUSING WHEN HOMELESSNESS OCCURS

SYSTEM COORDINATION WILL INCLUDE HOUSING SPECIALIST SERVICES FOR ALL INSTITUTIONAL RELEASES

## Open the Back Door Out of Homelessness

EMERGENCY SHELTER USE WILL BE DRAMATICALLY DECREASED AND, WHERE ESSENTIAL TO REDUCE HARM, WILL BE RE-STRUCTURED TO INTERIM HOUSING TO INCREASE THE LIKELIHOOD OF PERMANENT HOUSING SUCCESS

OUR PHILOSOPHY OF HOUSING FIRST - RAPID PLACEMENT IN OR SUCCESSFUL RETENTION OF PERMANENT HOUSING UPON THE OCCURRENCE OF A HOUSING CRISIS - WILL PERMEATE OUR APPROACH TO THE RESOLUTION OF HOUSING CRISES

THE BACK DOOR WILL OPEN TO AN ARRAY OF SAFE, AFFORDABLE, PERMANENT HOUSING OPTIONS SUFFICIENT IN QUANTITY AND QUALITY TO MEET THE NEEDS OF PEOPLE IN OUR COMMUNITY AND ALLOW THEM TO REMAIN SUCCESSFULLY HOUSED; LINKS TO SUPPORTIVE SERVICES WILL BE MADE AVAILABLE WHERE AND AS NEEDED

## Build the Infrastructure to End Homelessness

THE GRAND RAPIDS AREA HOUSING CONTINUUM OF CARE (HCOC) WILL COORDINATE IMPLEMENTATION OF THE VISION

PUBLIC AND PRIVATE FUNDERS WILL BASE FINANCIAL SUPPORT FOR PROGRAMS ON CONGRUENCE WITH THE VISION

THE HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) WILL BE USED TO INFORM COMMUNITY PLANNING EFFORTS AROUND THE PROVISION OF HOUSING

RESOURCES WILL BE DIRECTED TO INSURE A CONTINUUM OF PERMANENT HOUSING OPTIONS TO MEET THE NEEDS OF PEOPLE IN OUR COMMUNITY; FUNDING DECISIONS WILL BE INFORMED BY A BROAD COST/BENEFIT ANALYSIS

THROUGH ADVOCACY, EDUCATION AND INNOVATION, OUR COMMUNITY’S WILL TO END HOMELESSNESS WILL BE STRENGTHENED AND DIRECTED TO PERMANENT SOLUTIONS

## A New Vision

As work on our vision to end homelessness in Kent County commenced, the Grand Rapids Area Housing Continuum of Care (HCOC) determined to study our local reality and national best practices, consult with people who have experienced homelessness, and adopt a vision

“We need affordable, decent housing and lower rent that doesn’t make you choose between paying utilities or rent or food.”

- A Parent

that would lead us to end homelessness by changing assumptions, service systems, and funding streams.<sup>1</sup> As the vision process has progressed, it has become clear that we cannot end homelessness unless we transform the way we view homelessness and its causes and solutions. Change will include the refocusing of our HCOC, with the

goal of *ending* homelessness as our primary work. Current structures, programs and facilities that do not serve the goal of ending homelessness will be

replaced with other approaches that do serve this goal.

We know that **without a vision the people perish**. We reject the slow process of perishing through diminished opportunity and despair that derives from insecure shelter arrangements and a lack of permanent housing. It is not enough to tweak the “homeless system”

we currently operate, regardless of how well it has performed by some measures. We choose a new way forward: a vision that encompasses a change in attitude, a change in assumptions, a change in vocabulary, a change of heart, a change in service delivery and a change in systems. This vision includes far less need to remediate homelessness and far more prevention of homelessness. It will require a redirection of financial and service resources (1) to situations of instability in order to maintain current permanent housing and *prevent* its loss and (2) to situations of actual homelessness to obtain safe, affordable permanent housing with minimal disruption to the lives of those who are in crisis. We put forth here our commitment to this vision to end homelessness.

The chronic homelessness of individuals, episodic homelessness of families with challenging circumstances, and homelessness due simply to the unaffordability of housing may call for somewhat different solutions. **But fundamentally, each calls for housing!** Our vision of ending homelessness proceeds from our belief that safe, affordable permanent housing is a basic human right. Some people may need supportive services to *maintain* housing, but “housing readiness” will not be a barrier to *obtaining* housing. We assert that ending homelessness is about housing people.

<sup>1</sup> See Appendix D, “A Panoramic View: How We Got Here,” for a description of the Vision to End Homelessness planning process.



## A Snapshot of Our Current Reality

Regular point-in-time counts of our temporary housing facilities tell us that on a given night in Kent County, 700 - 800 of our neighbors will sleep in emergency shelters or transitional housing facilities. Since both of these arrangements provide temporary shelter, but not a home, these neighbors of ours, while sheltered, are homeless. Many more of our neighbors will sleep in cars, under bridges or in doorways and undeveloped park-like settings throughout the County. We have no adequate count of these unsheltered homeless neighbors; depending on the time of year, estimates range from a few score to a few hundred people. Perhaps 10-15% of the homeless individuals in our community experience chronic homelessness. This is only a snapshot of the reality today in Kent County; over the course of a twelve-month period thousands of children, women, and men will experience homelessness in temporary shelters or in places not meant for human habitation. Thousands more individuals and families are precariously housed and on the *brink* of homelessness, living doubled and tripled up in units meant for one individual or one family. Still thousands more people endure substandard housing (as evidenced by infestations, broken plumbing, exposed wires and other health hazards) as their only option to avert homelessness.

Homelessness as we know it today is a relatively recent problem. In the 1980s, drastic cuts in federal housing subsidy funds, along with continued deinstitutionalization of people who were diagnosed as mentally ill or developmentally disabled, caused widespread homelessness. Other factors, too, spurred the growth of homelessness over the last three decades, including:

- **The scarcity of housing that is affordable** by people with low incomes
- **Insufficient household income** that has not kept pace with rising costs
- **The lack of affordable supportive services** that aid family and personal stability; these include health insurance, public transportation, childcare, case management and other services
- **Changing social circumstances** that have made at-risk families and individuals even more vulnerable; these include high rates of incarceration and substance addiction and more people with inadequate family support resources

Thirty years ago, indigent single men made up the vast majority of people who were homeless. **Today, in our County, women and children comprise 65% of those who are sheltered and homeless.** Children are the single largest group of people who are homeless (36%). And nearly 30% of all homeless adults work in paid employment.

Our Grand Rapids Area Housing Continuum of Care has a network of outstanding not-for-profit and public agencies that provide high quality shelters and well run programs. Local governments and faith-based

communities are fully involved. We are successful fund-raisers, and we are blessed with access to many resources.

**We have a vast system of homeless services, but the problem of homelessness hasn't gone away.** As one family or individual is helped to pay a utility bill, catch up on past-due rent, or secure permanent housing, another individual or family in need falls into temporary shelter or

**“I became homeless because of a job loss and a rapid decrease in my income.”**

**- A Military Veteran**

onto the streets. And sometimes those who have escaped one crisis return to the system, homeless again.

Absent a new vision, we know that tomorrow's snapshot will look much the same as today's, as the lack of affordable housing, unemployment or underemployment with inadequate wages, persistent poverty and lack of access to financial resources, inadequate access to support for

overcoming or coping with substance addictions and mental illness, and domestic violence will continue to displace our neighbors from their homes and onto the streets or into shelters.

**Absent a new vision, all of this will happen despite our highly developed, multi-million dollar homeless services system.**

**This is unacceptable. We are committed to a new vision that puts an end to homelessness.**



## Developing a New Picture

Our current system, with its variety of emergency (370 beds) and transitional (521 beds) *temporary* housing options, has allowed us to manage homelessness, but not to end homelessness. With the comforting belief that most people would at least be sheltered, our system evolved over time to focus more on the remediation of homelessness, including provision of services to help ease people back into permanent housing. But ending homelessness requires residency in safe, affordable permanent housing; this must become our primary focus, with services and supports directed to this goal.

**In this Vision, we commit to an increase in permanent housing placements and retention.** Our new picture will include a major emphasis on prevention (whatever it takes to help people retain existing housing which is safe and affordable, such as financial assistance with periodic rent, mortgage or utility arrearages; temporary partial rent or mortgage subsidies where decreases in income or increases in housing costs increase the threat of eviction; or other temporary assistance that bridges the housing affordability gap and prevents homelessness). Our new picture will also emphasize **rapid re-housing** and **housing first**, philosophies that acknowledge that successful permanent housing placements will be more likely when people can resolve substantial financial, mental, physical or relational crises from a position of stability in permanent housing.

Developing this new picture will take time. We are committed to a period of implementation to make this vision real, with the end of 2014 as our target date.

**Our approach will change so that we *prevent* homelessness – CLOSE THE FRONT DOOR INTO HOMELESSNESS:**

Resources and services will be re-directed upstream – to prevention resources - before an episode of homelessness occurs; for example

- Development and use of coordinated application form for benefits requested through various public assistance programs to speed up access to income
- Funding of a housing assistance revolving pool or endowment to resolve minor rent, mortgage or utility delinquencies before eviction proceedings begin
- Landlord/tenant education sessions to divert from the eviction process many disputes that might otherwise lead to homelessness

Our central intake system will be broadened in scope of population served and enhanced to include services for prevention of homelessness and placement in permanent housing; for example

- “Central intake” may evolve to “central service” or “central resolution” system
- This new system will serve single men, in addition to the families and single women who are currently served by our central intake system
- Households in a housing crisis will be assisted with resources directed to prevent homelessness before it occurs

System coordination will include housing specialist services for all institutional releases; for example

- Prison/jail, foster care and mental and physical health institutions will provide or link to the services of a housing specialist prior to institutional release

**Our approach will change so that we quickly *end* homelessness when it does happen – OPEN THE BACK DOOR OUT OF HOMELESSNESS:**

Emergency shelter use will be dramatically decreased; where necessary to address emergencies we will provide brief interim housing with a goal of rapid placement and long term success in permanent housing; for example

- Our short-term crisis shelter option will be interim housing for 1-90 days, ending as soon as safe, permanent affordable housing is located
- Interim housing will focus on placement in permanent housing as rapidly as possible; supportive services will be wrapped around as needed to provide assistance while in permanent housing

Our philosophy of housing first - that is, rapid placement in permanent housing upon the occurrence of a crisis - will permeate the central intake/resolution system and HCOC approach to resolution of housing crises; for example

- Homelessness will be understood as a housing issue, first and foremost, and resources will be directed to housing
- Where an episode of homelessness cannot be avoided, the central system will facilitate movement to permanent housing as quickly as possible, with minimal time spent in an interim placement
- Previous “housing readiness” screens that may have kept people in temporary housing longer than necessary will be replaced with the immediate provision of an appropriate permanent housing placement from which any needed supportive services can be accessed



The back door will open to an array of affordable housing sufficient in quantity and quality to meet the needs of people in our County (plus mainstream service options, if needed); for example

- Affordable ownership and rental options will be provided in an array of configurations to meet the needs of homeless and precariously housed people
- Supportive services will be provided as needed (at the permanent housing location or some other convenient point of access)

**Our approach will change to make safe, affordable permanent housing available to all people - BUILD THE INFRASTRUCTURE NEEDED TO END HOMELESSNESS:**

The Grand Rapids Area Housing Continuum of Care (HCOC) will coordinate implementation of the Vision; for example

- The HCOC subcommittee and meeting structure will change to foster our community's progress into fulfillment of this Vision
- The Homeless Management Information System (HMIS) will be used to inform community planning efforts around the provision of housing and ending of homelessness

Public and private funders will base financial support for programs on congruence with the Vision; for example

- Resources will be directed to a continuum of permanent housing options to meet the needs of people in our community
- Funding allocations for programs and facilities will be informed by a broad cost/benefit analysis

Through advocacy, education and innovation, the community's will to end homelessness will be strengthened and directed to permanent housing solutions; for example

- In emphasizing housing, we will support policies that foster the likelihood of long term stability in safe, affordable permanent housing

These changes, essential if we are to *end homelessness and not merely manage it*, must include reform of the system of homeless services as we know it today. The transformation must also include mainstream institutions and systems outside the homeless services arena, such as social services, public and private housing development and assistance, the real estate industry (both rental and home ownership), employment and compensation practices, the educational system, the medical system, the criminal justice system, community planning bodies and elected officials, and philanthropic and government funding mechanisms. And in addition to transformation of what already *is*, we must adopt **new** attitudes, systems, and community processes that establish safe, affordable permanent housing as a fundamental assumption. We must challenge pervasive attitudes about poverty and its causes and effects; self sufficiency and a fair allocation of resources; and the role of government, taxation and public policy in assisting people who are in need. Ending homelessness will engage our best energies, both public and private resources, and our most creative thinking.

