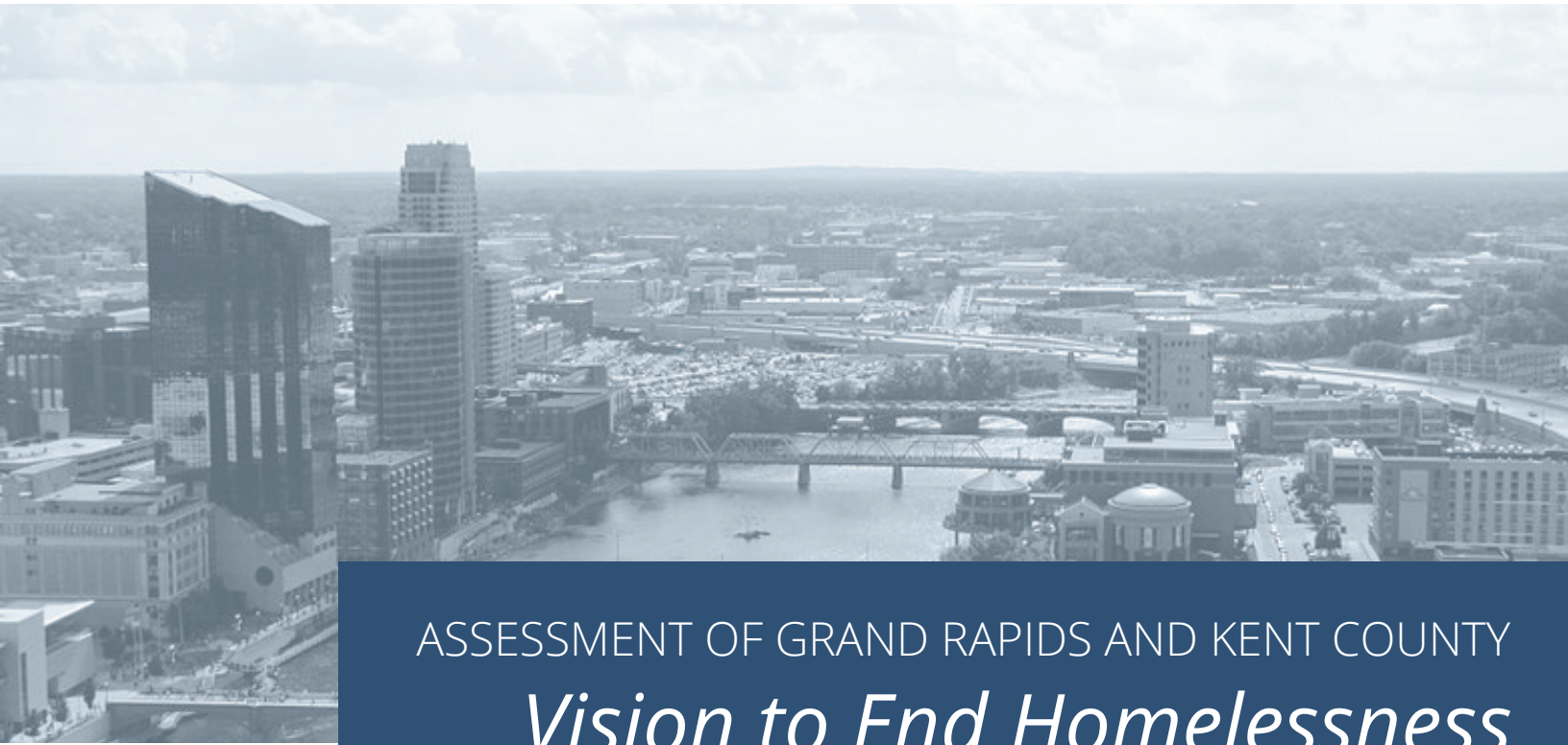




THE
CLOUDBURST
GROUP



ASSESSMENT OF GRAND RAPIDS AND KENT COUNTY
Vision to End Homelessness

A REPORT ON BEHALF OF:

Steelcase Foundation

Dyer-Ives Foundation

Grand Rapids Community Foundation

Frey Foundation

December 2015

ACKNOWLEDGEMENTS

This report assessing impact and progress of the Grand Rapids and Kent County *Vision to End Homelessness (Vision)* was produced by The Cloudburst Group (Cloudburst) under contract with the Steelcase Foundation, Dyer-Ives Foundation, Grand Rapids Community Foundation, and Frey Foundation. We would like to offer a special word of thanks and gratitude to the representatives of these four local philanthropic organizations for their continuing guidance, support, and insight throughout the assessment process. They have been essential in our efforts to recruit key informants, access critical background information, and reflect on emerging data and findings.

Cloudburst also wishes to thank the many dozens of caring and concerned community citizens, leaders, and practitioners in the Grand Rapids and Kent County area for their openness, their thoughtfulness, and their candor in sharing the information, insights, and reflections that inform this report. Many community stakeholders participated in both group and individual interviews, and several were active in providing follow-up written information and documentation when requested. This includes many '*Vision* veterans' who are no longer directly involved in the day-to-day work of ending homelessness in the community but have been significant contributors in times past. In this same vein, our Assessment Team wants to share a special note of thanks to the staff of the Coalition to End Homelessness, the Essential Needs Task Force, and the community's Homeless Management Information System. All have been especially forthcoming over the entire period of our assessment efforts and have been pricelessly supportive in responding to our needs for assistance with meeting logistics, document retrieval, and data development, and oft-times in helping clarify the 'lay of the land' regarding local systems and structure.

We applaud the deep and sincere commitment that so many individuals, agencies, and organizations in the community (both in the public and private sectors) have consistently demonstrated in their shared desire to fulfill the broader goals and aims of the *Vision*, and their abiding concern to do all that they can to prevent and end homelessness in the Grand Rapids Area.

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EXECUTIVE SUMMARY

BACKGROUND

In 2004, the then-named Grand Rapids/Kent County Housing Continuum of Care (HCOC) -- now the Coalition to End Homelessness (Coalition) -- initiated a broad-based community planning effort aimed at transforming the community's response to the crisis of homelessness. These entities brought together sheltering organizations, housing providers, community and business leaders, municipal officials, philanthropic organizations, and other key local stakeholders for the purpose of creating a broad and coordinated response to homelessness across Grand Rapids and Kent County, Michigan. The result was the publication of the *Vision to End Homelessness (Vision)*, with goals and action recommendations framed out over a ten-year horizon. The *Vision* was premised on the idea that the community would shift from 'managing' homelessness to 'ending' it. Rather than just providing a crisis-oriented response, it would strive to create solutions to the challenges of obtaining housing for persons who were homeless and maintaining housing for those who were imminently at-risk. As such, the *Vision* sought to re-orient local response from emphasis on provision of emergency shelter towards focus on preventing housing crisis and ensuring rapid re-housing of individuals and families who had fallen into homelessness. The *Vision* articulated a comprehensive set of strategies and approaches by which the community intended to meet a long-term goal of preventing and ending homelessness in Grand Rapids and Kent County over the coming decade.

As the *Vision* passed its ten-year milestone, a group of Grand Rapids Area philanthropies (Steelcase Foundation, Dyer-Ives Foundation, Grand Rapids Community Foundation, and Frey Foundation) commissioned The Cloudburst Group (Cloudburst), an independent national consulting firm with extensive history and experience in addressing homelessness and strong roots in the state of Michigan, to assess the community's progress in fulfilling the goals of the *Vision*. More specifically, this assessment was designed to:

- Explore and report back on the impact of the *Vision* and progress towards meeting its articulated goals, taking into account ongoing changes in the local, state, and national economic and policy environments over the past decade;
- Review the current status of the community's response to homelessness, and identify 'lessons learned' from the process of implementation of *Vision* strategies and goals;
- Provide high-level recommendations regarding future practice and priorities for community consideration grounded in reflection on the history of the *Vision's* implementation, analysis of housing market conditions, and summary review of homeless population data accessible in the community's Homeless Management Information System (HMIS); and
- Provide the community with a practice-oriented reflection on its efforts spanning the prior decade in order to support and help advance success in its continuing commitment to preventing and ending homelessness.

SUMMARY OF ASSESSMENT METHODOLOGY

In the months between June and September, 2015, Cloudburst's *Vision* Assessment Team actively engaged with key community stakeholders and representatives of public and private sector organizations to conduct a comprehensive review of the history, process, and progress of *Vision* implementation. Staff from the Coalition and funders of the assessment process were extraordinarily helpful in facilitating access to key informants and community data. Through an array of both onsite and remote efforts, the Cloudburst Team conducted a comprehensive assessment process that included:

- One-on-one key informant interviews with 23 individuals;
- Twelve (12) group interviews and focus groups comprising 44 participants;
- Deployment and analysis of an online survey to over 90 Coalition members, with 41 respondents;
- Review of related primary source and historical documentation from the archives of the *Vision* implementation, the Coalition, and other local entities;
- Review and analysis of data from annual HUD Point-in-Time counts and Annual Homeless Assessment Reports (AHAR) (dating back to 2005);
- Review and analysis of data from the Coalition's Homeless Management Information System (HMIS); and
- Review and analysis of local economic, demographic, and housing market data.

With this data in hand, in the period between late July and November, 2015, the Cloudburst Team compiled results, developed initial analyses, reviewed and reported on draft findings and recommendations, and then crafted a final written report.

CORE INSIGHTS AND KEY FINDINGS

Two core insights frame many of the key findings of this assessment report:

- 1 The *Vision* document served as an eloquent and thoughtful statement of principles and values that should - and would - guide and re-orient community-wide efforts in creating a homeless response system based on the core strategic commitments of "closing the front door to homelessness", "opening the back door to homelessness", and "building the infrastructure needed to end homelessness" in the Grand Rapids Area. While the *Vision* articulated a number of overarching strategies (e.g., 'Housing First'; centralized and coordinated assessment; data-based and data-driven programming) that would be critical for impact in the ensuing decade, it never really established an action-oriented strategic plan to implement these principles. Although the *Vision* established a ten-year horizon for its efforts, it didn't actually lay out a ten-year 'action plan'. As such, it is possible to assess progress towards fulfillment of the *Vision*'s broader goals, but is extraordinarily difficult to measure achievement of specific objectives or score fulfillment of the *Vision* as a 'plan'. As several key informants underscored in the review, this community process clearly laid out an aspirational vision, but failed to articulate a workable plan for preventing and ending homelessness in the community.
- 2 That fact notwithstanding, it is abundantly clear that the *Vision*'s stated values and principles have, indeed, helped in reshaping and reframing homeless practice in the community over the past decade. Not only

has the *Vision* succeeded in substantially altering the trajectory of homeless response and the terms of conversation in the community, its core commitments and goals continue to inform the community's planning, priorities, and investments. Both public and private sector funders, as well as direct practitioners and organizational leaders, still appear to be grounding their development of strategy and practice in terms consistent with the underlying focus and emphases of the *Vision*.

REVIEW OF PROGRESS IN FULFILLING THE 'VISION'

In this context, the Grand Rapids/Kent County community can point to significant progress towards fulfilling many of the broad goals articulated in the *Vision*, including:

- Broad acceptance of housing as the primary solution to homelessness -- including shifting emphasis from provision of shelter as the community's primary response to housing crisis -- to significant, though not universal, embrace of 'Housing First' as a key re-housing strategy;
- Establishment and broad use of a coordinated entry and assessment system in order to more consistently and comprehensively assess consumer needs, and more efficiently refer consumers to available and relevant housing-related resources;
- Expansion of the community's permanent supportive housing (PSH) inventory;
- Shifting of resources from emergency shelter operations towards increasing investment homelessness prevention and Rapid Re-Housing (RRH);
- Expansion of local participation in HMIS data entry, and substantial improvement in HMIS data quality, integrity, and reliability; and
- Strengthening of the Coalition as an entity with the leadership, transparency, structure, and capacity to more effectively direct and facilitate community planning, systems design and evaluation, and continuing implementation of the *Vision's* principles and priorities.