**Our current system of homeless services will be transformed into a system of housing stability.** Systemic factors that cause and perpetuate homelessness will be transformed into systemic approaches that support obtaining and maintaining permanent housing. Circumstantial personal factors that escalate challenging situations into homelessness and hopelessness will be transformed through resources dedicated to both sustaining a high quality of life and preventing crises from leading to homelessness. Chronic homelessness, exacerbated by both systemic and personal factors, will be eliminated through the provision of outreach, housing and supportive services as needed. Precarious housing arrangements will give way to safe, affordable permanent housing options for all.

**It is time to develop a new picture.**



## Changing our Lens: Key Systemic Vistas in the New Picture

Systemic factors operate from a particular paradigm that a community has accepted, whether implicitly or explicitly. Our new Vision shifts our community **FROM** the *conventional paradigm that addresses homelessness as an inevitable condition to be managed* **TO** a new paradigm in which sustainable permanent housing is recognized as a basic human right. Our Vision *imagines and creates a community with new systemic vistas*:

| FROM                                                                                         |   | TO                                                                                                                                                     |
|----------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vocabulary that assumes homelessness will always exist                                       | ➡ | Vocabulary that assumes permanent housing is a right for all people                                                                                    |
| Reaction and remediation only after homelessness occurs                                      | ➡ | Preservation/stability resources that prevent homelessness                                                                                             |
| A system based on emergency shelter                                                          | ➡ | A system based on permanent housing                                                                                                                    |
| Quick fixes: reliance on emergency shelter while resources are sought                        | ➡ | Sustainable housing placements: permanent housing while resources are marshaled                                                                        |
| Chronic homelessness as a common experience                                                  | ➡ | Housing and service systems dedicated to ending repeat occurrences of homelessness                                                                     |
| Random access to permanent housing                                                           | ➡ | A coordinated system that streamlines access to safe, affordable permanent housing                                                                     |
| Geographically concentrated poverty and affordable housing                                   | ➡ | County-wide affordable housing and access to services                                                                                                  |
| Institutional release into homelessness                                                      | ➡ | Permanent housing available to all upon release from institutions                                                                                      |
| Funding directed to emergency fixes                                                          | ➡ | Funding directed to prevention and permanent housing                                                                                                   |
| Unsustainable employment compensation                                                        | ➡ | Income and other resources adequate to meet housing costs and the costs of other basic necessities                                                     |
| Scarcity of affordable housing                                                               | ➡ | Sufficient quality housing stock that is affordable to people of low to moderate incomes                                                               |
| Scarcity of barrier-free housing                                                             | ➡ | Sufficient affordable quality housing stock that is accessible to all people                                                                           |
| Public benefits funded at or below the poverty level and the level of housing sustainability | ➡ | Public benefits that are sufficient to meet housing costs and the costs of other basic necessities                                                     |
| Tax and other government policies not supportive of people with low incomes                  | ➡ | Policies that foster permanent housing, full employment, and livable family incomes                                                                    |
| Scarcity of supportive services                                                              | ➡ | Sufficient accessible and affordable supportive services that help maintain the health and housing stability of individuals and families who need them |



## Changing our Lens: Key Personal Vistas in the New Picture

Personal circumstances (e.g., lack of support for coping with mental illness, substance addiction, lack of education and/or employment skills, lack of access to childcare, a criminal record, domestic violence, and inadequate financial resources) may decrease the likelihood of sustainable long term residency in permanent housing. Our new Vision shifts our community **FROM** the *conventional paradigm that requires challenging personal circumstances to be “fixed” before a person is “housing ready”* **TO** a *new paradigm in which permanent housing is provided upon the occurrence of homelessness, with assistance available as needed to promote the sustainability of the new or current permanent placement.* Our Vision *imagines and creates a community with new personal vistas:*

| FROM                                                                             |   | TO                                                                                                                            |
|----------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------|
| Exclusion from housing due to behaviors related to mental illness                | ➡ | Sufficient affordable mental health care to support successful permanent housing placements                                   |
| Exclusion from housing due to behaviors related to alcohol abuse                 | ➡ | Low demand housing units that accept residents whose alcohol use is not a nuisance to others                                  |
| Substance addictions that are a barrier to housing success                       | ➡ | Sufficient and affordable treatment or other support to overcome addictions and support successful housing outcomes           |
| Repeated housing failures leading to chronic homelessness                        | ➡ | Assertive supportive services that anticipate and prevent housing failures                                                    |
| Prostitution as an escape from homelessness                                      | ➡ | Sufficient affordable housing to prevent exigency that can lead to prostitution or other behaviors of desperation             |
| Lack of basic literacy                                                           | ➡ | Access to literacy and educational programs                                                                                   |
| Lack of employment skills                                                        | ➡ | Access to job training and job readiness programs                                                                             |
| Lack of access to childcare                                                      | ➡ | Quality affordable childcare that is available to workers on all shifts                                                       |
| Exclusion from housing due to a criminal record                                  | ➡ | Affordable public and private housing available for which a criminal record is not a barrier                                  |
| Domestic violence that displaces victims and/or reduces their housing options    | ➡ | Strong public policy that supports the safe retention of current housing by victims of domestic violence, among other options |
| Inadequate access to financial resources in time of crisis                       | ➡ | Centralized access to sufficient utility or rent assistance or other short-term resources to avert eviction                   |
| Exclusion from housing due to anti-social behavior or behavior perceived as such | ➡ | Permanent housing options to respectfully accommodate people with behavior differences                                        |

## Framing the Image

Making the Vision real requires the utilization of existing data and the review and analysis of new sources of data. Appendix B contains a report of the initial data gathered in shaping this vision. The Vision calls for the gathering and analysis of a great deal of additional data to help shape solutions and outcome measures.

“There aren’t enough agencies and services out there if you get behind. Instead of letting the debt get to the point where you lose your house, there should be financial help with some of those bill situations before you lose your house.”

- A Neighbor

Community input to the process provided many suggested action recommendations that served as the foundation of this vision to end homelessness. The suggestions, many in great detail, encompass both

systemic and incremental steps to end homelessness, including chronic homelessness. Appendix C contains a detailed summary of the Goals, Objectives, Strategies and Action Recommendations derived from our initial planning process. From these and other suggestions, best practices and the work of implementation of the Vision, concrete action steps will be developed.

Our commitments to *close the front door into homelessness, open the back door out of homelessness, and build the infrastructure needed to end homelessness* require focal points by which to coordinate our efforts. We have adopted **five key focal points** that will guide our work to end homelessness in Kent County by the end of 2014 and make the Vision real.

### A. PERMANENT HOUSING

Our new system will be built around the premise that homelessness is by definition the lack of a home. The occupancy of emergency or short term housing provides shelter but does not end homelessness. Our system of “homeless services” will be dedicated to “housing provision and/or retention.” Resources and programs will be directed to prevention of the loss of housing, or provision of permanent housing when it is absent. Some people who are homeless may require supportive services to assist with successful long term housing outcomes. The provision of these services will be accomplished from a base of permanent housing, through collaboration with other mainstream systems and personnel who are expert in dealing with other issues that may accompany the need for housing. The resolution of homelessness requires permanent housing, whether supportive housing or simply safe, affordable housing. We will operate with the philosophy of *housing first*; i.e., that permanent housing is the primary need and that all other issues that have contributed to homelessness should be addressed from the vantage point of residency in permanent housing.

### B. SERVICES

For some people who are homeless, other issues (e.g., lack of support for coping with mental illness, active substance abuse, a criminal record, lack of education including basic financial literacy, misplaced trust in friends or strangers, insufficient financial resources, or poor physical health) may affect their ability to stay housed over the long term. The homeless services system currently provides supportive services to people while they are residing in temporary shelter. Best practices research shows the most successful housing outcomes and best financial stewardship result when appropriate supportive services are provided to people while they are in affordable

permanent housing, rather than in temporary shelter or unsheltered. Our new vision of permanent housing provision and/or retention will strengthen links with and improve timely access to an array of mainstream resources and supportive services to promote success in maintaining permanent housing. We will focus special effort on ending chronic homelessness in our community by making available permanent housing (including permanent supportive housing and low demand housing with wraparound services as needed) and by increasing access to employment for people who have experienced chronic homelessness.

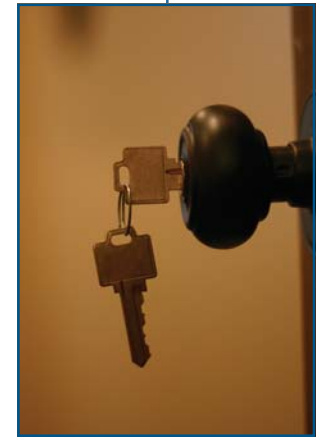
### C. AFFORDABLE HOUSING

Ending homelessness through the provision of permanent housing demands the commitment to provide sufficient units of safe, affordable permanent housing for those in our community who are unsheltered, temporarily sheltered, or sheltered in precarious housing situations that could easily end in homelessness. We must expand the supply of safe, affordable permanent housing in our community. This commitment does not imply that we can build our way out of homelessness. Some new construction or rehabilitation of existing structures may be needed, at least partly to offer an array of permanent housing options (including ownership, rental, supportive, low demand and other). We recognize that affordable housing is currently clustered in some areas of the County. We support a greater geographic dispersion of affordable housing in our County, with access to transportation and services. Since there is a substantial vacancy rate for rental units in our community, enhancement of incomes or the provision of subsidies are two additional mechanisms to increase the number of housing units that are affordable to people of low to moderate income. We support measures that enhance income (both earned income and

public benefits) in order to make existing housing affordable. Through these and other creative means we support the expansion of opportunities for both rental and ownership housing that is affordable and accessible to all and designed for successful long term residency.

### D. FUNDING

Ending homelessness will require financial resources. This should come as no surprise! What may be less apparent is the costliness of our *current* system of *managing* homelessness. A *redirection* of current funding sources will allow us to better utilize in the new system federal, state, local and private funds that are currently going toward the management of homelessness. During the course of implementation of the Vision we will decrease the need for emergency response and then decrease the proportion of funding that is currently devoted to emergency response and increase the proportion that is devoted to prevention and permanent housing. Steps toward this shift to prevention and permanent housing activities include the implementation of new award standards for Emergency Shelter Grants, Supportive Housing Program funds and other funding requests, based on consistency with Vision goals and objectives. Reduction of other hidden mainstream system expenditures (e.g., those related to recidivism of offenders and excessive use of medical emergency facilities by people who are homeless) will free up other public and private resources for possible new use in the provision of



**“We need adequate subsidized housing to stay housed. Five or six year waiting lists are unacceptable.”**  
– A neighbor

permanent housing. Nationally, cost/benefit analysis has made a strong case for these shifts; we will build our local case in the first three years of Vision implementation through cost/benefit analysis as we begin to shift funding priorities and allocations. We will increase public and private funding of resources (both financial and programmatic) to prevent the loss of housing, provide an array of safe, affordable permanent housing options and enhance our existing endowment for prevention services.



## E. LEADERSHIP

This document articulates and brings to life a vision for our community that will be made real through detailed implementation steps by the end of 2014. Success in this endeavor will demand leadership. The HCOC will be charged with mobilizing the great community involvement that has characterized the initial stages of the Vision process, facilitating detailed development of the Vision and monitoring implementation, including the measurement of outcomes. The HCOC structure will change to foster our community's progress into fulfillment of the Vision. We will obtain endorsement of our Vision to end homelessness by local governments and other organizations throughout Kent County. We will appoint Community Champions/Key Collaborators to further the goals of the Vision in mainstream systems (e.g., mental and physical health, public welfare, government and public funding authorities, veterans' administration, criminal justice, the real estate industry, foundations, faith community, etc.). We will forthrightly address conditions that exacerbate facets of our local housing crisis, including racism, classism, the stigmatizing of mental illness, substance addictions or criminal records, and other "nimbyism" behaviors.

# Making the Vision Real: Where A Sharp Focus is Needed

## Safe, Affordable, Permanent Housing

We have elsewhere asserted that housing permanence is the key to ending homelessness. The alternatives to permanent housing include:

- Doubling or tripling up with family or friends
- Living in emergency shelters
- Living without shelter, in places not meant for human habitation
- Living in public institutions
- Living in shelter of such substandard condition that it is inadequate to sustain health or other basic functioning
- Inadequate nutrition and health care due to diversion of funds to cover housing costs

These costly alternatives must be avoided through the provision of sufficient safe, affordable permanent housing.

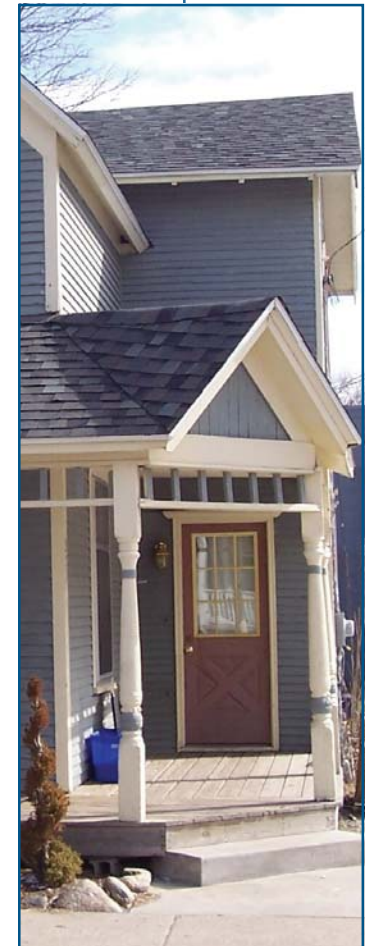
### Affordability

Federal guidelines state that households are considered to bear a "Housing Cost Burden" if they spend more than 30% of their monthly pre-tax household income on housing expenses. Spending 50% or more constitutes a "Severe Housing Cost Burden." These measures can be used to provide an index of "unaffordability."

According to the American Community Survey (2004), in Kent County 45% of renters, 25% of homeowners with

mortgages and 12% of homeowners without mortgages spent more than 30% of their monthly income on housing expenses. When taken as a percentage of incomes that accrue to low income households, such burdensome housing costs are simply unsustainable. They leave few resources for basic expenses such as food, clothing, transportation, childcare, health care, and education, making many low income households vulnerable to the loss of housing and subsequent homelessness. For low income households whose housing costs constitute a "housing cost burden," a crisis such as a divorce, loss of employment or reduction in wages, a major illness or a major car repair could tip the scales and mean that the housing cost burden can no longer be met.

Using the Federal standard explained above, the National Low Income Housing Coalition reports that there is no community in the nation in which a person working full-time at minimum wage can afford to rent a one-bedroom unit at market rate. Housing affordability is also a problem in Kent County, where a full-time worker would have to be paid \$13.58 an hour in order to afford a two-bedroom rental unit at Fair Market Rent (as determined by HUD). Put another way, a person would have to work at minimum wage for 105 hours per week in order to be able to afford such a unit (*Out of Reach 2004*, National Low Income Housing Coalition). According to a study conducted in 2004 by Grand Valley State University's Community Research Institute, a single person living in





the Grand Rapids Metropolitan Statistical Area (MSA) and earning minimum wage would need to spend 65% of his or her monthly income to afford a median priced rental unit. For households on public assistance, the affordability gap may be even wider. The result is, all too often, homelessness or inadequate and precarious housing.

We know that we have a shortage of safe, affordable permanent housing in our community, but we are still working to quantify the size of the problem. More work will be done in the initial year of Vision implementation to determine the number and type of affordable permanent housing units that are needed. Based on our estimate of several hundred people who are homeless on any given night (in emergency shelters, transitional housing, or unsheltered), plus the estimate of more than 10,000 people on the waiting lists for Housing Choice Vouchers (Section 8 vouchers), plus our awareness of the substantial number of households who are not yet homeless but very precariously housed, the need for safe, affordable permanent housing in our County is certainly in the thousands of units.

The Bridgeport Child Advocacy Coalition Report (Bridgeport, CT, 2005) concludes that an affordable housing shortage is not just an affordability issue for low and moderate income families, but also an economic issue that affects the well-being of all residents of the community: "Rehabilitating and building affordable housing not only provides more housing but provides economic stimulus for the County and its municipalities. It creates more jobs and increases the tax base." *Home Sweet Home: Why America Needs a National Housing Trust Fund* (Center for Community Change, 2001) estimated that investing \$5 billion directly into housing construction or rehab would result in 184,300 new jobs nationally. The study highlights 20 cities and illustrates how a national housing trust fund could both create more

affordable housing and assist people through an initial and leveraged impact on jobs and wages. More research is needed on a local and state level to identify the impact here.

**Permanent Supportive Housing**

Permanent Supportive Housing (PSH) provides housing with supportive services attached for people with chronic or disabling conditions, such as mental illness, chronic substance abuse problems and physical disabilities. These services are tailored to the individual or family needs;

“Learning how to cook,  
clean and care for myself  
is what is keeping me  
staying here”  
- A resident of permanent  
supportive housing

some households  
require relatively  
few supportive  
services once  
they are in  
housing that  
they can afford  
to maintain.  
More intensive  
supportive  
services may be  
needed for people

with mental health and/or substance abuse issues, especially those who are chronically homeless. Our County currently has approximately 500 PSH beds, and our innovative programs are showing great success in housing retention and improvement in quality of life for the people who live in these units. We believe, and will document in the initial years of implementation, that some additional PSH units are needed in Kent County, particularly for people who have been chronically homeless.

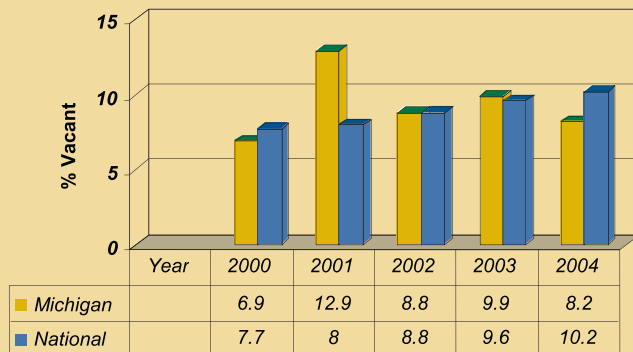
**Market Rate Housing**

Even while our County is experiencing a scarcity of affordable permanent housing, we have a significant vacancy rate for market rate rental units.



### Rental Housing Vacancy Rates in West Michigan Compared to National Rental Housing Vacancy Rates

(from U.S. Census Bureau)



Rental vacancy rates within the West Michigan Metropolitan Region (including Grand Rapids, Muskegon and Holland) mirror the high rental vacancy rates throughout the nation. The Kent County rental vacancy rate for 2004 was estimated at 11.3%. Precise figures are not currently available, but the American Community Survey reported that in 2004 Kent County had 16,949 vacant units of housing; this figure includes both rental and ownership housing, and includes all cost levels. According to the Rental Property Owners Association of Kent County, a preferred maximum rental market vacancy rate would be around 3% to 4%. It makes sense to find ways to fill these vacant units with people who need safe, affordable permanent housing (e.g., through a rental assistance pool, through increased public subsidies, through negotiated reductions in market rates where other incentives can be offered to property owners, or through other creative means).

### Public Housing and Public Housing Subsidies

Subsidies that make housing affordable offer one tool that can prevent homelessness. National studies show that 93% of people in subsidized housing units remained housed after two years (New York/New York Study, Dennis Culhane). However, in Kent County, as in most United States communities, the supply of federal housing subsidies has not kept up with demand. Currently, Housing Choice (Section 8) Voucher Programs (Grand Rapids Housing Commission, Wyoming Housing Commission, Rockford Housing Commission, Kent County Housing Commission, and MSHDA) have waiting lists, with most of the lists closed to new applicants. There are more than 10,000 people on these Section 8 waiting lists, with a waiting period approaching 4.5 years for the Grand Rapids Housing Commission list. Public housing, with rents set at rates affordable to persons of low income, is also a valuable housing resource.

MSHDA's Tenant Based Rental Assistance (TBRA) program offered shorter term assistance (up to two years), allowing a person time to improve employment or other income in order to eventually afford market rate housing. The concept behind this successful pilot program could be further developed locally and a combination of public and private funding sought to underwrite it. The federal Shelter Plus Care program assists tenants with long-term rent subsidies based on income levels. In the Shelter Plus Care program we have a fine model that assists with the costs of permanent housing and facilitates links to supportive services as needed in any particular household. Retention rates in our Shelter Plus Care programs exceed 80%. In addition, where needed to fill gaps in care, a system of community supportive services must be more fully developed and delivered to people in permanent housing. Supportive wraparound services can be provided to people

“Job placement is so critical. I know someone who had a difficult time getting a job because of the crime she committed; therefore, she couldn’t keep her apartment and had nowhere to go. She got in trouble.”

– A neighbor

in permanent housing who do not need the higher (and more expensive) level of supports provided by Permanent Supportive Housing.

As public money for programs such as these becomes more limited, we need to devise similar programs (e.g., an affordable

housing endowment fund and State and national affordable housing trust funds) that reduce the housing affordability gap and allow successful retention of permanent housing.

**The Vision to End Homelessness calls for a range of permanent housing strategies that address the gap in affordability, including:**

- Allocation and prudent use of private and public resources and strategies to ***make existing market rate housing units*** (rental and ownership) affordable to low income people, closing the gap between income and cost.
- Ensuring ***equitable land use policies*** that support the development of new or rehabilitated permanent affordable housing throughout the County.
- Reallocating current emergency housing dollars to fund more permanent affordable housing units in Kent County.
- Expanding ***permanent supportive housing*** options for those in need of housing with supportive services, especially people who are chronically homeless.

- Providing wraparound supportive services to people in affordable permanent housing where such services will increase the recipients’ quality of life and ability to successfully maintain their permanent housing.

## Enhancement of Resources

Having assets or income that are adequate to pay for housing costs (whether rent, mortgage, utilities or maintenance) is directly related to the ability to successfully maintain permanent housing. Although homelessness is, as we have asserted, a housing issue, we would be remiss if we failed to acknowledge that the lack of personal resources exacerbates the inability to obtain and maintain permanent housing. The cause of homelessness for 80% or more of those who experience it is simply the unaffordability of housing; sufficient income is therefore one of the solutions to homelessness (National Coalition for the Homeless, September 2002).

### Income from Employment

In an earlier section we referred to the inadequacy of employment at minimum wage in terms of making housing affordable. Virtually all respondents in our Vision to End Homelessness *focus group* sessions, even those with serious mental and physical health disabilities, listed job training and employment as keys to avoiding homelessness. The VTEH *Client Survey*, where the most difficult challenge to maintaining stable housing listed by survey respondents was budgeting/meeting expenses, supports this focus group feedback. Survey respondents who were living in emergency shelter and transitional housing listed getting to work/transportation as their second most difficult challenge. Keeping a job was the third most difficult challenge listed by respondents.

**Most Difficult Challenges to  
Maintaining Stable Housing  
VTEH Client Survey 2005**

| Difficulty                     | Current Housing Type          |                                  |
|--------------------------------|-------------------------------|----------------------------------|
|                                | Emergency Shelter<br>(N = 90) | Transitional Housing<br>(N = 78) |
| Budgeting/Meeting Expenses     | 42%                           | 77%                              |
| Getting to Work/Transportation | 33%                           | 44%                              |
| Keeping a Job                  | 31%                           | 40%                              |
| Health Problems                | 14%                           | 14%                              |

Survey respondents living in emergency shelter and transitional housing listed employment, job training/education and budgeting skills as the services most needed to enable them to move to permanent housing.

**Most Commonly Cited Needs to Enable  
Successful Movement to Permanent Housing  
VTEH Client Survey**

| Supportive Service     | Current Housing Type          |                                  |
|------------------------|-------------------------------|----------------------------------|
|                        | Emergency Shelter<br>(N = 90) | Transitional Housing<br>(N = 78) |
| Employment             | 52%                           | 53%                              |
| Job Training/Education | 32%                           | 51%                              |
| Budgeting              | 28%                           | 54%                              |

National data show the affordability gap is getting worse. According to the Economic Policy Institute, "employment wages for the lowest-paid workers have gone down substantially in real terms since the 1980's. The number of jobs where wages were below what a worker would need to support a family of four above the poverty line also grew between 1979 and 1999. In 1999, 26.8% of the workforce earned poverty-level wages, an increase from 23.7% in 1979." Rising health care costs and reductions in government cash and food assistance have also affected the incomes of many of the poorest working people who are without adequate employment income.

Childcare is an important service for many working families to maintain housing, especially for single parents and those at risk of homelessness. A national study by the U. S. Department of Health and Human Services Administration for Children and Families (1999) showed that only one out of ten children who are eligible for childcare assistance under federal law was receiving any assistance with childcare costs.

**Income from Public Assistance**

For people who are unable to work, assistance must come from other mainstream public systems, since the homeless services system is not designed to offer public income supports. For people with severe mental and physical disabilities, especially those living on the streets, links to public income assistance must be strengthened and maintained.