At the same time, several important goals were either not met or met only to a limited degree. Included among these:

- The total number of emergency shelter beds have increased over time, rather than decreased (though with legitimate rationale in relation to scope of need).
- Neither the annualized totals nor Point-in-Time (PIT) count numbers of homeless persons have decreased (though this is complicated by expanded participation of local organizations both in HMIS and the annual PIT count).
- The number of chronically homeless single adults has not substantially decreased.
- The quality and integrity of HMIS data has only recently become sufficient to use for local planning and evaluation, and the community's capabilities for accessing, reporting out on, and analyzing and applying available data are still somewhat limited.
- Broader homelessness prevention strategies linked to desired provider/tenant/landlord collaborations, in particular, were not fully implemented as a system-wide strategy, although several agencies and organizations have been able to negotiate and leverage private landlord relationships that have been of value to their own clientele.

- Funding for and deployment of supportive services for households in permanent housing has been a consistent and ongoing challenge, and has limited the scope and efficacy of supportive housing solutions.

In its continuing efforts over the past decade, the community confronted -- and has worked hard to overcome -- an array of structural, political, and philosophical challenges that in some degree limited the *Vision's* reach and impact and impeded or delayed broader fulfillment of its ambitious goals. While reflecting honestly on the history of the *Vision's* progress and implementation requires mention of these issues and dynamics, it is important to emphasize and underscore the significant extent to which the community has recognized, owned, and responded constructively to these challenges. Rather than remaining mired in local conflict and/or allowing for these issues to undermine its abiding investment in fulfillment of the *Vision's* goals, the community has responded to these obstacles as 'opportunities' for systems improvement and change. To their substantial credit, local stakeholders have taken action over the past several years to build on these challenges as a source of 'lessons learned'. In most instances, the Coalition and local leadership have worked hard to address these issues and constraints, examples of which include the following:

- The original *Vision* document never really developed or articulated a comprehensive strategic action plan (e.g., clear and measurable objectives, timelines for achievement, designation of implementing responsibilities, a system for collective accountability, or metrics for evaluating success).
- While there was general and widespread support for the values and priorities expressed by the *Vision*, the community appears never to have fully established consensus regarding the functional meaning or practical implications of several of its key implementing issues and strategies -- e.g., 'Housing First' and Rapid Re-Housing.
- The absence of full consensus on core concepts (such as 'Housing First') and lack of shared understanding of key commitments (such as shifting emphasis away from emergency sheltering) both served to undercut the efficacy of community collaboration and fed into exacerbation of conflicts with *Vision* leadership.
- A history of frequent transitions in leadership associated with implementing the *Vision* inhibited what otherwise would have been a helpful sense of continuity of efforts.
- While the quality of community-wide HMIS data has significantly improved over the course of the past several years, this data generally has not yet been broadly available or strategically used for planning and evaluation -- either at the program or system levels.
- Both the difficulty in accessing measurable performance results and program data, and the absence of a clearly articulated process for mutual accountability, have obstructed implementation of a commitment to continuous improvement of systems design and performance.
- While focused on its role as the lead entity for purposes of the flow of Department of Housing and Urban Development (HUD) resources to and through the Continuum of Care (CoC), the Coalition has not always been seen as sufficiently attentive or responsive to the needs and concerns of partnering organizations who are not recipients of HUD funding and for whom HUD rules and regulations do not immediately apply. This, in turn, has been a source of continuing interagency conflict, limiting cross-systems collaboration.
- The severe retraction of the local economy and housing market in the late 2000s and recent market forces driving rental development across the region have conspired to subvert ongoing local, state, and federal efforts to expand the supply of affordable housing, thus setting back several key strategies of the *Vision*.

RECOMMENDATIONS FOR COMMUNITY CONSIDERATION

In light of the array of ‘lessons learned’ from the community’s challenges, and in view of related data developed through the *Vision* impact assessment, the Cloudburst Team offers the following ‘high-level’ recommendations for community consideration. These are *not* intended to take the place of or supersede active community planning and commitment to continuous improvement in systems planning for homeless response. Nor are they summarized here in any particular order of priority. Rather, these are framed primarily as broad process recommendations based on insights garnered as a consequence of the assessment process.

1 Build on the positive progress of the recent past and focus on the further cultivation of a broad-based *system* for homeless response.

- Partners should remain attentive to and continue to hold themselves and the local system accountable for increasing transparency, inclusiveness, and neutrality in the processes of systems design, evaluation, and decision-making.
- Continue to work on increasing involvement of private sector and faith-based partners in a coordinated community-wide response to homelessness.
- Cultivate and broaden the participation of permanent housing providers in expanding the supply of PSH units for households exiting homelessness.
- Support and enhance the full-fledged alignment of public sector resources, private sector partners, and nonprofit providers towards continued fulfillment of the shared goals articulated in the *Vision*.
- Continue to support program and policy advocacy at the local and state level necessary to expand access to resources essential to success in preventing and ending homelessness.

2 Support success in achieving performance targets established in the three-year *Continuum of Care Action Plan to End Homelessness: 2015-2017 (Action Plan)* recently adopted by the Coalition.

- Establish systems and protocols that ensure and maintain accountability for achieving established targets in the *Action Plan*.
- Organize housing, services, and action strategies around agreed-upon goals and maintain focus on those concrete goals.
- Provide support for more sophisticated and active reliance on community-based data analysis for purposes of performance measurement.
- Establish a ‘culture of accountability’ linked to new performance measures that promotes regular and transparent review of system-wide and program-level progress in achieving agreed-upon system-wide goals.

3 Support continuing shift of community-wide focus to system-level performance, rather than client or program level improvements.

- Bring community partners together to construct a functional vision of how interrelated components of an ideal homeless response system might best look and operate -- including a system for ensuring accountability for achievement of associated performance goals.

4

Invest in enhanced capacity for system-wide data analysis for planning and evaluation.

- Encourage local funders to consider supplemental investment in expanding community capacity and functionality for community-based data analytics.
- Adopt and implement strategies that promote more active cross-systems data gathering and program-level data analysis.
- Support efforts to conduct an in-depth and systematic assessment of community needs grounded in analysis of HMIS data.

5

Invest in the training of key community partners to ensure cultivation of the common use of conceptual vocabulary, shared understandings of common practices and procedures, and a collective foundation for consistency in community-wide services planning and delivery.

- Bring community partners together in shared training experiences on key topics.
- Focus training on developing a shared understanding of and commitment to common meaning of the notion of ‘ending homelessness’ -- consistent with emerging language at the federal level.

6

Expand and intensify focus on housing-based solutions to homelessness.

- Enhance community capacity to use available rental housing for persons and families exiting homelessness.
- Increase the supply of PSH units, recognizing that many occupants of PSH units will need to reside in these units for the indefinite future.
- Enlist, expand, and support the substantial capacity and potential of both nonprofit and for-profit developers in increased production of affordable housing accessible to households exiting homelessness.
- Expand focus on homelessness prevention and housing retention in order to maintain housing stability and reduce the number of new units needed in the community.

SECTION I

Overview Of The 'Vision' And Assessment Report

In 2004, the then-named Grand Rapids/Kent County Housing Continuum of Care (HCOC) -- now the Coalition to End Homelessness (Coalition) -- initiated a broad-based community planning effort aimed at transforming the community's response to the crisis of homelessness. These entities brought together sheltering organizations, housing providers, community and business leaders, municipal officials, philanthropic organizations, and other key local stakeholders for the purpose of creating a broad and coordinated response to homelessness across Grand Rapids and Kent County, Michigan. Grand Rapids' Mayor at the time, a former Executive Director at Heartside Ministries, expressed the shared concern of many in the community -- that too many of the homeless were caught in a recidivist cycle, moving from the streets to shelter, to programs, and back to the streets. At the same time, the United States Interagency Council on Homelessness (USICH) was engaging with jurisdictional leaders in cities, counties, and states across the country, urging them to develop '10-Year Plans' to end local homelessness. This commitment was mirrored at the State level, as the Michigan State Housing Development Authority (MSHDA) adopted and actively promoted this same concept. In that context, key stakeholders in the community launched a regional effort to develop an ambitious set of goals and strategies -- the *Vision* -- in order to make headway in preventing and ending homelessness.

For over a decade preceding the publication of the *Vision* document, the community -- like most around the country -- had done what it could to marshal resources in an *ad hoc* fashion to address growing numbers of persons experiencing homelessness, relying on the community's history and culture of caring, collaboration, and faith-based concern. This growing homelessness problem was a consequence of the convergence of several decades of social policies that had simultaneously emphasized the deinstitutionalization of persons living with mental illness, retraction of investment in public and subsidized housing, and propagation of urban renewal that resulted in the net loss of affordable and accessible housing units. The *Vision* represented an attempt to address this growing issue by moving beyond merely reactive response:

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. (p.1).

Published in February, 2006, the *Vision* was a product of a broad-based community process that brought together a wide array of public, private, and nonprofit stakeholders through an expansive and highly participatory planning process in order to forge a new direction in the community's strategic response. Framed over a ten-year horizon, the *Vision* sought to re-orient the community's approach to addressing homelessness towards increasing focus on homelessness prevention and Rapid Re-Housing. The *Vision* was premised on the idea that the community would shift from 'managing' homelessness to 'ending' it. Rather than just providing a crisis-oriented response, it would create solutions. It was, as the *Vision* put it, "time to develop a new picture" (*Vision*, p. 13).

The *Vision* was grounded in a few basic guiding principles (referred to in the document as ‘assumptions’) that reflected a broad consensus regarding the community’s response to housing crisis. These included:

- Homelessness is unacceptable;
- The community has the will to end homelessness;
- Ending homelessness requires creating more units of affordable housing, tailored to meet the needs of a variety of target populations; and
- *Housing* is the solution to homelessness.

The *Vision* borrowed heavily from a conceptual framework prevalent nationally, at the time, to organize its strategies -- i.e., the community proposed to ‘close the front door into homelessness’ and ‘open the back door out of homelessness,’ and to accomplish this, partners would work together to ‘build the infrastructure to end homelessness.’ What, more specifically, did these concepts entail? Briefly speaking:

- **Closing the front door into homelessness** - The community proposed to *prevent* homelessness in the first place by redirecting emphasis and resources from the provision of emergency shelter towards increasing investment in prevention activities. An expanded ‘central intake system’ would play a key role in identifying at-risk households and connecting them with needed resources, and more of the community’s efforts would be focused ‘upstream’ to help prevent the occurrence, or recurrence, of homelessness.
- **Opening the back door out of homelessness** - The community sought to shift focus away from heavy use of emergency shelter towards engagement in interim housing, with the intent to re-house households as rapidly as possible. A core theme in this effort would be committing to a philosophy of ‘Housing First’, reducing barriers to permanent housing, and working to expand a readily accessible array of affordable and supportive housing options for both individuals and families. In this model, which targets homeless individuals and families living with disabilities such as mental illness and addiction, services would be connected with housing, as appropriate and necessary, to help support success in rapidly obtaining and then maintaining housing. Such services would be crafted using a strengths-based approach, emphasizing the reduction or elimination of barriers to accessing housing and services. Also key to ‘opening the back door’ was a commitment to Rapid Re-Housing -- a separate strategy that involves providing temporary financial rental assistance and services to households experiencing homelessness, thereby ‘rapidly’ returning them to stable housing.
- **Building the infrastructure to end homelessness** - Recognizing the need for both an ongoing structure and a process to support creation of a comprehensive system for homeless response, the community assigned primary responsibility for implementation of the *Vision* to the Grand Rapids Area Housing Continuum of Care (HCOC). Community partners envisioned that public and private resources would be aligned in support of these efforts. They also anticipated that local data on homeless issues, needs, and program impact – to be generated through the community’s HMIS – would be used to inform ongoing planning, evaluation, and funding decisions.