**"Provide services to get people set up on social security - especially when they are getting out of the hospital. Get them social security, disability or welfare - at least, temporary financial help."  
- A senior citizen**

Income generated from public support eases the burden of housing costs; however, public benefits are not fully bridging the gap between income and housing costs. According to one study, “In 2002, for the first time ever, the average national rent was greater than the [total] amount of income received by Americans with disabilities from the SSI program” (Priced Out in 2002, page 7). In Michigan in 2002, a person who received SSI benefits had to spend an average of 97.9% of the SSI benefits to rent a one bedroom apartment; almost nothing was left for other basic needs, such as food, transportation, etc.

Focus groups, Project Team recommendations, and best practices from across the nation highlight the need to connect individuals to public benefits, both cash and other, to which they are entitled so that they have assistance in obtaining and maintaining permanent housing. In addition to lowering the barriers to accessing these benefits, effort must be devoted to increasing the level of such benefits to make housing affordable to persons on public assistance.



### Asset Building

Income is the key resource needed to meet housing costs. However, a longer term approach must also recognize that housing stability is greatly enhanced when there is the opportunity to accumulate assets. Tools such as Individual Development Accounts (IDA's), Community Land Trusts, and building equity in ownership housing offer low income households the opportunity to accumulate assets to foster future housing stability.

### The Vision to End Homelessness calls for an emphasis on income from employment and income from public assistance adequate to obtain and maintain permanent housing:

- Strengthen links to **job training and employment services** with a focus on transitional jobs programs for those who are hard to employ.
- Provide **childcare and transportation** subsidies to help people stay employed.
- Provide a livable family income (through wages plus tax and other public policy).
- Address systemic factors that limit opportunities for employment at compensation levels that are adequate to afford housing and other basic necessities.
- Expedite access to **SSI and other public assistance benefits** for people with mental and physical disabilities, so that they can sustain permanent housing.
- Increase the level of public assistance benefits so that permanent housing is affordable, thereby helping avoid more costly placements in emergency housing.

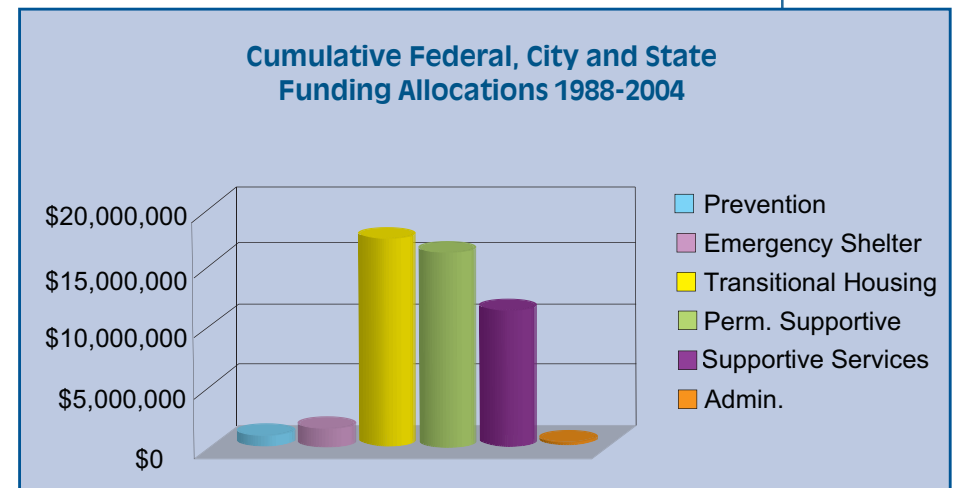
## Funding Our New Approach

Our current system has served our community reasonably well in the *management* of the problem of homelessness. It is difficult to break out of the current funding mindset that looks at the response to housing crises as a linear progression from emergency to transitional to permanent supportive housing. Substantial funding is currently directed to support this linear system. With our new Vision the challenge is to imagine new and non-lockstep approaches to meeting the housing needs of homeless and precariously housed people.

As we fully implement the Vision by the end of 2014, we will redirect community resources from this linear schema to (1) the *prevention* of homelessness (where the loss of housing has not yet occurred) and (2) for those who have lost their permanent housing, to implementation of the *housing first* philosophy, which focuses on rapid re-housing in permanent affordable housing with additional supportive services provided as needed. We will continue to fund permanent supportive housing to meet the level of need, and we will provide a safety net in the form of interim temporary housing that is focused on rapid placement in permanent housing with any supports needed for successful retention. Eligibility for funding under this new paradigm will require organizations to demonstrate effective collaboration with the HCOC and with other service systems, the achievement of successful outcomes for program participants, cooperation with system-wide service protocols and staff training curricula, and participation in HMIS.

For the last several years, millions of dollars in funding has been made available through HUD's Supportive Housing Program (SHP) for supportive services, transitional housing and permanent supportive housing in Kent

County. Government support for prevention services and emergency shelters has been provided through Emergency Shelter Grant (ESG) Program funds.



This funding allocation pattern reflects HUD's past emphasis on transitional housing and supportive services, as well as HUD's more recent attention to permanent supportive housing.

Other Federal, State and local sources assist in financing the current homeless services system. The primary federal funder for the development of new housing and housing subsidies is the U.S. Department of Housing and Urban Development (HUD), whose programs include Community Development Block Grants, HOME funds, the Supportive Housing Program and Emergency Shelter Grants. MSHDA is the State funding agency for affordable housing, and provides financial and technical assistance through public

and private partnerships to create and preserve decent, affordable housing for low and moderate income Michigan residents. MSHDA provides funding and financing opportunities for developers, nonprofit organizations, landlords, homeowners and tenants. The chart on this page indicates some of the funding resources that currently exist, most of which are being utilized by HCOC member agencies.

Suggestions from our planning process and review of best practices from across the nation offer new resources for generating funds for the realization of our Vision:

- **Housing trust funds:** a resource for the production, preservation and rehabilitation of rental or ownership housing for extremely low or very low income persons or families and first-time homebuyers; may be capitalized through a variety of sources
- The Corporation for Supportive Housing, which was created in 1991 by the Pew Charitable Trust, the Robert Wood Johnson Foundation and the Ford Foundation to support the development of supportive housing in local communities
- Community Land Trusts, which sustain permanent housing affordability by using long term renewable “ground leases”
- Establishment of working partnerships with businesses and hospitals. The Corporation for Supportive Housing recently published a report that highlights five ways hospitals and supportive housing programs can collaborate to develop housing (*Involving Public and Nonprofit Hospitals in Supportive Housing* (2005))

### Examples of Existing Resources in Kent County

| DEVELOPMENT       |                      |                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Private Resources | Government Resources | <ul style="list-style-type: none"><li>- HUD Supportive Housing Program</li><li>- Federal Home Loan Bank</li><li>- MSHDA Low Income Housing Tax Credit</li><li>- HOME Funds - Housing Trust Funds</li><li>- Community Land Trusts</li><li>- HOME/CDBG - Lenders</li><li>- PILOT (local tax abatement)</li></ul>                                                     |
|                   |                      | <ul style="list-style-type: none"><li>- Housing Trust Funds</li><li>- Providers of Equity</li><li>- LISC's National Equity Fund</li></ul>                                                                                                                                                                                                                          |
| OPERATIONS        |                      |                                                                                                                                                                                                                                                                                                                                                                    |
| Private Resources | Government Resources | <ul style="list-style-type: none"><li>- HUD Supportive Housing Program</li><li>- Emergency Shelter Grants</li><li>- Utility Assistance</li><li>- Community Mental Health</li><li>- Department of Human Services</li><li>- MI State Partnership – ESP</li><li>- City/County General Revenue Funds</li><li>- Public Housing Authorities (federally funded)</li></ul> |
|                   |                      | <ul style="list-style-type: none"><li>- Corporate/private contributions</li><li>- Heart of West MI United Way</li></ul>                                                                                                                                                                                                                                            |



Our Vision to end homelessness will require additional resources for housing retention/prevention of homelessness (our front-line response to a housing crisis, designed to provide financial support to resolve crises before they result in the loss of housing), the development and operation of additional affordable housing units, and subsidies to make more existing housing units affordable. Some of these resources will come from a reallocation of current funding and some will require new funding sources. Resources include not only financial support, but also services and sites for the development of more affordable permanent housing. Additional technology resources will be needed to support street outreach, information sharing and communications, cross-program eligibility assessment and case management. We will mobilize our resources to end homelessness in the most cost effective ways.

Two of the greatest challenges to ending homelessness by the end of 2014 are (1) the shift of current funding allocations *away from* reaction/remediation and *toward* prevention and permanent housing, and (2) the creation of new sources of revenue. Further analysis is needed in Kent County to quantify housing units that are needed and determine how best to reconfigure the current system. Within the first two years of implementation of the Vision we will determine the number and types of affordable permanent housing units that are needed to end homelessness in ten years and determine a plan for funding those units over a period of years.

## Examining the Proofs

Transformation of attitudes and systems takes time. Transformation also requires a calibrated plan that includes regular measurement and evaluation. For too long we have focused solely on making the *recipients* of housing services accountable, meticulously measuring their progress toward case managed outcomes. Housing success requires personal responsibility, of course.

In addition, making our Vision a reality requires the accountability of our *systems*.

## Desired Outcomes

The primary desired outcome, to which we commit in this Vision, is ending homelessness in Kent County by the end of 2014. We will establish clear baseline data so that we can measure progress from this point forward. Our development of specific outcomes by which we will measure and report progress toward this goal must await the compilation of data about the type and number of supportive and/or affordable housing units that are needed in Kent County in the next ten years in order to end homelessness. In addition, these specific outcomes await the compilation of cost and resource information. Appendix A provides additional information about the stages of Vision implementation. We commit to measuring and reporting on our progress toward the following broad outcomes.



## Close the Front Door into Homelessness

Closing the front door means prevention of an episode of homelessness through retention of existing permanent housing. Outcomes include:

1. A dramatic decrease in the number of people in emergency shelter and transitional housing (to be reconfigured together as “interim” housing) at any given point-in-time and in total over a twelve month period; fewer people in temporary housing is one indicator of less homelessness.
2. A dramatic decrease in the number of people living in places not meant for human habitation at any

given point-in-time and in total over a twelve month period; fewer unsheltered people is one indicator of less homelessness.

3. A significant increase in funding of our endowment for prevention services (i.e., a resource pool to assist with temporary rental, mortgage and/or utilities arrearages or needed repairs to ownership housing).

4. A dramatic decrease in the number of eviction cases filed in Kent County.

5. Reorganization of the HCOC structure to foster our community’s progress into fulfillment of the Vision, including work with landlords and tenants and other strategies designed to close the front door into homelessness.



6. The inclusion of eviction prevention information with all court filings related to eviction proceedings.
7. A dramatic decrease in institutional discharges to temporary housing placements.
8. An increase in employment compensation and public assistance benefits to a level that supports successful long term residency in ownership or rental housing.
9. An increase in the number and percentage of people diverted from homelessness through the central intake and Housing First programs, or other programs that evolve as first points of contact.

## Open the Back Door Out of Homelessness

Opening the back door means rapid placement in affordable permanent housing upon the occurrence of an incident of homelessness. Outcomes include:

1. The inclusion in the HCOC’s central intake and assessment service of single men who are homeless, with assistance in obtaining safe, affordable permanent housing.
2. An increase in placements in affordable permanent housing through Housing First as a first/direct response to an incident of homelessness.
3. Cross-system collaboration that eliminates processing delays and promptly provides public assistance for which the applicant is eligible.
4. Reconfiguration of the HCOC’s spectrum of placement options to include only interim or affordable permanent housing.
5. An increase in the housing retention rate after a period of two years among individuals and families who have experienced a stay in interim housing.
6. A dramatic decrease in the number of individuals who experience chronic homelessness.

7. The identification and addition of safe, affordable permanent housing units, both with and without access to supportive services, and the provision of a list of such units that is updated at least weekly.

## Build the Infrastructure to End Homelessness

Building the infrastructure means providing more units of affordable permanent housing along with the community will and resources to end homelessness.

Outcomes include:

1. Revise HCOC documents and policies to stress our commitment to provide safe, affordable permanent housing solutions.
2. Utilize HMIS and other data sources to establish baseline measurements of all critical data.
3. Share data generated by HMIS and other sources to inform and direct community planning and the delivery of housing and supportive services.
4. Increase the supply of low demand housing.
5. Establish a comprehensive housing search and placement center and/or electronic access to such information.
6. Establish funding award guidelines that reward congruency with the Vision.
7. Increase government and private funds designated for the development of affordable permanent and permanent supportive housing.
8. Increase the number of rental and ownership properties that are safe and affordable to people at a cost not to exceed 30% of their income.
9. Increase funding that is available to subsidize rental costs for a variety of time periods and on a sliding scale related to enhanced income and/or assets.
10. Add new permanent supportive housing units for individuals who have been chronically homeless and families who have experienced repeated episodes of homelessness.
11. Increase the number and geographic dispersion of affordable housing units in Kent County to provide more options in unit size and location.
12. Engage the business community to (1) dialogue about the relationship between employment and housing and (2) identify ways to leverage existing housing funds with more private funding dollars.

## Cost/Benefit Analysis

It is said that an ounce of prevention is worth a pound of cure. A vision focused on permanent housing rather than homelessness will be far less costly, in both financial and human terms, than is our current reality, because it will *prevent* homelessness and avoid expensive programs that can only *remediate* the effects of homelessness. Our best estimates of current cost of occupancy in various systems are presented in Appendix B. An essential component of our first implementation steps will be the gathering of data that can be used in a cost/benefit analysis of various responses to homelessness. By the end of 2014 we expect to demonstrate an overall positive economic impact from the implementation of the Vision, and an end to homelessness – positive for both funders and people who experience housing crises.

# Appendix A

## The Next Nine Years

### Short-term (2006 – 2008)

- The HCOC Executive Committee engages HCOC members in re-imagining the HCOC structure and implementing changes to foster our community's progress and fulfill our Vision
- Establish task groups and identify specific measurable outcomes toward ending homelessness, using review of Project Team recommendations and review of best practices as a starting point. Potential task groups might include:
  - Data Collection, Analysis and Evaluation
  - Advocacy, Education and Policy Change
  - Housing First and Permanent Supportive Housing
  - Eviction Prevention: Landlord/Tenant Collaboration
  - Discharge Planning and Housing Placement
  - Mainstream Services and Collaboration (integrated services)
  - Funding and Resources (New and Reallocation)
  - Outreach and Engagement
- Gather baseline data regarding current affordable housing stock, affordable housing needed, number of people who are unsheltered and number of people who are precariously housed
- Establish "Housing Support Center" (expanded intake and placement options)
- Increase pool of resources to provide gap funding for people awaiting approval of public assistance benefits
- Develop concrete action steps for short-, mid- and long-term implementation
- Begin expansion of affordable permanent housing:
  - Establish funding resources to create subsidy program
  - Identify existing units and potential new construction sites
- Provide education and require all public, non-profit and faith-based health and social service providers to assess clients for risk of homelessness
- Begin implementation of interim housing structure
- Add housing placement options for people who are chronically homeless and/or in need of low demand housing options
- Complete yearly evaluations on progress of ending homelessness through 10-year implementation and reassess as needed; communicate to public



### Mid-term (2009 - 2011)

- Task groups continue to meet or begin as needed and show progress toward measurable outcomes
- Continue to expand supply of affordable permanent housing:
  - Increase funding resources for subsidy program
  - Target housing funds toward most pressing needs
  - Increase number of affordable housing units
- Complete transformation of HCOC structure to interim and permanent housing
  - Decrease interim housing placements to minimum needed for safety and long term success of residents
  - Increase direct placements into permanent housing
- Add housing placement options for people who are chronically homeless and/or in need of low demand housing options
- Complete yearly evaluations on progress of ending homelessness through 10-year implementation and reassess as needed; communicate to public

### Long-term (2012 – 2014)

- Task groups continue to meet as needed
- Evaluation of cost savings and successful long term residencies due to improvements in institutional discharge policies and placements
- Complete yearly evaluations on progress of ending homelessness through 10-year implementation and reassess as needed; communicate to public

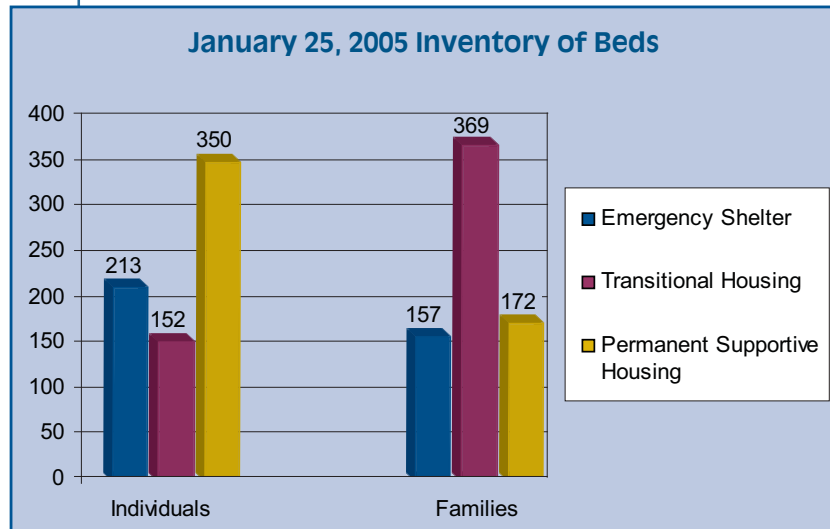


# Appendix B

## Overview of National and Local Data

### Our Current Homeless Services System

The Kent County homeless services system includes three types of housing: short-term emergency shelter (ES), longer-term transitional housing (TH), and permanent supportive housing for homeless persons who need housing with supportive services (PSH). On the night of January 25, 2005, there were 1,413 beds of these types available. The chart below shows the distribution of beds over the three facility types.



Actual occupancy rates on the night of January 25, 2005 were as follows:

#### January 25, 2005 Occupancy Rate

| Type of Facility | Individual Beds | Family Beds** |
|------------------|-----------------|---------------|
| ES               | 84.5%*          | 75.8%         |
| TH               | 101.3%          | 74.0%         |
| PSH              | 93.4%           | 100%          |

\* The men's missions were full on this night, and an additional 53 men slept on temporary mattresses on the floor; these are not included above in the calculation of occupancy of permanent beds

\*\* Occupancy of family beds rarely reaches 100% because beds are configured into family units and multiple families are not placed together in one unit; smaller families lead to less than full occupancy of beds

An additional 35 beds (3 individual and 32 family) were occupied in motels on this night; depending on the time of contact and the family configuration this option may be necessary when placement in emergency shelters is not possible on a given night.



## Emergency Shelter

Emergency shelters are specifically dedicated to the provision of safe and decent short term/crisis housing. Emergency shelter is typically provided in a group setting for not more than 30 days; occasionally stays up to 90 days may occur. Motel or hotel rooms may also be utilized to provide emergency shelter on a limited basis, when emergency shelters are full. Our Housing Activity Chart (prepared annually for HUD) lists twelve emergency shelters including: two missions that house single men (fixed capacity of 158), two emergency shelters for women and women with children who are victims of domestic abuse (capacity of 52), and seven emergency shelters for families and/or single women (capacity of 160). There is also an emergency facility for unemancipated youth under the age of 18 (capacity of 15). The men's missions can offer emergency shelter to an additional 85-100 single men using mattresses on the floor; these mattresses are not counted as part of the regular inventory of shelter beds.

### Characteristics of individuals and families in emergency shelter:

- Individual men living in emergency shelter reported that their major needs are job training and temporary and permanent work, substance abuse counseling, and finding housing that will accept persons with criminal records (VTEH Client Survey, 2005).
- Families made up 39% of those living in emergency shelter (Point in Time, 2005).
- In 2004, 37% of those who were in emergency shelters or transitional housing on a given night were children (Average of monthly point-in-time census, 2004).

- Of families in emergency shelter who had school age children, 9 out of 32 parents (28%) reported their children had learning or school problems (VTEH Client Survey, 2005).

## Transitional Housing

Transitional housing is dedicated to the provision of safe and decent temporary housing, with the intent to engage the resident in supportive services that assist a return to permanent housing. Transitional housing may be provided in scattered site or group units for a maximum of 24 months.

There are ten transitional housing facilities in Kent County reported on HUD's Housing Activity Chart, including three programs operated by the missions, one program for single women, one program for pregnant or parenting teens, and six programs for families. As of January 25, 2005, there were 369 transitional housing beds in Kent County for families and 152 beds for individuals.

### Characteristics of individuals and families in transitional housing:

- Families comprise 64% of those in transitional housing compared to 39% of those in emergency shelter and 34% of those in permanent supportive housing (Point in Time, 2005).
- Individual women living in transitional housing reported that their major needs are job training and placement, help paying for housing, transportation, and help with substance abuse problems (VTEH Client Survey, 2005).



## Permanent Supportive Housing

Permanent supportive housing, linked with long-term supportive services, provides permanent housing targeted to homeless persons who have at least one of the following characteristics:

- Considered disabled under Section 223 of the Social Security Act;
- Determined to have a physical, mental, or emotional impairment of long-continued duration, which impedes the ability to live independently, and is of a nature that could be improved by more suitable housing;
- Having a developmental disability; or
- Having AIDS or conditions arising from its etiological effects.

As of January 25, 2005, there were 350 permanent supportive housing (PSH) beds for single individuals in Kent County and 172 PSH beds for people in families. These units include scattered site Shelter Plus Care units, single room only occupancy units and units in several permanent supportive housing developments.

### Characteristics of individuals and families in permanent supportive housing:

- On a given night, individual persons comprise 66% of those in permanent supportive housing compared to 61% of those in emergency shelter and 36% of those in transitional housing (Point in Time, 2005).
- Families comprise 34% of those in permanent supportive housing, compared to 39% of those in emergency shelter and 64% of those in transitional housing (Point in Time, 2005).

## People Who Use Homeless Services in Kent County: Particular Portraits

### People who are Chronically Homeless

HUD defines a person who is “chronically homeless” as an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. The National Alliance to End Homelessness (NAEH) reports that most people who are chronically homeless are unlikely to have employment that provides an income adequate to pay housing costs. Many are reluctant or unable to use mainstream service systems and most have chronic substance abuse and/or mental health problems. The Housing First approach has been shown to be effective as it moves chronically homeless people into permanent housing as quickly as possible with links to appropriate supportive services. Also, permanent supportive housing is successful in preventing homelessness for this population.

### Characteristics of people who are chronically homeless:

- 6% of the *individual* homeless population in Kent County is chronically homeless (VTEH Client Survey, 2005).
- Mental illness was reported by 27.8% of this population (VTEH Survey, 2005).
- 42% reported substance abuse disorders.
- The average age is 44 years and a majority (83.3%) is male (VTEH Client Survey, 2005).

### **People who are Episodically Homeless**

People who are episodically homeless use the shelter system from time to time. According to the NAEH, episodically homeless individuals and families alternate between permanent housing and frequent stays at shelters. They tend to be younger, and tend to have substance abuse disorders. Many have frequent jail or hospital stays, which have a high public cost.

### **Characteristics of people who are episodically homeless:**

- Nationally, this population makes up 9% of the homeless population (NAEH, n.d.).
- Locally, the most common issues that hinder their ability to obtain or maintain housing are substance abuse and fleeing domestic violence (Point in Time, 2005).

### **People who are Temporarily Homeless**

People who are temporarily homeless have relatively short stays in the homeless system and return infrequently, if at all. According to the NAEH, reasons for temporary homelessness include a job loss, illness or divorce. Many have lived in their own homes or with relatives prior to entering shelter. Prevention services can divert many in this group from homelessness. The Housing First approach has also been shown to be effective as it moves temporarily homeless people into permanent housing as quickly as possible.

### **People who are Precariously Housed**

People who are precariously housed are those 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.

### **People who are Housed in Substandard Housing or Unsafe Neighborhoods**

People who are housed in substandard housing or unsafe neighborhoods live in places that are dilapidated, unsafe, and unsanitary. They may rent or own their home but are living in situations that are hazardous and unhealthy and could lead to lifelong medical concerns such as asthma or lead poisons, or to dangerous encounters with drug use or violence. This group is also at risk of homelessness.