An initiative like the *Vision* does not take place in a vacuum. This effort was undertaken at a moment in the evolution of homeless response when communities all around the country were taking up the challenge of creating public-private partnerships to envision and articulate long-term strategies for ending homelessness. It followed a period of nearly two decades in which caring and committed providers at the local level had sustained efforts focused on the provision of safe, decent, and welcoming sheltering assistance – in direct response to

what many had assumed, or hoped, would be a momentary and passing social crisis. There was a great sense of energy and enormous sense of optimism and promise in this local response. At the time, the Grand Rapids Area was already noted for its active reliance on cross-systems collaborations, strong partnerships with private philanthropy and the faith community, creative connections to public housing resources, local emphasis on homelessness prevention, and leadership in the development of permanent supportive housing.

In Michigan, the State itself was actively encouraging the development of long-term plans in each of its local CoC areas as an initial phase of its 'Statewide Campaign to End Homelessness'. The State's ongoing investment in the success of that Campaign has been a backdrop for much of the implementing activity associated with the *Vision*. As MSHDA and the State's Interagency Council on Homelessness have continued to promote and support the 'Statewide Campaign,' they have cultivated – and, in some sense, required – increasing emphases on centralized assessment and referral (through the Housing Assessment Resource Agency (HARA) model); intensified and insisted upon expanded reliance on use of Rapid Re-Housing assistance; enlarged use of homeless preferences in the State's Housing Choice Voucher rental subsidy program; and increased investment in permanent supportive housing development through targeted set-asides of Low-Income Housing Tax Credits (LIHTC). Underlying all of these efforts has been strong and unyielding statewide advocacy for adoption of a 'Housing First' approach. While Grand Rapids' history and strategy for ending homelessness have reflected its own local flavor and focus, the community's evolving efforts have also reflected these broader state and federal initiatives, and the trajectory of local implementation unavoidably has been altered by this broader dynamic.

Within a few years of the launch of the *Vision*, Michigan, like the rest of the nation, experienced a dramatic collapse of the housing market and the onset of a near-depression economy. Federal and state governments responded with a contraction of both social services and investment in housing development, but accompanied these cutbacks with an infusion of federal resources for large scale investment in new (albeit temporary) short-term crisis response, including the Homelessness Prevention and Rapid Re-Housing Program (HPRP) and the Neighborhood Stabilization Program (NSP). At a moment when the housing crisis nationally and locally was at its peak, the vast expansion of Rapid Re-Housing as a 'response of choice' in the toolkit of homeless response systems first took hold. This emphasis, too, has helped shape the thrust of the Grand Rapids Area's efforts to support success of individuals, youth, and families in exiting homelessness.

As the federal government's own promotion of strategies to address homelessness have taken new directions and incorporated new priorities (e.g., increasing emphasis on ending chronic and Veterans' homelessness; increasing commitment to Rapid Re-Housing; and advocating for repurposing of transitional housing resources), a series of related policy and practice initiatives have also made their way into the practice parlance of the local community. The passage of the Federal HEARTH amendment to the McKinney-Vento Act in 2009 (updating and revising Federal homeless program rules), adoption of the *Federal Strategic Plan to Prevent and End Homelessness*, publication of the Interim CoC Rule, revision of the Emergency Solutions Grants program (ESG), and associated alterations in jurisdictional requirements associated with the Consolidated Plan¹ all have established and institutionalized a vast array of new expectations for homeless-related policy and practice at the local level. Many of the emphases foreshadowed in the initial language of the *Vision* have now been written in to federal policy and have become fully integrated in the administrative and scoring criteria associated with funding of the CoC. Emphasis on the development and deployment of Rapid Re-Housing strategies, implementation of coordinated entry systems, prioritization of ending chronic homelessness, reliance on performance measurement, promotion of homeless systems redesign, and engagement in data-

¹ Cities, counties and states that receive funds from HUD's Community Planning and Development programs (CDBG, HOME, ESG, HOPWA, and CoC) are required to create Consolidated Plans that help jurisdictions "to assess their affordable housing and community development needs and market conditions, and to make data-driven, place-based investment decisions." <https://www.hudexchange.info/programs/consolidated-plan/>

based evaluation and planning are now codified in federal administrative policy as drivers of local homeless response. As the *Vision* in Grand Rapids/Kent County continues to emerge and unfold, these federally established strategies are strongly defining influences.

In this context, a group of Grand Rapids Area philanthropic funders made a commitment in early 2015 to assess the achievements and impact of the *Vision* over the past decade. The Steelcase Foundation, Dyer-Ives Foundation, Grand Rapids Community Foundation, and Frey Foundation collaborated in competitively procuring an external entity to conduct a comprehensive review of the successes and analysis of the challenges in the community's efforts to implement the *Vision*. They did so with an eye toward identifying 'lessons learned' over the prior ten-year period, and identification of recommendations for community consideration that might best inform community priorities, practice, and investments into the future. For this effort, they selected The Cloudburst Group (Cloudburst), a nationally recognized firm with over a decade's experience in providing technical assistance, evaluation research, data analysis, organizational development, and community-based training focused in the areas of homelessness, housing, and community development.

This document provides a detailed report on Cloudburst's assessment and related findings. Section II offers a summary of the achievement of the *Vision's* intended goals and strategies (i.e., those articulated in the published *Vision* document). Section III presents an overview of the current status of the community's homeless response system, in light of the *Vision's* focal values and priorities. Section IV explores challenges experienced by the community in the implementation of the *Vision* and speaks to subsequent 'lessons learned'. Finally, Section V proposes a series of high-level recommendations for the community's consideration in advancing its efforts towards ending homelessness, going forward.

Appendices to this document provide further detail relevant to key findings in the report, *Appendix A* shares a description of Cloudburst's assessment process, along with a listing of all key informants contributing to that effort. *Appendix B* offers a summary of results gleaned from a community-wide survey of homeless services providers focused on perceptions of progress and achievements over the past decade. *Appendix C* is important in filling out the picture of community progress and prospects, reporting out on a Housing Market Analysis conducted by Cloudburst and offering related recommendations. Finally, *Appendix D* presents an overview and summary of key data elements pulled from the community's Point-in-Time Count (PIT) and Homeless Management Information System (HMIS) as an illustration of the powerful potential for data analysis now within the community's reach.

SECTION II

Summary Of Progress In Fulfilling Goals Of The *Vision*

A VISION, BUT NOT NECESSARILY A PLAN

Among the most significant findings of Cloudburst's inquiry was this: while many in the community have referred to the *Vision to End Homelessness* as a 'ten year plan to end homelessness' in Grand Rapids and Kent County, it became apparent that the *Vision* had been developed more as a framework for altering the thrust and strategy of community-wide homeless response than as a detailed and action-oriented 'strategic plan' for community change. The text of the *Vision* document lays out a series of broad arguments for changing the lens through which the community views homelessness, as well as altering the community's approach to engaging and resolving the problem. It also established an overarching set of values and principles for ongoing community action, organized around three primary themes:

- **Closing the Front Door Into Homelessness;**
- **Opening the Back Door Out of Homelessness; and**
- **Building the Infrastructure to End Homelessness.**

In its *Appendix C: Detailed Summary of Action Recommendations*, the *Vision* document enumerates a long 'shopping list' of desired actions and tactical objectives associated with each of these three primary themes. Nowhere, however, does the *Vision* statement clearly lay out specific action plans for implementing these objectives. There are no references to specific timelines, resources, milestones, action steps, leadership responsibilities, accountability for follow-through, or means of measuring success, all of which would generally be incorporated as core elements in an action-oriented strategic plan.

That notwithstanding, the community appears to have made substantial and meaningful progress in advancing the *Vision's* primary goals, re-orienting community perspectives regarding the experience of homelessness, and altering the trajectory of local homeless systems response. As such, there is much emergent from the *Vision* that the community can celebrate.

Among key accomplishments that can be seen as direct outgrowths of the *Vision* -- based on key informant interviews, community survey response, and available community data -- are:

- Widespread acceptance, across the local network of homeless and housing services providers, of the principle that *housing* is the solution to homelessness, and intensified investment in the expansion of access to multiple housing options for individuals and families experiencing homelessness. This is evident even as some disagreement continues regarding how best to implement those housing solutions. In the community-wide online survey of Coalition members, over 50% of respondents answered 'significantly'

or “somewhat” to the question: “To what extent has a ‘Housing First’ philosophy been implemented for families and individuals as an underlying approach to the resolution of housing crisis?”

- Broad adoption (admittedly with some degree of confusion and conflict) of a ‘Housing First’ framework, and increasing reliance by homeless services providers and the CoC on related Rapid Re-Housing solutions. This concurrence is reflected in the response by over 57% of online survey respondents that the community has “moved from a shelter-based system to a system focused on Rapid (permanent) Re-Housing”, either “significantly” or “somewhat”.
- Increased emphasis in community-wide practice on reducing lengths of stay in emergency shelter.
- The development and implementation of a robust centralized and coordinated intake, assessment, and referral system -- i.e., the Housing Assessment Program (HAP).
- Re-structuring of governance and oversight of community initiatives addressing homelessness under the auspice of the Essential Needs Task Force (ENTF), reflecting a broader sense of mission and commitment to systems change among homeless, housing, and special needs service providers and the Coalition-at-large.
- A near-doubling of the number of PSH units available for persons exiting homelessness (see *Figure 1*, below, and data discussed in *Appendix C: Housing Market Analysis*).
- Establishment of increased quality, integrity, and reliability of data – as well as increased levels of participation – in the community’s HMIS (see *Figure 3* and *Figure 4* below).
- Increased alignment of public and private funding resources in support of the *Vision’s* goals and strategies. This movement toward fuller alignment was addressed and emphasized in several key-informant conversations and in focus-group dialogues with public and private funders in the community.

The paragraphs that follow provide a more detailed overview of the community’s progress toward meeting the broader goals and strategies laid out in the *Vision* document.

Goal One: Closing the Front Door Into Homelessness

In establishing ‘Closing the Front Door Into Homelessness’ as a primary goal, the *Vision* sought to shift the community’s focus to *preventing* episodes of homelessness before they happened, by moving resources ‘upstream,’ and increasing emphasis on retention of permanent housing for persons imminently at-risk. This commitment reflected widespread understanding of the overlapping human, economic, and practical impact of sustaining housing stability for individuals and families otherwise facing potential housing loss and crisis.

a. Direct Resources ‘Upstream’ and Expand Prevention Services

Expansion of investment in homelessness prevention was an important objective in the *Vision* document. While an internal Coalition progress report from August 2011 indicated that evictions across Kent County had *increased* between 2006 and 2010 (from 9,673 to 10,251²), this was largely due to the impact of the severe economic downturn of 2008-2010, not necessarily because of lack of follow-through on commitment to prevention. To the contrary, both in the Assessment’s online survey of Coalition members and in many of the key informant interviews, participants pointed towards increased investment by local philanthropic foundations in emergency homelessness prevention (through the ENTFF) as a substantive accomplishment in this regard. Moreover, in the period between 2009 and 2012, the federally funded Homelessness Prevention and Rapid Re-Housing

2 Internal Coalition document, *Vision to End Homelessness Goals, Updates as of August 2011*.

Program (HPRP) -- a program funded through the American Recovery and Reinvestment Act (ARRA) of 2009 -- provided significant new prevention-oriented resources to the community. The federal HPRP program allocated almost \$2.3 million directly to Grand Rapids and Kent County, and the Michigan State Housing Development Authority (MSHDA) funneled well over \$700,000 more in HPRP funding to the CoC to support activities including emergency rent and utilities assistance, housing stabilization case management services, and short term financial assistance for Rapid Re-Housing. Further building on this agenda over the past decade, MSHDA has directed increased funding for shelter diversion, homeless prevention, and rapid re-housing to the community through its statewide Emergency Solutions Grant (ESG) program and related implementation of its Housing Assessment and Resource Agency (HARA) model. Anticipating emerging HUD requirements that all CoCs should establish a centralized and coordinated intake and assessment function, MSHDA pro-actively created a requirement that all CoCs across the State create a local HARA as a vehicle that would serve as a conduit for its ESG resources, and also fulfill the expected HUD mandate for Coordinated Entry once implemented. Local municipalities in the region augmented these strategies through commitment of prevention-related financial assistance, relying on HOME Tenant Based Rental Assistance (TBRA) funds from the City of Grand Rapids, and Community Development Block Grant (CDBG) funds from the City of Wyoming.