## **Unique Subpopulations**

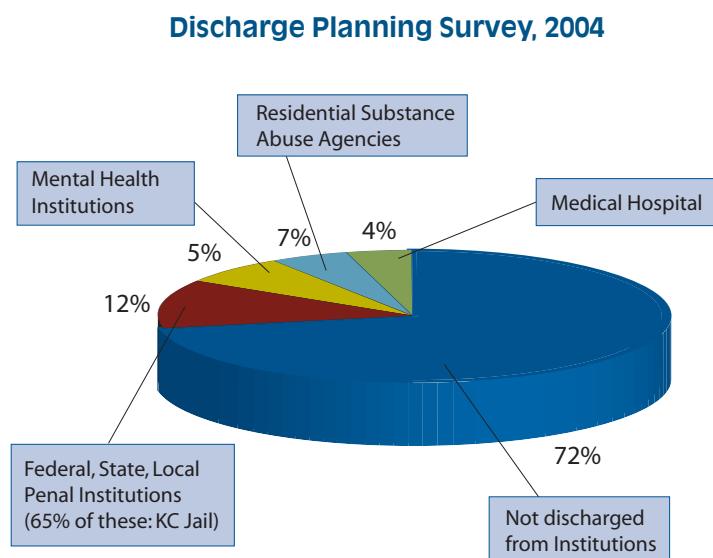
### **People who are diagnosed or self-reported as mentally ill or addicted to substances**

According to the National Coalition for the Homeless (Mental Illness and Homelessness: NCH Fact Sheet #5, 1999), living with an untreated mental illness can have a large impact on daily life such as attending to personal hygiene, taking care of a home, and maintaining relationships with family and friends. Homeless people who are dealing with an untreated mental illness tend to stay homeless longer and lose contact with family and friends. Due to the mental illness they experience more barriers to employment and more health related concerns, and have more contact with the legal system as compared to those who are homeless and not suffering from a mental illness. In addition, the National Coalition for the Homeless

reports that those who are abusing substances while earning a below-living wage income are more likely to become homeless than those who are not abusing substances even if earning a below-living wage. The situation becomes even more dire and complex when a co-occurring disorder (both mental illness and substance abuse) is present (Addiction Disorders and Homelessness: NCH Fact Sheet #6, 1999).

### People who have been discharged from public institutions

In a MSHDA Discharge Planning Survey conducted from December 1-14, 2004 in Kent County, 28% of 169 adult new entrants to the Kent County homeless system had been discharged from public institutions (penal/correctional institutions, mental health institutions, residential substance abuse treatment facilities or medical hospitals) within the previous thirty days.



Currently, there are more than 48,000 prisoners in Michigan, 16,000 of whom are eligible for parole or release (*Lansing State Journal*, August 2005). Based on the results of this survey, it is likely that many will face the risk of homelessness upon release.

Since only adults were surveyed in the MSHDA Discharge Planning Survey, information regarding discharge from the foster care system was not collected. According to the Department of Human Services, 1,500 youth in Michigan are discharged from the foster care system per year (of whom 15-30 youth are discharged in Kent County). Youth exit the foster care system when they reach 20 years of age. The Child Welfare League of America reports that three in ten people who are homeless have a history in the foster care system and, within 2-4 years of exiting foster care, 25% of former foster children had an experience of homelessness (Torrino, 2004, p.2).

### Women who are victims of domestic violence

Domestic violence was reported as a causative factor for 15% of the people in our homeless system (VTEH Client Survey, 2005). Fleeing domestic abuse often results in an extended shelter stay until safe relocation can occur. One Grand Rapids shelter served about 500 women and their children in 2004, and helped another 500 women find other places to stay.

### Military Veterans

Approximately 14% of the people in the Kent County homeless system on a given night are military veterans and one-fifth of these are chronically homeless (Point in Time Survey, 2005).

## Unaccompanied Youth

The NAEH (Youth Homelessness, n.d.) estimates that annually 500,000 to 1.3 million youth run away or are locked out by their parent or guardian; many of these unaccompanied youth become homeless.

## Cost of Current System

To date we have been able to estimate the cost of various forms of shelter using only broad assumptions. One of the tasks of the early years of implementation of the Vision will be a more precise measurement of various costs. The following table is offered as an estimate for initial review of our current system:

**Median Costs of Current Homeless Services System**

| Program Type                                                               | Cost - Median |         |          |
|----------------------------------------------------------------------------|---------------|---------|----------|
|                                                                            | DAY           | MONTH   | YEAR     |
| Transitional Housing <sup>3</sup><br>(family of 3 in one unit)             | \$63.66       | \$1,910 | \$22,920 |
| Emergency Shelter <sup>1</sup><br>(per individual in congregate setting)   | \$38.88       | \$1,166 | \$13,992 |
| Mission – est. <sup>1</sup><br>(per individual in congregate setting)      | \$35.00       | \$1,050 | \$12,600 |
| Permanent Supportive Housing <sup>4</sup><br>(per individual in apartment) | \$18.77       | \$563   | \$6,756  |

1- Based on data from four basic emergency shelters in HCOC

2- Estimate of HCOC mission per diem cost

3- Based on data from six transitional housing programs in HCOC

4- Based on data from four permanent supportive housing programs in HCOC

While it is valuable to analyze the relative cost of each type of housing, it must be acknowledged that different types of housing deliver different services. The cost of

transitional housing may include the delivery of many forms of supportive services. In many cases services in PSH are offered as a wraparound and not included in the cost of the housing. Varying amounts of services are offered in an emergency shelter setting. Once we determine reliable cost estimates for these various forms of housing we must compare outcomes (viz., stable long-term housing) and determine what level of service intensity in interim housing is the best indicator of successful long-term housing for each subpopulation served.

Homelessness is also costly to our community through the increased use of hospital emergency rooms, urgent psychiatric care centers, substance abuse treatment facilities, and prisons or jails. The chart below highlights how costly these systems are. For comparative purposes the bottom of the chart shows the cost of fair market rent.

**Average Costs of Other Systems and Fair Market Rent**

| Other Systems                           | Cost - Average |          |           |
|-----------------------------------------|----------------|----------|-----------|
|                                         | DAY            | MONTH    | YEAR      |
| Psychiatric Inpatient <sup>2</sup>      | \$583.29       | \$17,499 | \$209,988 |
| State Hospital <sup>3</sup>             | \$398.26       | \$11,948 | \$143,376 |
| Detoxification Treatment <sup>4</sup>   | \$167.65       | \$5,030  | \$60,360  |
| Jail <sup>1</sup>                       | \$71.52        | \$2,146  | \$25,752  |
| <b>Fair Market Rent</b>                 |                |          |           |
| 3-Bedroom Fair Market Rent <sup>5</sup> | --             | \$835    | \$10,020  |
| 2-Bedroom Fair Market Rent <sup>5</sup> | --             | \$647    | \$7,764   |

1- Kent County Correctional Facility

2-4 network180 data

5- Center on Budget and Policy Priorities, HUD, 2005 Fair Market Rents including utility costs in Kent County, MI

## Hospitalization

Hospitalization includes emergency room visits, medical hospitalization, and psychiatric inpatient care. According to the NAEH, people who are homeless are more likely to access costly health care: "Homeless people spent an average of four days longer per visit than did comparable non-homeless persons" (A Plan: Not a Dream, n.d.).

A study conducted in New York in May 2001 by Culhane, Metraux and Hadley found that providing permanent housing led to a decrease in cost to the community (p.2):

- An individual who is homeless and has a severe mental illness would utilize an average of \$40,449 (in 1999 dollars) each year in services such as hospitalization, shelter use, and incarceration.
- When a person with the same needs is placed into permanent housing, there is a reduction in service use (hospitalization, shelter and incarcerations) of \$16,282 per person per year.



The provision of permanent housing for people who are homeless may reduce total costs by decreasing the need for emergency medical attention.

## Prison and Jails

People who are homeless spend more time in jail or prison (NAEH, n.d.) often for very minor offenses such as loitering:

- A University of Texas two-year survey of homeless individuals found an average cost of \$14,480 per year per person for stays in jail (mostly overnight).

Once discharged, releasees who are unable to secure permanent affordable housing have a higher rate of recidivism. At the high per diem cost of incarceration, this leads to a considerable financial burden on society. In addition, people who are unsheltered or sheltered in only temporary and tenuous placements experience a higher rate of law enforcement detention and/or arrest, both of which lead to additional costs for law enforcement and judicial processing.



# Appendix C

## Detailed Summary of the Action Recommendations

These Action Recommendations were derived from the initial steps of our planning process. They will serve as a foundation for a detailed action plan to end homelessness in Kent County by the end of 2014. The development of concrete action steps will be part of the work of implementation of the Vision. Ending homelessness will engage our best energies, both public and private resources and our most creative thinking – and the development of action steps will not be without debate concerning the most effective ways to end homelessness.

The following Action Recommendations were summarized from several sources:

- Project Team recommendations
- Focus Group feedback
- Technical Workgroup recommendations
- National best practices
- Advisory Committee comments

A complete listing of Project Team recommendations is available at [www.grahcoc.org](http://www.grahcoc.org).

## Our Vision to End Homelessness

**Goal 1: Close the Front Door into Homelessness** through prevention efforts that allow people to maintain permanent housing or to directly access permanent housing upon discharge from other institutional systems.

### Objectives

- A. Prevent homelessness
- B. Expand options
- C. Involve mainstream resources

### Strategies

1. Develop a housing search and placement service that utilizes centralized and coordinated assessments in conjunction with HAP (Homeless Assistance Program) and HMIS
2. Advance Landlord/Tenant strategies to maintain housing
3. Require effective discharge policies from jails/prisons, hospitals, foster care and mental health facilities
4. Connect specific populations with mainstream programs

## Action Steps

### 1. A: Develop a housing search and placement service that utilizes centralized and coordinated assessments in conjunction with HAP and HMIS

- Open a one-stop housing search and placement center that provides up-to-date coordinated, bilingual and bicultural housing resources and services to move people directly into permanent housing, with support services as needed.
- The center should include access to mass transportation, telephones, and computers for email and offer a welcoming atmosphere where people can rest and network with other people seeking housing.
- Develop standards of operations for all housing programs that will be listed by the center, to ensure quality and congruence with the Vision.

### 1. B: Advance Landlord/Tenant strategies to maintain housing

- Provide landlords with a template for a “lease signing” meeting with tenants to assist both parties to understand and meet lease obligations.
- Direct District Courts to provide information to tenant-defendants when an eviction proceeding is begun. The information would identify agencies and programs that may offer assistance to prevent eviction.
- Offer information, education, and assistance to landlords to encourage referral of tenants to supportive services at the first indication of problems with paying rent.
- Offer education to landlords about mentoring and negotiation when rental difficulties arise.

- Educate tenants about the importance of communicating with the landlord when circumstances arise that may result in the tenant’s inability to meet a particular lease condition, such as payment of rent or utilities.
- Add a negotiation process to the standard lease agreement to remediate problems before an eviction process is commenced.
- Recruit and support landlords who may be willing to take less rent than listed, and/or would gradually increase rent, utilities, etc. as families become more self-sufficient.
- Offer tenant case management as a support to landlords to work with tenants on issues such as housekeeping, budgeting, and repairing credit history and/ or outdated criminal history.
- Work with landlords to reduce barriers to renting units such as required credit score levels, rent deposit, etc.
- Develop a template for various methods of rent payment such as: collecting rent on a weekly basis; collecting rent through withholding from an employee’s paycheck; or collecting rent through auto direct deposit from tenant’s checking account.
- Research “security deposit insurance/bonding” (e.g., SureDeposit) and assist landlords to utilize this insurance to significantly reduce the barrier of upfront security deposits.
- Provide financial resources to help families with a cash flow crisis by providing a pool for rental assistance, assistance with a security deposit and/ or first month’s rent and cost of moving; and provide funds for emergencies (such as car repairs, medical emergencies, etc.) that precipitate rent/ utility crises.

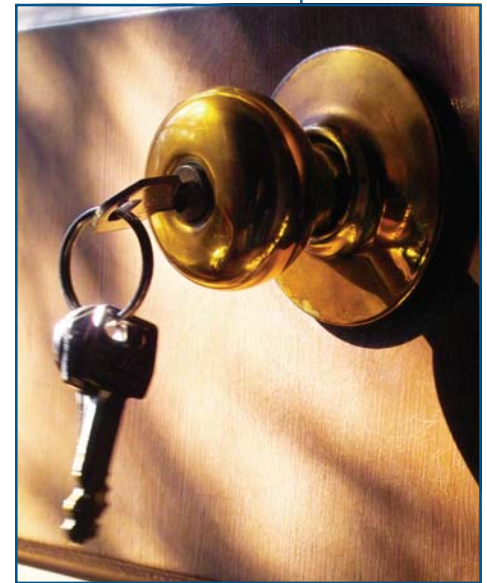
- Develop a common protocol for use by housing agencies, food pantries, schools, and others to identify risk for rent delinquency and opportunities for early intervention.
- Develop a protocol to better utilize United Way 2-1-1 for early identification of eviction prevention opportunities.

### 1. C: Require effective discharge policies from jails/prisons, hospitals, foster care and mental health facilities

- Convene a task force to adopt a community institutional release standard that includes a permanent housing placement upon discharge.
- Assist with the development of policies at discharging institutions to support the community discharge standard.
- Educate all institutions about available housing and subsidy programs and mainstream benefits and link them to resources to assist with housing placement.
- Provide reentry support for incarcerated people and people recently discharged from correctional institutions, including discharge planning, access to identification cards, etc.
- Calculate the financial and human costs of repeated cycling between homelessness and the criminal justice system in Kent County, and educate the community about those costs.
- Prevent youth who are discharged from the foster care system from entering the homeless system by ensuring stable permanent housing placement and providing additional support for up to two years after exit from the foster care system.