One noteworthy element of this strategy was the adoption by the Coalition in 2009 of a Housing Resource Specialist model that had been developed by the Community Rebuilders agency. This model was designed to complement the community's centralized intake, assessment, and referral system by deploying specialized homelessness prevention and Rapid Re-Housing case managers to various locations within the homeless crisis response system, including permanent supportive housing sites and programs. Relying on a 'strengths-based' methodology, the Housing Resource Specialist trained and certified staff in a variety of organizations to provide specialized prevention and re-housing case management, with the goal of supporting participants in the housing of their choice. This included training in client-centered assessment and service provision, progressive engagement, understanding key indicators of instability, understanding (and documenting) HUD's 'homeless' and 'at-risk' eligibility criteria, assessing housing quality and safety, and eviction prevention. Organizations such as network180, Inner City Christian Federation (ICCF), The Salvation Army, the YWCA, Family Promise, and the Grand Rapids Urban League have had staff trained in this model. While this formal certification approach is no longer being implemented, its original adoption and continuing impact on local practice is representative of the community's broader commitment to 'moving resources upstream'.

b. Develop Coordinated/Centralized Housing and Placement Services

Coordinated care, centralized intake, and centralized referral and placement services were a key part of the *Vision* and have, coincidentally, become an increasingly important part of HUD's CoC program model. Deployment of a community-wide Coordinated Entry System is now a HUD-mandated CoC funding requirement. Coordinated assessment and referral have also been a key element of MSHDA's statewide

Almost 65%
of survey respondents indicated
that the HAP system had
'significantly' or 'somewhat'
enhanced immediate placement
in housing when homelessness
occurs.

response to homelessness, as HARAs were established in each CoC across the state in conjunction with the distribution of state- and federally-derived ESG resources. Responding to MSHDA's mandate nearly a decade ago, the Coalition designated The Salvation Army to serve as the community's HARA, building on the Army's prior history in coordinating centralized intake and referral. In 2009, the community expanded this commitment to include services for single men, single women, and families and renamed the function as the Housing Assessment Program (HAP). The Salvation Army continues to administer the HAP on behalf of the Coalition.

More recently, the Coalition has worked to strengthen the HAP's connections to the Grand Rapids Area's 211 system. Households with housing crisis needs, but who are not necessarily homeless or imminently at-risk by HUD standards, can initiate contact with 211 rather than overwhelming the HAP with pressure to respond to every instance of housing-related need. In this model, the 211 system conducts an initial screening and refers eligible persons to HAP as necessary. At the same time, the community has clarified related roles and responsibilities of referring agencies. Prioritization for referral to housing resources is based on use of the *Vulnerability Index -Service Prioritization Decision Assistance Tool (VI-SPDAT)*, a tool widely used nationally for this purpose. Households that report domestic violence are not given additional assessment by the HAP, but, rather, are referred directly to the YWCA Domestic Violence program for assessment and referral.

There was a general sense of agreement across informants regarding the importance of having a centralized intake and referral system in order to rationalize the distribution of resources and simplify client access to services. However, as might be expected with a complex mechanism such as this, the implementation has had -- and continues to have -- some 'hiccups'. The HAP can only function successfully in its centralizing and coordinating role within a collaborative and trusting system. Early implementation of the HAP struck some as 'too controlled' and 'top down.' Other respondents were concerned that the HAP was not sufficiently 'client-centered' or 'customer-oriented.' At the same time, other providers who had initially been cautious about integrating referrals to and from the HAP recognized that it is an important resource for the community and should be 'given room' to mature. Over the past several years, the HAP has continued to evolve as a significant component of the community's commitment to coordinated entry.

c. Advance Tenant-Landlord Strategies to Maintain Housing

Key informant interviews and focus groups yielded little evidence of community-wide progress in what was initially intended as one of the *Vision's* core strategies for helping homeless households obtain and maintain affordable housing -- i.e., engaging landlords as collaborative partners. Providers reported that individual agencies and organizations have been active in cultivating agency-specific relationships with particular property owners or management companies, but that no system-wide strategy or protocol had ever emerged. A representative from the Rental Property Owners Association (RPOA) who participated in one of several focus groups shared an important perception from the property owners' perspective. On the one hand, he was hopeful that providers could step forward to help at-risk tenants with support for services and rent as a means of expanding access to affordable housing opportunities. On the other, he expressed frustration that this promise hadn't yet fully materialized.

In the community survey, **fewer than half** of the respondents felt that effective tenant-landlord strategies for maintaining housing stability had been 'significantly' or 'somewhat' improved, with a full 25% indicating that this had 'not at all' improved.

d. Improve Discharge Policies

Focus on enhancing institutional discharge policies so that individuals would not be released from public systems of care into homelessness was an approach advocated by HUD and embraced by the community at the time that the *Vision* was being crafted. Many communities around the country experienced difficulty in implementing this effort, as those public institutions (e.g., Corrections, Foster Care, Public Hospitals, and Mental Health facilities) were generally not easily accessible to, much less

Over 70% of survey respondents answered ‘only a bit’ or ‘not at all’, when asked if more effective discharge policies from mainstream institutions had been implemented. **Significantly, a full 25%** indicated that they did not know enough to answer, which likely reflects a general lack of focus on this area by the Coalition.

changeable by, CoC participants. While a *Vision* work group had once been established to address this challenge, the group apparently never navigated their way to much success. This difficulty was further confirmed by the community survey results.

e. Connect Special Populations with Mainstream Resources

Over the past several years, the community has been able to demonstrate meaningful progress in expanding access to supportive services through mainstream resources. The recent re-organization of the Coalition (discussed below) has been especially important in this regard, as it has renewed outreach to and inclusion of providers and systems that specialize in working with particular sub-populations – among them, domestic violence, men and women living with mental illness, youth aging out of foster care, and homeless and runaway youth. In particular, the coordination of mental health resources with housing resources seems to have markedly improved.

By way of example, network180 serves as the Kent County Community Mental Health Authority Board and administers Medicaid behavioral health services in the community. These include services linked with housing. Network180 also has ‘Housing Resource Specialist’ staff embedded in various supportive housing resources in the community. Additionally, agency funding to Pine Rest supports two Housing Resource Specialists working with residents of Dwelling Place’s Herkimer property. Similarly, network180 has a long-standing funding relationship with the Genesis Non-Profit Housing Corporation, paying for staff linked to an agreed-upon number of rental units. Network180’s Board of Directors took the lead in identifying that it should align its resources as an agency with the *Vision* and, in particular, with the *Vision*’s endorsement of a ‘Housing First’ approach to housing individuals living with mental illness. In turn, this agency has increased involvement in the Coalition and provision of housing-related behavioral health supports³.

Direct involvement in the Coalition by other agencies representing sub-populations is somewhat less substantial. Though the YWCA and its Domestic Violence program, for example, is represented in the Coalition, they historically have had less direct or active engagement in shared programming or services. Respondents indicated that households with an identified domestic violence issue were generally ‘handed off’ to the YWCA and then regarded as having been taken care of at that point.

Focus on homelessness among youth and engagement with providers working with homeless youth was also not particularly strongly evident in key informant interviews and focus groups. While organizations such as Fosters Forward and Arbor Circle are actively engaged with homeless youth in the community, participants in the mainstream services focus group indicated that data documenting the extent of homelessness among youth was sparse, and that knowledge of the needs of youth aging out of foster care was similarly scarce.

Despite multiple challenges over the past decade in fully mobilizing mainstream resources, the community has maintained its active efforts toward advancing these critical collaborations.

³ Significantly, though network180 actively supports integration with the Coalition’s activities, it doesn’t itself track housing outcomes from its providers for these arrangements.

Goal Two: Opening the Back Door Out of Homelessness

'Opening the Back Door Out of Homelessness' was viewed by the framers of the *Vision* as essential to success in rapid placement of homeless households in affordable permanent housing, and identified as a second core goal of the *Vision*. Strategies associated with this goal included: reliance on a 'Housing First' approach; reconfiguration of the continuum of community housing options to emphasize interim and/or permanent housing rather than emergency shelter; increasing the rate of housing retention; and expansion of permanent, affordable housing options. Among key activities projected in association with this goal were shifting resources from the provision of emergency shelter to Rapid Re-Housing; implementation of a low-barrier 'Housing First' strategy for individuals and families; and expediting access to mainstream resources.

a. Refocus System from Shelter to Rapid Re-Housing

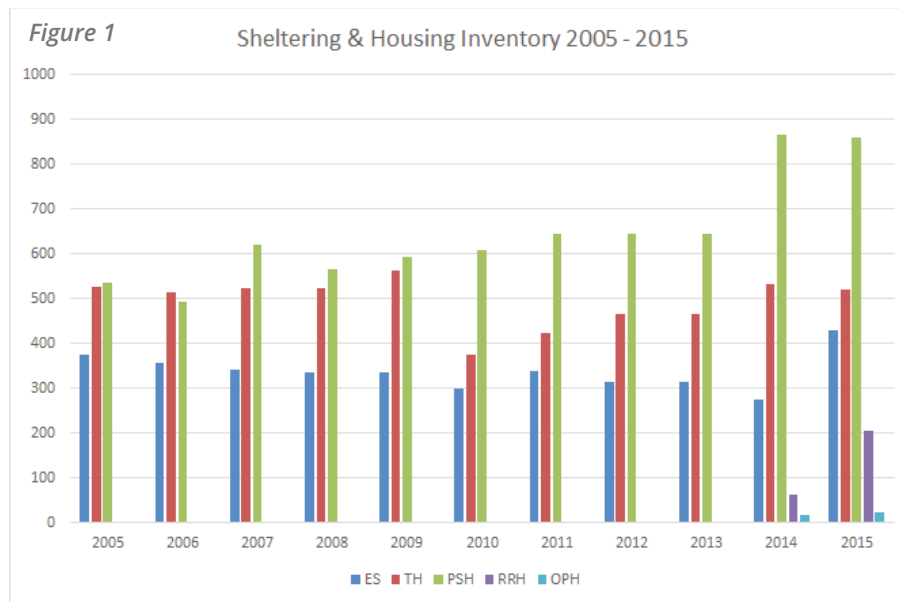
The community has evidenced demonstrable change, over time, in shifting emphasis from emergency sheltering to a broad-based focus on Rapid Re-Housing. To a significant degree, this was the result of an unprecedented level of investment by both federal and state agencies in this approach. In response to the economic downturn of 2008, the federal government allocated \$1.5 billion (nationally) in funds for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) -- awarded through states and municipalities. As mentioned above, this initiative provided a swift and substantial injection of nearly \$3 million in new resources partially directed toward the emerging Rapid Re-Housing approach in Grand Rapids and Kent County. The federal HEARTH Act of 2009 -- amending the core legislation supporting most federal homeless programming and HUD's CoC model -- further extended and institutionalized this framework. At the same time, the former 'Emergency Shelter Grants' program (originally focused on emergency sheltering operations) was revised and renamed as the 'Emergency Solutions Grants' (ESG) program, expanding emphasis on homelessness prevention and Rapid Re-Housing, and adding new resources that could only be spent on these rental assistance activities. Other public and private sector resources (e.g., HOME Tenant Based Rental Assistance (TBRA), Community Development Block Grant (CDBG) Public Services funding, and philanthropic funding) were added in to this mix, supporting expansion of Rapid Re-Housing as a high-priority intervention.

Consistent with this change in overarching policy and funding priority, several organizations shifted what historically had been emergency sheltering resources towards Rapid Re-Housing and permanent housing solutions. In 2009, tied to this agenda, several shelters serving individuals and families were taken offline, including The Family Lodge (single women and families), Catholic Charities (families), and Well House (individuals and families). With the support of the Grand Rapids Community Foundation, Well House shifted its core mission from sheltering to the provision of permanent, low-barrier affordable housing using a 'Housing First' model.

It is important to note that the entire community was not philosophically in concert as this change in housing crisis response was taking shape. Housing crisis providers were often at odds with one another in regards to underlying values and commitments in their practice. The same diversity of resources and energies that was a singular strength of the local system was also at the heart of sustained philosophical and cultural conflicts in local practice and priorities. Some providers viewed housing as a fundamental right and saw their organizational effort as an embodiment of commitment to social justice; others viewed their programming as an expression of religious faith or charity, and defined and managed their housing services with a decidedly moralistic attitude. For some, the notion of 'Housing First' was in conflict with the perspective that persons needed first to 'earn' their right to housing and 'prove' their worthiness for access to supports. For others, 'Housing First' was behaviorally problematic in that they believed that persons who had lost their housing needed first to demonstrate their housing-readiness through

resolution of associated personal and economic challenges. So while there was a general recognition in the community of the value of shifting emphasis from simply sheltering to rapidly re-housing persons who were experiencing homelessness, there was also notable lack of unanimity in exactly how best to pursue and operationalize this change in focus.

Figure 1, below, provides an illustration of related changes in the inventory of shelter beds, transitional housing units, and permanent housing units based on counts in the CoC Housing Inventory Chart (HIC) from 2005-2015:



- The *overall* number of emergency shelter (ES) and transitional housing (TH) beds and units for individuals and families increased during this period, by 49 net beds. Within that number, however, the bump upwards in the emergency shelter count was the result of adding new men's shelter beds in response to *increasing* need, as well as the reclassification of other beds in line with HUD-issued guidance.
- The *overall* number of permanent supportive housing (PSH) beds/units during this period *increased* substantially -- up by 323 additional units.
- As Rapid Re-Housing resources were included in the inventory for the first time in 2014; 206 Rapid Re-Housing units were added to the HIC count.
- Another 24 units of other permanent housing (OPH) were also included and added into the HIC count, for the first time in 2014.

The data here demonstrates the dual realities of trending and commitments in the Grand Rapids Area over the past many years. While there has been a strong commitment by the community to the expansion of permanent supportive housing, as a strategy for housing those in need of longer-term support to maintain housing stability and success, the number of sheltering beds has also increased in response to increasing housing crisis demand.

When asked the extent to which the community has moved from a shelter-based system to one focused on Rapid Re-Housing, **Over half of the survey respondents** thought that the system had shifted 'significantly' or 'somewhat'.

b. Implement 'Housing First' for Individuals and Families

Multiple strategies in the *Vision* were connected with the adoption and implementation of a 'Housing First' philosophy. This approach was seen as key to shifting the community's homeless response system from emphasis on sheltering to the provision of permanent housing. Interviews, focus groups, and review of

Coalition documents confirmed that the implementation of this approach has, like the development of centralized intake and assessment, been a primary focus of the Coalition's energy over the past decade.

In the community survey, Cloudburst asked two questions related to 'Housing First'. The results reflected a somewhat mixed assessment on this count:

- When asked about the extent to which a 'Housing First' philosophy had been implemented for families and individuals as an underlying approach, just **over 50%** thought 'somewhat' or 'significantly'. **32%**, however, thought that it had been 'only a bit' and **9%**, not at all.
- When asked about the extent to which a 'Housing First' model had been implemented specifically for individuals who are chronically homeless, less than half responded with 'somewhat' or 'significantly.' **37%** responded 'only a bit' and **9%**, 'not at all.'

The implementation of a 'Housing First' framework has both met with some success and has been fraught with challenges. The *Vision* document defined 'Housing First' as: "rapid placement in permanent housing upon the occurrence of a crisis" (p. 11). The discussion that follows this definition in the *Vision* provides fuller description and clarification: "Homelessness will be understood as a housing issue, first and foremost, with the provision of housing as the fundamental solution..... 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.... 'Housing readiness' screens that may have inhibited or prevented re-housing previously should be replaced with rapid entrance to low-barrier housing that provides services, as appropriate" (p.11). In other words, 'Housing First' changed the focus of the homeless response system so that housing would be the community's foundation for resolving homelessness, transitions to permanent housing would be as short

as possible, and access to appropriate permanent housing would not be inhibited by 'suitability' screens and/or conditions.

HUD defines 'Housing First' as: *an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements, and in which rapid placement and stabilization in permanent housing are primary goals. [Permanent Supportive Housing] PSH projects that use a 'Housing First' approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.*⁴

This definition is similar to the functional one from the *Vision*. Despite this convergence in vocabulary, however, one of the key findings from the community assessment process was that there seems to be little or no consensus among the Coalition's various stakeholders about what 'Housing First' actually means in definition or looks like in practice. Interview and focus group participants also articulated a wide variety of definitions for what 'success' might mean for households served in a 'Housing First' framework. Perspectives ranged widely -- from 'not being on the street' and 'accessing fewer emergency services' to 'not having lease violations' and/or achieving 'self-sufficiency' (to the point of no longer requiring housing

4 See Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status. <https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/>

subsidy assistance at all). This range in definitions of *client* level success reflect a parallel lack of consensus regarding *systematic* and *programmatic* success for this strategy. In other words, it has been hard for the Coalition to measure success of this strategy given lack of consensus regarding what success looks like. This was another way in which broad disagreements about the 'Housing First' approach has vexed both implementation and evaluation.

The community has also been hampered by lack of clarity on how the 'Housing First' concept may differ from what is meant by or referred to as 'Rapid Re-Housing.' Key informant interviewees, focus group participants, and even Coalition documents, themselves, seem to use both terms almost interchangeably, without much distinction.

Over the past decade, the community has, in fact, expanded the number of PSH units in its inventory. In the Coalition's 2015 HIC count, 329 of the 1,090 permanent housing units (30%) have been set-aside for the chronically homeless, including units owned or managed by Community Rebuilders, Well House, Dwelling Place, Genesis Non-Profit Housing, the Grand Rapids Housing Commission, and Heartside Non-Profit Housing. The Coalition has actively responded to HUD's prioritization of CoC program resources for the creation of PSH units for chronically homeless individuals and heads of household, regularly securing new PSH dollars for the expansion of this inventory.⁵ These PSH units use both scattered-site and facility-based models of housing subsidy assistance. Community Rebuilders reports significant success with scattered-site units using a 'Housing First' model. Well House has enthusiastically embraced the model in a project-based setting. However, other providers of permanent affordable housing have expressed wariness, most frequently tied to concerns for access to services for PSH tenants.

An important component of the 'Housing First' model is linking tenants, as appropriate, with supportive services and other mainstream resources. There is a general sense among supportive service and housing providers, alike, that supportive housing projects in the Grand Rapids Area have not adequately mobilized the supportive services that they need in order to help consumers achieve housing stability. With good reason, the Coalition's membership and leadership include affordable housing developers, nonprofit housing providers, and homeless service providers. The overlapping (and sometimes conflicting) interests of these groups were consistently evident in key informant discussions. Service providers working with at-risk and homeless populations prioritize getting their clients into stable housing as rapidly as possible. Property owners and developers, however, repeatedly express concern regarding both financial risks and the challenges of maintaining peaceful living environments for all tenants when providing low-barrier housing to populations that can be difficult to serve.

In an effort to address these shared concerns, the community has -- for some period of time -- had a 'Housing First' Collaborative operating independently of the Coalition, with an interest in further developing and promoting the 'Housing First' model in Kent County. The Collaborative has helped to troubleshoot existing problems with implementation of 'Housing First', shares technical assistance and support, and has arranged 'field trips' to view successful projects in other settings similar in size and culture to Grand Rapids. One of the priorities of the Collaborative has been to advocate at the State level for changes to Michigan's Medicaid program to allow more flexibility in reimbursement for and provision of home-based supportive services.

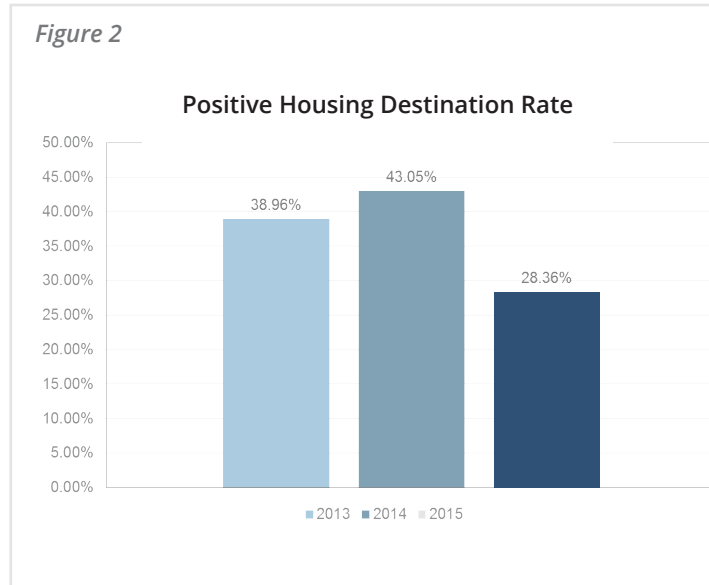
In considering key outcome measures for the 'Housing First' strategy articulated in the *Vision* -- in particular, assessment of 'exits to permanent housing' and 'lengths of time homeless' -- it is difficult to create comparative annual data any earlier than 2013, as the community's HMIS data has only recently been of high enough quality to track data and clients across the system.

5 See USICH website for more information regarding this prioritization: http://usich.gov/opening_doors/.

That said, in terms of exits to permanent housing in 2013, just under 40% of the homeless persons exited to a 'positive housing destination', as defined by HUD (see *Figure 2*). In 2014, this number rose to 43%. However, in 2015 (year-to-date through September), the percentage of homeless households who exited to a positive housing destination was only 28%, meaning that over 70% of the homeless households in Kent County have not been documented as having a positive housing outcome, *thus far*.

Looking at lengths of stay in homelessness across the various housing types over a recent period of time (January, 2012-September 2015), it is challenging to draw too many concrete conclusions;

- For *emergency shelter*, the average length of stay was 29 days, with 71% staying less than 30 days and 25% staying 30-90 days.
- For *transitional housing*, the average length of stay was 123 days, with 60% staying less than 3 months.
- For *permanent housing*, the average length of stay was 1,109 days or just over 3 years.



At first blush, the emergency shelter lengths of stay appear to indicate that households experiencing homelessness are relatively rapidly being re-housed and placed beyond shelter. However, as noted in *Figure 2*, above, more recent numbers of exits to stable housing are relatively low. Furthermore, across the same period, the recidivism rate of 31% for emergency shelter (the rate of return of households to emergency shelter) has been fairly significant. Further investigation will be needed to identify the real meaning of these shelter statistics. On the other hand, the lengths of stay for permanent housing are very strong. Given that the period of performance for this data was 3 years and 9 months and that the data pool would have included all entries *into* permanent housing since January, 2012, the average length of stay indicates that tenure in permanent housing, once achieved by a household, is fairly stable.

c. Expedite Access to Mainstream Housing Resources for Homeless Families and Individuals

Another important element of the strategy of 'opening the back door' was to increase access to and availability of permanent affordable housing resources as a way out of homelessness -- making the right resources available to the right households at the right time. As described above, the community has made substantial strides in increasing its inventory of targeted permanent housing resources for persons exiting homelessness -- though clearly not nearly enough. Prioritization of chronically homeless individuals by HUD, MSHDA, and the Grand Rapids Housing Commission for permanent housing resources has helped with this expansion. Nonetheless, there was broad agreement among local stakeholders that there is still not an adequate supply of housing options either for chronically homeless individuals or homeless families to meet current needs of the community.