### 1. D: Connect specific populations with mainstream programs

- Create a flow chart of area military veterans' services and distribute to social service agencies.
- Raise awareness that Health Care for Homeless Veterans should be the first point of contact for assistance for a military veteran.
- Add an assessment question to the HMIS system that asks: *Are you a military veteran? If you said YES to this question - contact Health Care for Homeless Veterans for service referral and verification.*
- Strengthen support services that enable survivors of abuse/violence to stay in or return to their own homes by: 1) surveying shelter residents regarding what it would take for them to be able to stay in their homes; 2) educating and working with landlords to avoid survivor evictions as a result of abuser violence; 3) providing information about preventive safety planning (e.g., a 2-1-1 referral to YWCA or Safe Haven Ministries); and 4) acknowledging and providing resources for the long-term nature of recovery from abuse/violence issues.
- Develop primary prevention strategies to stop domestic violence and sexual assault by providing education and programming to children and people of all ages.



- Document the links between homelessness and various forms of violence and abuse and study best practices in responding to multiple issues and offering service provider cross-training.
- Expand the use of elementary schools as sites to assist families for early intervention (e.g., replicate the pilot DHS resource centers at Harrison Park and Burton Elementary).
- Allow people to access food pantries more frequently in order to extend limited financial resources (e.g., use food money to supplement rent/utilities) and enable pantries to add the capacity to do this.
- Add Veterans Administration ID as acceptable proof of identity to get a State ID card.
- Establish a mobile unit for medical and mental health outreach.

**Goal 2: Open the Back Door out of Homelessness** by helping people to exit homelessness quickly with the resources necessary to stay housed.

## Objectives

- A. Rapid Re-housing
- B. Decreased shelter use

## Strategies

1. Fully implement a Housing First model for families and individuals
2. Identify Housing First models for individuals who are chronically homeless
3. Move from a shelter-based system to a system focused on rapid (permanent) re-housing
4. Expedite access to mainstream resources

## Action Steps

### 2. A: Fully implement a Housing First model for families and individuals

- Develop and fund “sustainability systems” for families who exit homelessness by receiving rent assistance through: 1) coordinating assistance through a central location; 2) providing services for more than six months if needed; and 3) providing different levels of case management depending on family need.
- Do not require people to be “housing ready” before providing housing.
- Adapt the model to include retention of current housing by survivors of domestic violence with protection from trespass by abusers.
- Develop sufficient support such that individuals and families pay no more than 30% of income toward housing costs.
- Reduce barriers to permanent housing, employment, education and outreach services for undocumented persons and families.
- Educate about and reduce HUD, MSHDA and other funding restrictions on housing eligibility because of criminal history or association, or bad credit.

### 2. B: Identify Housing First models for individuals who are chronically homeless

- Adopt a Housing First approach modeled on New York’s (Pathways) system that includes immediate access to permanent housing with intensive, individualized support services provided as needed.
- Create and fund a position for outreach worker(s) to go to the missions and other places homeless military veterans frequent.

- Inventory all existing case management services for those with physical and/or behavioral health issues.
- Explore the application of Mandated Outpatient case management in Kent County (Kevin's Law).
- Continue work with the Mental Health Initiative to reduce arrests and incarcerations that contribute to housing instability and homelessness.
- Eliminate barriers to entry into housing programs (such as credit checks, criminal history barriers, drug and alcohol use, etc.).

## 2. C: Move from a shelter-based system to a system focused on rapid (permanent) re-housing

- Report vacancies in public subsidized housing programs to other housing providers on a weekly basis.
- Improve utilization of voucher waiting lists so that vacancies can be filled more quickly.
- Develop a guaranteed rent payment program to open the door to tenants with adverse credit histories.
- Review the State Emergency Shelter Partnership Program and shift focus from emergency shelter to permanent housing support.

## 2. D: Expedite access to mainstream resources

- Expedite receipt of Department of Human Services (DHS) benefits and rapidly re-house people who are in shelter by: 1) designating a specific DHS worker (sited at DHS) to work with shelter residents; 2) reducing the waiting time to receive cash assistance after a family is in shelter; 3) reducing the time that a landlord must wait to find out rental subsidy; 4) increasing coordination among agencies regarding paperwork and requirements; 5) using HMIS to

allow access to information more rapidly; and 6) providing DHS workers additional fax machines and other needed equipment.

- Expedite and improve the Work First Program with better client assessments, living wage jobs, improved retention, and an increase in the length of follow-up time (recommendations from February 2005 report for the Workforce Action Network). In addition, change policy to allow people in shelter to participate in Work First; develop appropriate referral processes and streamline the application process for those who are unable to work due to a disability; address the employment needs of undocumented people; offer opportunities for education and training; provide childcare and transportation, and teach financial literacy.
- Change the policies that delay financial assistance until the very end of the eviction/foreclosure process and utilize resources to prevent the filing of complaints.
- Extend financial resources by providing very early interventions (using non-financial assistance strategies) – develop processes to link households to services, even before 7-day notice.





- Utilize volunteers to provide ongoing support and community to review and evaluate various mentoring programs (GRACE, Steepletown, Criminal Justice Chaplaincy, etc.) to determine what works and what does not.
- Provide mentoring and education for low-income people, including life skills and ongoing coaching. Also, investigate other models such as the “Befriender Ministry” (Catholic Diocese of Saginaw).
- Develop a peer advocacy program that utilizes formerly homeless persons to help others who are presently homeless.
- Address the SSI application process by increasing services to help file applications and create a loan fund to address the very long waits before benefits start.

## Strategies

1. Allocate public and private funding to support permanent housing
2. Utilize the HCOC as a coordinating body for guidelines, outcomes, education, etc.
3. Expand the supply of safe and affordable housing
4. Develop strategies and links for wage enhancements, public benefits and tax relief

## Action Steps

### 3. A: Allocate public and private funding to support permanent housing

- Designate more funding for programs such as “Housing First,” a program for prevention of evictions and/or a fund to provide rental assistance.
- Solicit more funds from the private rental community.
- Create a Housing Trust Fund (either through State or local mechanisms) initially for the development of housing for chronically homeless people and subsequently for affordable housing.
- Add a 1/10 mil fee to property transfers to fund affordable permanent housing.
- Direct HUD funds currently directed to supportive services back into paying for housing.
- Advocate State and national programs/funds that support goals of permanent housing (e.g., State Policy Academy on Homeless Families, a State EITC, MSHDA, etc.).
- Develop a plan and guidelines for the local Homeless Prevention Endowment fund and integrate it into the HCOC.
- Designate for permanent housing support the utility linkage fees that are collected from non-residential and market-rate residential development.



## Goal 3. Build the Infrastructure to End Homelessness

by expanding the supply of safe, affordable permanent housing and assisting people to secure adequate income to afford housing.

### Objectives

- A. Cultivate the community’s will, public policy, and funding priorities for permanent housing
- B. Ensure a continuum of housing
- C. Reduce the gap between housing costs and income



### 3. B: Utilize the HCOC as the coordinating body for guidelines, outcomes, education, etc.

- Create common eligibility procedures for application to all locally-run publicly funded housing programs.
- Convene the community leadership needed to advocate for the implementation of various new funding mechanisms.
- Develop and implement a comprehensive education program for the community (e.g. churches, landlords, etc.) about the needs of chronically homeless people including the following:
  - The number of people affected locally.
  - Characteristics of and challenges experienced by chronically homeless people.
  - The impact of chronic homelessness on broader systems such as health care, justice, social service, etc.
  - The “lack of fit” between the characteristics of the chronically homeless population and existing housing options.
  - The impact of racism.
- Develop community education and information/ media campaigns, etc. to inform tenants what to do immediately when they encounter difficulties paying rent.
- Expand education at the high school level to include the basics of housing (buying a home or renting) and the rights and obligations of tenants, landlords and homeowners.
- Provide education to all case managers regarding housing services.
- Engage the faith community in ending homelessness.
- Engage regional planning bodies in addressing housing issues.

### 3. C: Expand the supply of safe and affordable housing

- Determine the type and quantify the number of affordable and/or permanent supportive housing units needed for various subpopulations of homeless and precariously housed families and individuals.
- Study the viability of purchasing mobile and manufactured homes for military veterans and other homeless persons or families.
- Change zoning ordinances to allow for more than four unrelated occupants in larger units.
- End minimum lot size requirements to allow more units to be built on smaller, less expensive lots.
- Provide a congregate “safe haven” facility or low-demand housing for homeless people with behavioral/conduct and substance use compliance issues.
- Increase the number of affordable housing units with a comprehensive array of supportive services available on site, located in both urban and suburban environments and accessible to public transportation.
- Make available more single room or single bedroom units with private facilities (toilet, shower, cooking).
- Emphasize durable, physically safe buildings (e.g. flooring, wall surfaces, etc.).
- Ensure that housing and services are consistent with key guiding values of safety, privacy, and permanency.



- Create a housing village for military veterans with various housing types and support services on site.
- Housing options to consider:
  - a. Home ownership
  - b. Independent housing
  - c. Permanent supportive housing (Genesis model)
  - d. Single room only housing (Shepherds of Independence model)
  - e. Scattered site housing
  - f. Shared housing
  - g. Housing that is accessible to people with disabilities
  - h. Rental rooms in private homes
  - i. Use of mobile home units
  - j. Utilization of vacant buildings
  - k. Pathways Model
  - l. Every congregation/synagogue/mosque host a residence
  - m. Denmark Model – every home has a “Jesus Room”
  - n. American Youth Hostel Model – may be transient or permanent
  - o. Safe Haven Model
  - p. Boarding Room Model – own private bedroom w/ shared kitchen/dining space
  - q. House of Blessings Model – people who are ready to make behavioral changes
  - r. GEEL Belgium Foster Care Model – homeowners take in persons who are mentally ill
  - s. Specialized Foster Care
  - t. Long Term Care Nursing Homes – may be permanent or transitional
  - u. “Felony Friendly” Landlords
  - v. Co-housing

- Make use and rapid expansion of the Kent County Community Land Trust a high priority.
- Give more resources to the Grand Rapids, Wyoming, Rockford and Kent County Housing Commissions, with a mandate to develop more low-income housing and to provide the supportive services that will help residents to succeed.
- Relax housing code restrictions to allow for more flexibility and to make possible less expensive construction (but do not compromise basic safety).
- Amend the state constitution to allow development impact fees, and institute such fees.
- Promote local development of one or more self-help initiatives similar to Delancey Street Foundation and/or the National Empowerment Center.
- Create a land use ordinance for inclusionary zoning that would require developers of multiple market rate units to include some percentage of affordable, lower-cost units within each new development.

### **3. D: Develop strategies and links for wage enhancements, public benefits and tax relief**

- Increase the number of employers who are willing to hire into long-term positions people with economic barriers: 1) Evaluate the SOURCE model (placement, retention, income change, etc.) and implement/adapt/replicate elsewhere as appropriate; 2) find creative ways/incentives for employers to pay a living wage; 3) increase supports such as transportation and childcare to enhance employee retention; 4) encourage employers to mitigate the impact of layoffs; and 5) review tax abatement policies to expand the eligibility requirements to include wage rates as well as number of jobs created.

- Allow recipients of public benefits to keep 100% of cash assistance for a short time after beginning a job; gradually reduce public assistance over a period of time to enable them to gain some stability before ending assistance completely.
- Implement appropriate recommendations from the MLHS study Working Hard But Still Poor, including: 1) regularly adjust the State Minimum Wage, perhaps indexing it to inflation and/or cost of living; 2) enact a State Earned Income Tax Credit; 3) improve access to health care; 4) rework the Unemployment Insurance system; 5) Index FIP grants to inflation or cost-of-living; and 6) create an HCOC Public Policy Committee to work on such issues.
- Change zoning laws to allow low-income housing where it presently does not exist, and/or give financial incentives to communities that accept more low-income housing.
- Designate a percentage of Kent County hotel/motel taxes for low-income housing.
- Provide financial incentives in the form of tax breaks/credits, guaranteed occupancy, etc. for landlords who make units available to homeless people.
- Provide an income tax check-off for donations to a low-income housing trust fund or equivalent instrument.
- Provide public and/or non-profit based rental/mortgage insurance, and lobby for subsidies for it (like federal flood insurance).
- Work on macro policies that impact homelessness, including the erosion of social safety nets and the increasing income and wealth disparity among people.
- Reduce housing and other subsidies to people above a certain income level until housing and basic needs are met for everyone.