Goal Three: Build the Infrastructure Necessary to End Homelessness

The third major goal informing and driving the *Vision* was the community's recognition of the importance of investing in the cultivation of community infrastructure -- including engagement of mainstream resources, expansion of affordable housing supply, strengthening of organizational capacity and structure, and increasing access to community data -- as necessary to support and sustain success in achieving the broader aims of preventing and ending homelessness.

a. Align and Allocate Public/Private Resources Towards Permanent Housing

Across the community over the past ten years, the *Vision* appears to have served as a common touchpoint for both public and private sector leadership in their shared concern for effective homeless response. While public and private commitments and practices were not always fully aligned with the aims of the *Vision*, virtually all of the municipal officials and staff from private philanthropies who participated in this assessment indicated that the *Vision* had consistently influenced their considerations in prioritization and allocation of resources over the past decade. There were a multitude of illustrations that supported this point. The United Way and other private funders, for example, include questions about the use of the Coordinated Entry system and alignment with *Vision* goals and strategies in their housing-related procurements. The Grand Rapids Community Foundation is currently funding a project through the Corporation for Supportive Housing (CSH) seeking to construct a housing access model that identifies resources that might be mobilized and targeted to specific populations, sufficient to create and support housing supply adequate for ending homelessness. The City of Grand Rapids has directed a portion of their HOME funds to be used as TBRA to help expedite movement of homeless households into permanent housing. Kent County is using some of its ESG resources in support of Rapid Re-Housing strategies. Similarly, the Grand Rapids Housing Commission has long been an active collaborator in facilitating access to subsidized permanent housing. Both in one-on-one and in group conversations, public officials consistently expressed clear interest in leveraging public investments for enhancing development of affordable permanent housing options, and commitment to aligning municipal funding priorities, as much as possible, with pursuit of the priorities of the *Vision*.

b. Expand Supply of Safe, Affordable Housing

Consistent with the primary thrust of the *Vision* -- the recognition that safe, decent, and affordable housing is ultimately the key to success in addressing homelessness -- community leaders and stakeholders have done their best to stay attentive to strategies that might help to expand housing supply. This has been especially challenging in the Grand Rapids/Kent County housing market, which is currently experiencing one of the tightest rental housing environments in the country, with rental vacancy rates below 1.5% at the time of this writing. Recognizing the unavoidable linkage of success in achieving identified housing goals and the reality of the broader economic environment, Cloudburst undertook a focused housing market analysis as a part of the assessment process. (A full report on that analysis is included here as *Appendix C*.) What that report helps to illustrate and emphasize is that a confluence of dynamic forces in the local and regional housing market have conspired to create a special challenge in creating access to affordable rental housing for those most in need. The indirect consequences of the housing foreclosure crisis in the period from 2008-2010 included a push of former homeowners into the rental housing market. This coincided with a constriction of credit needed for production of affordable units, and then with a more recent "boom" in upscale rental housing development in center-city/urban neighborhoods. These dynamics have, conjointly, moved affordable rental housing in desirable locations beyond reach for many of the low-income renters who need it most. Cloudburst's housing market analysis examines that dynamic and

addresses current market conditions and their implications for pursuit of the aims of the *Vision*. In that context, this report then suggests a series of strategies for expansion of access to affordable housing for households currently experiencing - or most at risk of - homelessness.

The Grand Rapids Area is fortunate to have, as active partners in the Coalition and the broader community, several of the State's most skilled and successful nonprofit housing development organizations. Their creative collaboration and partnership, dating back long before the birthing of the *Vision*, is one of the many elements of community infrastructure that holds greatest promise for impact in expanding permanent and supportive housing supply. Among the approaches that have been most productive in this regard has been focus on tapping financing resources through the LIHTC program. Within that context, local affordable housing developers have worked closely with State and local officials to find ways to support the creation of permanent, affordable housing options targeted for homeless individuals and families. Both Genesis Housing and Dwelling Place, for example, have received LIHTC financing from MSHDA, combined with the commitment of project-based Housing Choice Vouchers, in order to finance sustainable permanent housing models. Moreover, the active participation of affordable housing developers such as ICCF, Genesis, and Dwelling Place in the Coalition's leadership signals an important enhancement of coordination of planning and capacity-building for the county-wide homeless crisis response system, more directly linking housing crisis service providers and permanent housing developers, moving forward.

c. Strengthen Continuum of Care as a Coordinating Body for *Vision* Implementation

As with any ambitious set of goals, implementation requires a well-organized and cohesive leadership structure to support and ensure success. From the outset, the community had designated its local CoC planning body as the entity responsible for oversight and implementation of the *Vision*. At the time of the *Vision*'s publication, that entity was known as the Grand Rapids Area Housing Continuum of Care (HCOC) and was orchestrated under the auspice of The Salvation Army (as a fiduciary and administrative partner, but not as a governing institution). Under the federal model of homeless programs and systems design, CoCs are created as broad-based public and private collaborating bodies, linking nonprofit housing and homeless services providers, public agencies, mainstream services organizations, local officials, law enforcement agencies, educational institutions, private sector stakeholders, and homeless consumers for purposes of planning, funding, evaluation, and oversight of comprehensive community response to homelessness. As such, the capacities of a high-functioning CoC governance structure, theoretically, would be fully aligned with the functions most critical for providing effective leadership in advancing fulfillment of a community's long-term vision for preventing and ending homelessness.

While designating the HCOC as lead entity was conceptually sound at the time, implementation of the *Vision* foundered as a consequence of a series of conflicts that undermined the general efficacy of this choice. The absence of a specific action plan and assignment of clear responsibilities for follow-through hindered progress from the very beginning. Multiple transitions in CoC leadership obstructed continuity of effort. Lack of real consensus on direction and priorities was a source of continuing dissention. Concerns regarding transparency and neutrality in the governance and decision-making process created significant barriers to the building of trust and openness in communication necessary for robust collaboration. Added to these dynamics, the absence of access to clean and reliable data to inform planning dialogue and program evaluation made it difficult to establish and monitor any objective or measurable performance criteria or markers.

The configuration of the Grand Rapids/Kent County homeless response system presents a unique additional challenge, in that the community is blessed with an abundance of privately funded homeless services and housing providers who are neither dependent on HUD CoC funding nor on other public resources. While most of these private agencies and organizations have been willing partners eager to collaborate in pursuit

of the primary aims of the *Vision*, their needs, concerns, and priorities have not necessarily been driven by HUD rules, priorities, and expectations. As indicated by their own self-reporting in private key informant interviews, many of these privately supported organizations felt, at times, alienated from the governance and strategic planning process. A number of respondents described having backed away from the Coalition and its efforts, as a result. Understandably, the alienation of a substantial number of key stakeholders in the homeless response system has inhibited the broader success of the *Vision*.

While this dynamic has been widely recognized in the community, it has also appeared to turn around rather substantially in the recent past. Responding to its own conflicted history, the CoC undertook a series of significant structural, governance, and personnel changes in 2012-2013. This included a shift in administrative oversight of the CoC to the community's ENTF, under the administrative auspice of the United Way. The CoC is now configured as the Coalition to End Homelessness (Coalition). Re-naming the entity as the Coalition signaled a broadening of scope and ownership, including movement away from being solely organized around HUD's prescribed CoC roles and rules. In this shift, management of the HUD-specific CoC funding process was then subsumed as a subsidiary, rather than primary, part of the Coalition's identity and scope. Community informants universally pointed to this transition as a crucially important step with regard to ensuring openness and objectivity in the planning process. Concerns had lingered that responsibilities for oversight of the CoC planning process and, implicitly, the allocation of HUD CoC resources, would be better served by an entity without a direct stake in funding decisions or outcomes.

The ENTF provides a particularly meaningful 'home' for the Coalition. As the entity within which the CoC is now nested, the ENTF has a much more expansive community mission. More importantly, perhaps, in the same period of transition, the Coalition substantially revised its governance charter and instituted a number of changes that helped increase transparency in decision-making, broaden member participation, clarify accountability, and enhance stakeholder buy-in. Three new core staff hired as part of this process have all played an important role in facilitating this transformation. These changes, in turn, have strengthened the Coalition as a body positioned to lead a more expansive and inclusive response to housing crisis in Kent County. As a consequence, there is now near-universal agreement that the Coalition is in a much stronger position to advance the evolving priorities and commitments of the *Vision* than it was a decade ago. Interviewees and focus group participants particularly honed in on issues of trust and transparency as important to a renewed sense of engagement and collaboration. While some tensions linger (old wounds in community process are often slow to heal), it appears clear that the community has at least turned an important corner.

d. Use of HMIS and Analysis of Data

One further building block in strengthening the community infrastructure has been the notable progress in development of access to 'clean', comprehensive, and reliable data through the community's HMIS. From the outset, the *Vision* identified utilization of HMIS as a key component of successful implementation and evaluation of its strategies. In many ways and for a variety of reasons, however, the Coalition's HMIS data has not been equal to the ambitions of the *Vision*. Until recently, many providers who do not receive HUD CoC funds were not participating in HMIS, beyond pitching in to the annual PIT count - and some were not

even participating in the PIT. Given the breadth and depth of the area's independent charitable sector working with homeless persons 'on their own dime', much of the data regarding homeless demographics and needs has simply been missing from the picture.

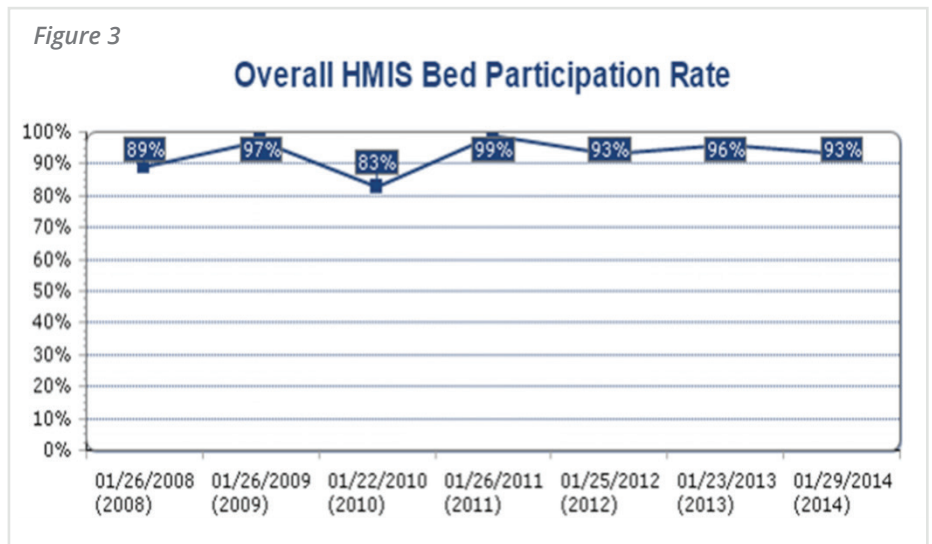
While community-based agencies may well have

When asked in the community survey: 'To what extent has the Homeless Management Information System (HMIS) been used to inform community planning efforts?', 43% responded 'only a bit.'

been recording their own data at the program level, the Coalition had been unable to integrate that information as part of a broader process of community-wide needs identification and program evaluation. Interestingly, many of the same informants who identified themselves as having been alienated from the work of the Coalition for much of the past decade also expressed a belief that the wider sharing of homeless data in community planning and analysis would provide a better basis for stakeholders to collaborate and engage with the Coalition. There has also been a companion recognition that performance evaluation and funding and investment review would be better served and more transparent if grounded in common data.

Prior to 2010, the HMIS for the CoC was based on a stand-alone implementation of the *ServicePoint* software platform, operated by The Salvation Army and dating back for a decade. The system itself was fully funded by The Salvation Army and supported as part of their commitment to community service and collaboration. While the HMIS in this model was ‘owned’ by the CoC, not all partners were fully comfortable with this arrangement. In addition, other State and local funders were asking many of the participating agencies to be generating performance reports that were functionally beyond the capacity of the existing system.

Motivated by these practical and political concerns, partially to alleviate the perceptions related to HMIS accountability and governance, and partially to gain access to the performance capabilities of the Statewide HMIS platform, the CoC opted to migrate its HMIS functionality to the Michigan Statewide HMIS (MSHMIS) in 2010, and began funding the HMIS out of CoC allocations in 2012. Management and oversight of the local implementation was also moved to what was perceived to be the more neutral environment of the United Way. Great care was



taken in the transfer not to sacrifice historical data, in transition. While there continued to be churn in HMIS staffing and systems coordination in the period between 2010 and 2013, a full-time local Systems Administrator was hired late in 2013. Stability and skilled effort in this role since then has helped immensely in stabilizing the system and enhancing the reliability of data. While participation in the community's HMIS has been relatively high, dating back to 2008 (see *Figure 3*, above), the quality and utility of the data in the system had been somewhat questionable up until the period from 2013, forward. In its early years of *Vision* implementation, the community relied on data sources external to the HMIS to benchmark progress and plan for future needs. Part of this was due to difficulties in accessing reporting from the HMIS, but a significant barrier was also lack of faith in the quality and reliability of the data housed in the HMIS.

Inclusion of data in the HUD-mandated Annual Homeless Assessment Report (AHAR) provides a powerful and significant indicator of the extent and quality of data in the HMIS. To be included in this national report to Congress, data within the HMIS undergoes significant scrutiny and must pass decidedly high thresholds. As *Figure 4* (below) illustrates, starting in 2009, Grand Rapids had at least one category accepted for inclusion in the AHAR and significantly increased its data inclusion by 2011, culminating in full participation starting in 2013.

Figure 4 AHAR Participation/Data Reliability Chart, 2007-2014

Year	ES-IND	ES-FAM	TH-FAM	TH-IND	PSH-IND	PSH-IND
2007	TBD	TBD	TBD	TBD	*	*
2008	Not Useable	Not Useable	Not Useable	Not Useable	*	*
2009	Not Useable	Not Useable	Useable	Not Useable	*	*
2010	Not Useable	Useable	Useable	Not Useable	Useable	Useable
2011	Not Useable	Useable	Useable	Useable	Useable	Useable
2012	Not Useable	Useable	Not Useable	Not Useable	Not Useable	Not Useable
2013	Useable	Useable	Useable	Useable	Useable	Useable
2014	Useable	Useable	Useable	Useable	Useable	Useable

A further barrier to increasing confidence in HMIS data was the emergence of a second case management software, *Virtual Case Manager* (VCM), in Grand Rapids in 2012. This software was adopted by several human service agencies in the Heartside neighborhood of downtown Grand Rapids, the central location of many sheltering services for persons experiencing homelessness. Like the *ServicePoint* software platform underlying the CoC's HMIS, *Virtual Case Manager* is a web-based database designed for case management. It provides relatively simple client services tracking, sharing, and reporting, but is not known to be compliant with the HMIS Data Standards required by HUD. Of significant note, three of the organizations that adopted the VCM system are also major shelter providers in the CoC. Two of those three, Family Promise and Degage Ministries, have systematically double-entered housing information for their clients in both HMIS and VCM. The third, Mel Trotter Ministries, not wanting to incur the burden of dual data entry, began (in 2013) providing reports from VCM that indicated who received shelter and when, but did not report directly into HMIS. The CoC's HMIS staff, instead, translated that information and entered it into the HMIS. While this was, to some degree, helpful, subsequent reports did not include demographic information about clients, impacting the overall quality of data in the HMIS. In the summer of 2014, the CoC's HMIS staff was given direct access to VCM, enabling them to run reports when needed and providing the capability to look up demographic information about clients in real time. This change in process significantly and positively impacted the quality of data within the HMIS, improving it beyond even its prior quality levels. Mel Trotter Ministries, in partnership with Family Promise and the CoC, continue to move data from its programs onto the HMIS and has expressed an intention to enter data directly into the HMIS system in real time in the near future. This shift will finally provide the Grand Rapids Area with a full data set in a single system that will support more active data analysis and data-driven decisions for planning.

SECTION III

Status Of Current Homeless Response System

In assessing overall impact of the *Vision* for the Grand Rapids Area over the past decade, it seemed pertinent to focus in on the *current* status of the Grand Rapids/Kent County homeless response system as a general indicator of progress. As much as any other measure, this helps illustrate how far the community has come in implementing key elements of the *Vision's* intended homeless practice. While the prior section focused on achievement of objectives associated with the *Vision's* original 'close the front door/open the back door' framework, discussion in the section that follows is grounded in an alternative lens more consistent with a homeless response systems perspective.

HOMELESS SYSTEMS ORGANIZATION AND LEADERSHIP

The most recent version of the Grand Rapids/Kent County Coalition to End Homelessness *Policies and Procedures Manual* (adopted in 2014) states that its mission "is to prevent and end *systemic* homelessness in the greater Grand Rapids Area, guided by the values and philosophy set forth in the *Vision to End Homelessness*" (p.1). The fact that principles and values originally laid out a decade earlier are still seen as relevant speaks to the staying power and impact of that vision.

While the Coalition serves as the convening mechanism of the HUD-centered CoC for Grand Rapids/Kent County, leadership has explicitly worked to broaden its focus beyond simply acting as the organizing conduit for federal homeless programs funding. This recognizes the value of more comprehensive and inclusive response for those persons experiencing housing crisis in Kent County. It is important to note that recent changes to the Coalition governance structure have brought renewed confidence in the entity's capacity for managing an impactful and broad-based response to homelessness in the community.

In order to foster broader and more systematic stakeholder engagement, the Coalition Steering Council is now comprised of both homeless consumers and multiple representatives from a broad range of organizations working with various sub-populations, including veterans, persons living with HIV/AIDS, victims of domestic violence, and unaccompanied youth. The Steering Council also includes representation from the City of Grand Rapids, the City of Wyoming, and Kent County. While the Council serves as the primary decision-making entity for the HUD CoC, determining priorities and overseeing the competitive process for CoC funds, the recently adopted governance charter establishes a far broader array of purposes for the Coalition. These include responsibilities to:

- Promote community commitment to the goal of ending homelessness;
- Gather and analyze information to determine local needs of individuals and families experiencing

homelessness;

- Provide a comprehensive, well-coordinated, and clear planning process;
- Promote access to and effective use of existing programs;
- Implement strategic responses and measurement of program results; and
- Apply for other funding sources based on local priorities.

The Coalition has expanded its membership (now 62 voting members -- including nonprofit organizations, local government, and unaffiliated community members) to support this broadened role. It has also developed a more sophisticated working committee structure to support fuller and more active member participation. The committee structure has key elements in place to facilitate the implementation of a broadly-based and coordinated homelessness response system -- inclusive of diverse partners, based on use of high-quality HMIS data, capable of providing multi-systems coordinated entry, invested in broad systems coordination, and committed to data-based performance measurement and resource allocation.

PERFORMANCE MEASUREMENT AND THE THREE-YEAR COC ACTION PLAN

In April 2015, the Coalition membership approved a new three-year *Continuum of Care Action Plan to End Homelessness, 2015-2017*⁶. As this *Action Plan* states, it intends to “carry forward the work that was begun in the *[Vision to End Homelessness]*” – again, a reflection of the continuing impact of the original *Vision* statement. While this new document sets out “to build upon the vision that was created before”, it is structured in a fashion that clearly identifies specific objectives, principal actors who will be responsible for achievement of those objectives, concrete action steps associated with implementation, and specific performance measurements to be used to assess achievement. Among these measurements are:

- Reduction in the number of households experiencing homelessness;
- Reduction in the number of unsheltered households;
- Reduction in the length of time households experience homelessness;
- Reduction in the number of times households experience homelessness;
- Increase in the percentage of households exiting to permanent housing;
- Improvement in the employment rate and incomes for program participants; and
- Increase in the number of units dedicated to chronically homeless.

It appears clear in this document that the community has learned from its earlier experience that it needed an actionable *plan* in addition to just a *vision* for change, and that that plan should be based on clearly articulated and measurable performance outcomes at its core. This in turn allows for key stakeholders to track and evaluate community-wide progress towards actual achievement of concrete goals. While this three-year plan addresses a broad array of homeless sub-populations (e.g., homeless veterans, youth, families, and chronically homeless single adults), what it does not yet do is ground specific program goals in analysis of existing data. Also, while

⁶ The *Action Plan* can be found at: <http://endhomelessnesskent.org/?p=90>. This URL location will change when the Coalition launches a new website in 2016.

the Coalition has actively engaged its own membership in the creation and adoption of this plan, this is not a document that has been as widely circulated or promoted as a community-wide blueprint for action as the *Vision* had been.

One of the important aspects of adoption of this *Action Plan*, however, is its reflection of the community's shift to focus on *systems-level* performance measurement. This follows a national trend (and related HUD mandate) to move emphasis toward measuring the impact and outcomes of community-based strategies on a system-wide level, rather than simply on a program- or client-level. HUD has long asked CoCs to measure client-level outcomes and document program-level performance, and it has urged CoCs to evaluate these results and to use them for program-level evaluations impacting annual renewal funding. With the shift towards system-level performance measurement, HUD is now holding CoCs directly responsible for the outcomes of their member organizations, whether funded by HUD or not. This new mandate asks that the CoC assess the success that each of the CoC's programs have in achieving targeted outcomes in the context of the whole homeless system. In effect, the HUD expectation now is that the CoC convene and cultivate its own 'culture of accountability'.

Looking ahead, HUD funding for CoCs will increasingly depend on the CoC's ability to demonstrate *system-wide* success. The promising news in the Grand Rapids Area is that the Coalition has laid the necessary groundwork – through its recent *Action Plan* – for efficacy in this undertaking. An expected consequence of this shift will be to more closely bind all partners in local homeless response systems (both HUD-funded and other-funded organizations), in collaborative endeavor towards fulfillment of shared goals and in a spirit of mutual accountability for impact. This stands in marked contrast to the earlier history of the *Vision*, when virtually no mechanisms for broad external or community-wide accountability were consensually in place.

HMIS AND DATA ANALYSIS

The success of the new *Action Plan* will depend to a large degree on the ability of the Coalition and its HMIS data collection system to track and produce desired metrics, including capacity to:

- Collect the right data, from the right sources, relative to its varied performance measures;
- Continuously monitor data quality for completeness, accuracy, and reliability;
- Correlate data needed for system-wide performance measures across time;
- Produce consistent and accurate reports that measure progress over time; and
- Produce targeted reports that measure progress at the program, housing type, and population levels.

For the most part, the community appears ready to achieve this through its current HMIS functionality – though some strengthening of that functionality will be desired.

The current community HMIS functions as a community-level, longitudinal database that is now primed for use in coordinated entry, case management, performance measurement, and data analysis on a day-to-day basis. The data it now collects and reports allows for a high-level of consistency, integrity, and quality, while protecting the privacy and confidentiality of the persons represented in its records. Because people cycle in and out of homelessness throughout any given year or over the course of multiple years, an HMIS with good participation and data quality contains a much more accurate representation of the extent and characteristics of the persons

presenting to and being served by a community's homeless system. The current HMIS contains high-quality data that crosses over many years (dating back to around 2012), and thus provides opportunities for trending analysis, benchmarking, and understanding the clients the homeless system is trying to serve. Additionally, because the HMIS provides in-depth data for its entire homeless population, it is a vehicle that can provide invaluable data for program analysis and decision making.