- Institute measures that prevent the loss of housing due to bankruptcy and protect housing equity as an asset of people who file for bankruptcy.
- Increase the property tax rate on property valued at more than the median assessed valuation but leave the rate on lower assessed valuation levels at the current rate.
- Amend tax policies to exempt from taxation income levels below the federal poverty line.
- Include in decisions those most affected by the decisions that are made.
- Eliminate housing charges for people who are jailed, unless they can clearly afford to pay the charges.
- Create alternative sanctions to replace the jailing of people for inability to pay fines or judgments.
- Promote numerous interactions between incarcerated persons and their families to ease transition back into the community upon release.
- Determine the level of financial assistance/subsidies necessary to bridge the gap between what people can pay and market rate rental costs.



# Appendix D

## A Panoramic View: How We Got Here

### The Vision to End Homelessness Summit

The Grand Rapids Area Housing Continuum of Care (HCOC), representing more than 70 homeless shelter and supportive service providers in Kent County, has long been recognized as a proactive planning body. Our visioning work has its roots in the twenty-five year history of our Housing Continuum of Care, which is a subcommittee of the Kent County Emergency Needs Task Force (ENTF).



Our desire to address the problem of homelessness in our community gained strong advocates at a ***December, 2003 Vision to End Homelessness Summit*** where more than 125 people representing a broad spectrum of our community made a resounding commitment to end homelessness in our County in ten years. Ending chronic homelessness is included within that commitment. At the Summit, the

three main goals of the National Alliance to End Homelessness were adopted to guide the planning process needed to end homelessness in Kent County:

1. **Close the Front Door into Homelessness** through prevention efforts that allow people to *maintain* permanent housing or to *directly access* permanent housing upon discharge from other institutional systems.
2. **Open the Back Door out of Homelessness** by helping people to exit homelessness quickly with the resources necessary to stay housed.
3. **Build the Infrastructure to End Homelessness** by expanding the supply of affordable and safe housing and assisting people to secure adequate income to afford housing.

Following the Summit, a Vision workgroup began the design of a local planning process (including community leadership, public input and education, data gathering, best practices review and the development of strategies). Substantial philanthropic support for the planning process was received from the Grand Rapids Community Foundation, the Steelcase Foundation, and the Dyer-Ives Foundation.

### Basic Assumptions

The following basic assumptions supported the development of our Vision to end homelessness:

*By cooperating, coordinating and collaborating as a community we can successfully identify and implement systemic changes that replace homelessness with housing.*

*People who are homeless, at risk of homelessness, or otherwise most affected by homelessness are key partners in creating, supporting and implementing our vision to end homelessness.*

*To effectively end homelessness it is necessary to maximize housing options and emphasize personal choice for housing and services.*

*Structural homelessness should end; support systems should be in place to otherwise make homelessness as rare and brief as possible, and reduce the trauma that it causes.*

*A range of formal and informal support systems should be available, if needed, to keep people housed and prevent homelessness. Choices of support systems are influenced by individual circumstances.*

*Stable housing placement plans are an essential component of discharge planning for people being released from public institutions.*

*All views and suggestions, from diverse sources, should be recorded as an element of the planning process.*

*Our planning process will be informed by many voices and ideas, including the experience of other communities in planning to end homelessness.*

*Larger forces, such as demographic patterns, the global economy, war and increasing technological sophistication, bear on plans to end homelessness.*

*We CAN end homelessness in Kent County by the end of 2014!*

## Community Input

Since the Summit in December, 2003 when the creation of a ten-year plan was first announced, scores of agencies and service providers have collaborated with community volunteers to explore and develop solutions to meet our local needs. More than 700 community members participated in the planning process in one or more of these ways:

### A. Input from Focus Groups

Eleven **Focus Groups** met in April, 2005 to gather input from subpopulations of people including people who comprise the working poor, survivors of abuse, and people who are chronically homeless. Participants were invited to relate their experiences of homelessness and identify system barriers that keep people from retaining or moving into permanent housing quickly. Input from people who have experienced homelessness is considered critical to the adoption of a Vision that can be successful.

### B. Project Teams

Eight Project Teams worked on key issues and created action recommendations for the Vision. Each Project Team met six times between mid-January and early May, 2005. More than 120 people from all sectors of the community participated in the work of the Project Teams. Each Project Team gained an overview of current data/best practices and discussed local current reality and needs. The focus of each team was to *assess how specific circumstances and systems impact the ability to obtain and maintain permanent housing.*

**Behavioral/Physical Health Project Team** addressed hospital and other health institution release, mental health issues, substance addictions and physical health challenges.



**Court/Criminal Justice Project Team** addressed institutional release from the jail/prison system, probation and parole conditions, and court processes and sanctions (including civil eviction actions).

**Youth Project Team** addressed release from the foster care system, pregnant/parenting teens, and homeless youth.

**Economically Disadvantaged Populations Project Team** addressed families, elderly people and migrant/undocumented populations living in poverty.

**Survivors of Abuse Project Team** addressed domestic abuse, prostitution, and the impact of a history of childhood abuse.

**Military Veterans Project Team** addressed various issues that impact military veterans.

**Existing Housing Infrastructure Project Team** explored the impact of existing housing infrastructure.

**Development of New Housing Infrastructure Project Team** explored the need for and impact of new housing infrastructure.

## **C. Community Forums**

The draft Vision document was placed on our website in late September, 2005 for public review. Four Community Forums were held in October/November 2005 to receive public feedback on the working draft of the Vision to End Homelessness document. More than one hundred people attended these forums. Several comments recommended clarification and/or emphasis of key themes, and these were used in revising the Vision document to its final form. Other comments moved into implementation issues and will be considered in our ongoing work of implementation.

## **D. Data Gathering and Analysis**

Profiles of Kent County's homeless services system, mainstream systems and homeless population and subpopulations were developed using information gathered from many sources:

1. A Vision to End Homelessness client survey of homeless adults in emergency shelters and the missions, transitional housing, and permanent supportive housing during April, 2005, for which we received 307 valid responses.
2. A point-in-time client survey administered on January 25, 2005 to 1,036 individuals in 34 emergency shelter, mission, transitional housing and permanent supportive housing facilities.
3. Reports from eleven Focus Groups that were conducted in April, 2005.
4. An Institutional Discharge Survey of new adult entrants into the homeless system for a two-week period in December, 2004.



5. An analysis of per-diem costs for shelters conducted in April, 2005.
6. Monthly point-in-time counts of people in emergency shelters and transitional housing that are conducted by the HCOC.
7. Data from our HMIS system (more data will be available as the system is fully implemented).
8. A study of local vacancy rates for existing rental housing.
9. Eviction proceeding filing statistics from local courts.
10. Housing activity information from HCOC Planning Update documents and annual point-in-time counts.

We also utilized data from the Community Research Institute (CRI) at Grand Valley State University, the City of Grand Rapids Community Development Department, and the Grand Valley Metropolitan Council, as well as many national research institutes and agencies.

The data on our population of homeless persons and families details the characteristics of people who entered the homeless system at several discrete points in time. While the data is considered to be representative of homeless individuals and families in Kent County *who have accessed our homeless services system*, additional longitudinal and other types of studies are needed as part of the further development of strategies and action steps to support the Vision to End Homelessness process and aid in evaluation of its success.



# Glossary of Terms

**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)

**Case Manager:** A person who develops a working alliance with individuals or households who are seeking services and engages them in identifying goals and developing a plan for attaining greater self-sufficiency through resource cultivation, linkages with service providers, advocacy for vital services, and the provision of direct services.

**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)

**Community Land Trust (CLT):** CLT is a community-based non-profit organization that sustains housing affordability by 1) purchasing property and holding land in perpetuity

and 2) selling housing on the property to low income people through a long-term renewable "ground lease" that balances the interests of the lessee as a homeowner with the long-term interests of the community. The buyer owns the home while the community land trust continues to own the land.

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

**Emergency Needs Task Force:** See Kent County ENTf.

**Emergency Shelter Grants (ESG):** Funds that support the operation of emergency shelters and the provision of some homelessness prevention services.

**Episodic Homelessness:** An individual or family who is episodically homeless is one that is homeless for a short period of time, and may become homeless again. Often an episodic housing crisis is perpetuated by a job loss, divorce, or medical emergency.

**Extremely Low Income Households:** Households with incomes no higher than 30 percent of the median income for the area, as determined by the U.S. Department of Housing and Urban Development.

**Fair Market Rent (FMR):** An amount determined for an area by the U.S. Department of Housing and Urban Development that defines maximum allowable rents for HUD-funded subsidy programs. FMR includes the cost of utilities.

**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.

**Grand Rapids Area Housing Continuum of Care (HCOC):** A planning body that works to prevent and end homelessness by coordinating our community's resources and services for homeless and precariously housed families and individuals. The HCOC serves as the Shelter Subcommittee of the Kent County Emergency Needs Task Force.

**Homeless Assistance Program (HAP):** Kent County's central intake and assessment program for homeless women and families. HAP assists with placement into emergency shelter, provides case management services, collects data relative to homelessness and maintains a list of landlords who may have apartments affordable by low income persons, including persons on public assistance. HAP is a program of The Salvation Army Booth Family Services.

**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 night-time 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.

**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.

**HUD (U. S. Department of Housing and Urban Development):** 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.

**Individual Development Account (IDA):** Matched savings accounts designed to help low income and low wealth families accumulate a few thousand dollars for high return investments in education or job training, homeownership, or micro enterprise (small business start-up). (Council of Michigan Foundations)

**Jail:** A County-owned correctional facility.

**Kent County Emergency Needs Task Force (ENTF):** The ENTf includes more than 100 non-profit government and faith-based organizations, funders and concerned volunteers who work together to address the basic needs (shelter, food, utilities, and transportation) of the residents of Kent County, Michigan. The Grand Rapids Area Housing Continuum of Care serves as the Shelter Subcommittee of the ENTf.

**Kent County Family and Children's Coordinating Council (KCFCCC):** Kent County's Community Collaborative body. The Council was formed by the Kent County Board of Commissioners in 1991 to coordinate and improve services for children, youth, and families in Kent County.

**Low Demand Housing:** Housing with very few requirements asked of residents.

**Mainstream Resources:** Agencies or institutions that provide services and resources to people who are at risk of homelessness or are homeless.

**McKinney-Vento Act:** The primary federal law that targets federal funds to homeless individuals and families. Funded programs include outreach, transitional and permanent housing, primary health care services, mental health, alcohol and drug abuse treatment, education, job training, and childcare. There are nine titles under this Act that are administered by several different federal agencies, including the U.S. Department of Housing and Urban Development.

**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.

**network180 (formerly Community Mental Health and Substance Abuse Network of Kent County):** The agency that coordinates public mental health and substance abuse programs and administers state, federal, and local funds through contracts with approximately 25 service providing agencies.

**Nimbyism:** The attitude that is characterized by statements such as “not in my backyard” as a response to the need for community change.

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

**Permanent Supportive Housing (PSH):** 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.

**Right to Housing:** To underscore the critical role that housing plays in well-being and stability, our Vision echoes the language of housing as a basic human right (Universal Declaration on Human Rights, Article 25(1)), without specifying where or by whom such housing must be provided. We recognize that “currently, the right to housing is unlikely to be enforceable on its own terms in U.S. courts. But it can be used as an advocacy tool, in court and other arenas” (National Low Income Housing Coalition).

Our use of the language of “rights” supports a Vision which does not settle for managing homelessness, but rather advocates an end to homelessness.

**Safe Haven:** A form of supportive housing that serves hard-to-house people who are homeless and have severe mental illness or other debilitating behavioral conditions and who are on the streets and have been unwilling or unable to participate in supportive services.

**Section 8 Voucher:** See Housing Choice Voucher.

**Severe Housing Cost Burden:** Housing costs that exceed 50% of income.

**Shelter Plus Care:** A HUD funded supportive housing program that provides rental subsidy to families and individuals who are disabled and homeless. Supportive services are provided by mainstream programs.

**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.

**Substandard Housing:** Housing that is dilapidated, unsafe, and unsanitary or that has environmental hazards such as lead-based paint or infestation.

**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.

**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.

**U.S. Department of Veterans Affairs:** A federal agency that administers a variety of medical and other assistance programs to veterans, including military veterans who are homeless.

**Vision to End Homelessness (Vision or VTEH):** Kent County's commitment to end homelessness in ten years.

**Work First Program:** Recipients of public cash assistance who are required to find a job are referred to the local workforce development board for assistance through a "Work First" program. Work First services include assistance in developing an employability plan, job search and placement assistance, and limited financial aid for childcare, transportation, and other work-related expenses.

**Wraparound services:** Services that are coordinated to meet the needs of a person in permanent housing in order to successfully retain the housing.