Over the past several years, the community's HMIS has evolved to a point in its depth of quality and breadth of participation that it can now serve as a central tool for data-based and data-driven decision-making -- much as had been envisioned in the initial *Vision* statement. This is reflective of significant advance over the past several years. Problematically, while the characteristics of the data now being gathered within the HMIS can support such activity, the community has not yet established the functional capability to pull and utilize analytical reports out of the HMIS that fully actualize this capacity. Ironically, while the *Action Plan* can (with supplemental support) count on the system to be capturing data that will allow for performance measurement, the plan itself was not really based on prior analysis of data. In a sense, the community homeless response system is "data-ready", but not yet "data-capable" for robust use of data in systems design and evaluation.

The Grand Rapids Area has an opportunity to utilize its HMIS to significantly shift its decision-making process to one based on data. Not only can its data support decisions on program design and resource allocation, but it also presents significant opportunities to collaborate with other public entities to help improve design -- and, hopefully, outcomes-- of housing and wraparound services, as well as targeting of prevention services.

In fact, the success of the Coalition's new *Action Plan* will depend significantly on the Coalition's ability to use the HMIS and other data that it has available to adequately understand who is homeless in Kent County, what their characteristics are, and where they are located. In order to measure its success in meeting its own and HUD's system-wide performance measurements, the Coalition will have to develop the administrative capacity to extract and analyze data from points across its system. This will mean understanding, evaluating, and troubleshooting the inputs and dynamics that may impact or shape that data, such as agency-level policies (e.g., tenure caps impacting shelter lengths of stay) and inconsistencies in interpreting and recording key data points (e.g., definition of chronic homelessness). Key informants for this assessment consistently reported both a hunger for data and a frustration that most of the data put into HMIS over the years has not found its way back to the community, either for evaluation or planning purposes. Improved analytic capacity and the production of regular reports for Coalition committees -- both currently within reach -- should go a long ways toward restoring confidence in the Coalition's strategic planning and resource allocation efforts (*Appendix D* provides a brief illustration of this enhanced capacity.)

SYSTEMS DESIGN AND EVALUATION

One of the *Action Plan's* primary goals is to ensure that there is an adequate supply of permanent housing resources in the community to serve the needs of the sub-populations that it targets. The first step in meeting this goal is determining housing need across populations and then assessing the current availability of housing resources for each population (including emergency shelter and supportive housing). Implicit in this approach are a number of nested tasks, including:

- Accurately identifying and describing the specific needs of each sub-population (including further subdivided needs *within* each population);

- Identifying and cataloging existing housing resources that might be accessed by each sub-population;
- Comparing needs with resources to identify gaps; and
- Mapping and critically examining the pathways for accessing existing resources.

These are fairly sophisticated tasks that perhaps should have been undertaken in initially crafting the three-year *Action Plan* in order to accurately and effectively focus community efforts to develop new resources, adapt existing resources, and connect consumers with resources in an efficient and effective manner. Assessing housing gaps is not simply a matter of lining up “x” number of households in need against “y” number of resources available. All of these resources function within an ecosystem with many factors that determine suitability of a resource and access to it, including:

- Location (e.g., access to public transportation, services, employment, and other supportive resources);
- Entry, access, and eligibility requirements;
- Cultural and linguistic competency;
- Referral pathways; and
- Ease of and/or barriers to application for resources.

Here again, while the Coalition appears to be ‘systems-ready’ in its thinking and its general approach to systems design, it has not yet moved to a place where it is directly using either the data available in the community or the analytic tools that are within its reach to design, develop, or refine local strategies through such a process.

To the community’s credit, the Grand Rapids Community Foundation has been supporting a related data-based systems design initiative -- funding the efforts of the CSH to determine housing need and resource availability for each of the Action Plan’s target populations. CSH is working with the Coalition to compile an exhaustive catalog of all housing needs and all resources that might be brought to bear to insure ready access for the community’s homeless and at-risk populations to homelessness prevention, Rapid Re-Housing, supportive housing, and permanent affordable housing options. While the data exists to support such an eco-systemic and data-driven planning strategy, and the homeless system is ready and eager to pursue and embrace this kind of approach, the Coalition’s internal capacity to manage and implement such a process (independent of external funding) is still not yet firmly established.

COORDINATED ENTRY

Historically, one of the areas where the Grand Rapids/Kent County homeless response system has consistently stayed ‘ahead of the curve’ has been with regard to its Coordinated Entry system. As with a reliable data collection and analysis capability, a centralized and coordinated assessment and referral system is a crucial element for community-wide success. Done well, it offers a consistent, streamlined process to access the resources available in the homeless crisis response system. In August 2014, the Coalition adopted standards, policies and procedures for its coordinated entry system, to be overseen by a Centralized Intake Committee within the Coalition structure. This new framework was a re-design of the existing HAP system – itself a reflection of an effective strategy adopted by the Grand Rapids/Kent County CoC much earlier than in most other communities. In part, this re-design and the development of written standards, policies and procedures was a response to emerging HUD guidance, and

helps ensure CoC compliance with HUD expectations. More importantly, however, for purposes of this report, this redesign reflects the capabilities of the local community to create and implement sophisticated multi-agency collaborations that are consumer-sensitive and able to leverage the skills and resources of existing systems partners. In this case, the re-design builds on and amplifies the impact of resources of the United Way's 211 system and the Coalition's historical HAP system. Both systems refer inquiries and requests for assistance to each other. HAP is able to maintain a focus on assessing the status and needs of households who are experiencing homelessness (as defined by HUD), while the 211 system responds to households who identify a housing need but are not currently homeless by HUD standards. While provider assessment of the efficacy of this system is still mixed, the effort, itself, is evidentiary of a systems design strategy where the *Vision* process can take credit for success.

As discussed earlier, households who are referred to HAP are assessed for prioritization using the *VI-SPDAT*. Committees are actively working on developing more formalized referral protocols *within* and to elements of the re-designed HAP system. Much of the community's housing crisis response network – including most private and faith-based shelters that receive no federal funding -- are actively taking the majority of their referrals from HAP. All of the Coalition's dedicated PSH scattered-site units accept referrals only from HAP. And while issues remain for some project-based PSH units, and other tax-credit and HOME-financed units, efforts continue to work out the wrinkles in systems integration. The key takeaway here is that since the HAP was first developed (following the adoption of the *Vision* document), it has been an essential feature of the community's efforts to shift the homelessness response system from a program-focused orientation to consumer-focused response, and operates in a fashion that strives to increase the efficiency of the community-wide referral system.

SECTION IV

Challenges In Implementation And Lessons Learned

NEEDED: NOT JUST A VISION, BUT A PLAN

Since publication of the *Vision* document, community stakeholders from the public, private, and nonprofit sectors have actively pursued the broad change in community systems necessary to achieve one of its landmark aims -- moving from 'managing homelessness' to 'ending homelessness.' For over a decade preceding creation of the *Vision*, the community had engaged in caring and committed crisis response, motivated by a combination of professional concern, personal faith, and common sense of communal responsibility, and seeking to ensure that individuals, families, and youth experiencing homelessness were not left on their own in the streets or places unfit for human habitation. The *Vision* was established at a moment when national homeless advocates, providers, and policy makers had just begun to give voice to the recognition that homelessness required a singular solution, i.e. the ability to obtain and maintain safe, decent, affordable housing. Leadership in the Grand Rapids Area shared that perspective, and the *Vision* was crafted with this paradigm shift in mind. While the motivation and insight that prompted this change was well-intended and well-received, the community -- and especially those charged and entrusted with *Vision* leadership -- may well have underestimated the complexity and difficulty of taking on and implementing associated broad-based systems transformation. Prompting and supporting complementary change in policy, practice, and priorities of an entire community-wide network of public, private, and nonprofit institutions and organizations is an ambitious and overwhelming undertaking. Successfully expanding and maintaining access to affordable housing for the community's historically "hardest to house" -- especially in an increasingly tight rental housing market -- would prove to be an enormously complicated enterprise. Although passionately and energetically pursued, this challenge was not always effectively addressed.

In retrospect, pursuit of the *Vision* was simply not linked to the kind of systematic and strategic "action plan" that would have been exceedingly helpful in supporting broader and less conflicted progress in pushing out the envelope of systems change. Many of the key stakeholders interviewed in Cloudburst's assessment process, in fact, described the thrust of the community's *Vision* document as 'a vision, not a plan'. The more that the Cloudburst Assessment Team dug into the history and impact of local efforts, the clearer it became that what was sorely lacking in the implementation was a long-term *plan* for action, and not just a vision for change. No strategic plan had been articulated that laid out milestones or markers of achievement, action steps for advancing specific goals, assignment of specific responsibilities or accountability for following up, or clear measures for defining when a goal would have been achieved. There was simply no well laid out strategy for translating the *Vision* into action, and no clear cut action plan to help guide or define progress.

In this same vein, the *Vision* authors had not really paid sufficient attention to establishing protocols for community decision-making necessary in implementation. There was no clearly agreed-upon structure for negotiating complicated choices affecting multiple community partners, and no process for nurturing shared understanding of evolving commitments or plans as objectives and challenges continued to unfold. While most community partners readily accepted the overarching values advocated in the *Vision* document (e.g., focus on housing as

the key solution to homelessness; adoption of broad 'Housing First' principles; and shift of emphasis away from emergency sheltering), many also acknowledged that simply accepting these broad and abstract values was far easier than crafting consensus on exactly what kinds of actions implementation of those strategies would require. As a consequence, seemingly broad consensus on core principles often camouflaged accompanying lack of actual agreement on key strategies critical to effective systems transformation. While there was universally expressed sentiment, for example, supporting the conceptual commitment to 'Housing First' goals, there was both practice-based and value-based disagreement about strategies necessary to act on and achieve these goals.

Nor was there ever established any particular structure or protocols for accountability for achievement of aims or objectives in the *Vision* document. While key stakeholders had informally agreed upon the principles and aspirations articulated, no system was put into place to hold partners accountable for performance, for change, or for specific results.

Grand Rapids/Kent County is blessed with a wealth of talented, caring, and well-resourced partners engaged in its efforts to combat homelessness. Many of these reflect varied skills, priorities, and internal cultures of practice that inform their work. Some approach this partnership with a commitment to social justice and the belief that all citizens have a fundamental right to housing. Some simply appreciate the importance of stable housing as a prerequisite for individual, familial, and communal success and well-being. Still others are engaged in the hard work from a charitable perspective, committed to 'doing good' for those most in need. While there is surely a strength and promise in this diversity of perspectives and capacities, this array of viewpoints and capabilities also presents a certain challenge when working to develop a common, standardized, data-driven, and performance-based approach to community intervention and systems change. Not surprisingly, there have been multiple conflicts among and between shelter providers, service providers, and permanent and supportive housing providers as partners in the *Vision* sought to promote specific changes in community-wide practice and protocol. Here again, prior commitment to a clear plan of action at the outset, and articulation of a broadly agreed-upon plan for communal decision-making and accountability as implementation continued to unfold, would have helped facilitate and expedite broader and deeper systems change.

LEADERSHIP AS A CRUCIAL COMPONENT OF SUCCESS

The community survey asked if respondents agreed or disagreed with this statement:

"Our community has had strong and effective leadership in place in advancing fulfillment of the *Vision*."

Only 54% 'strongly' or 'somewhat' agreed with this statement. The rest 'somewhat' or 'strongly' disagreed. 11% 'didn't know enough to respond.'

Successful efforts at managing processes for complex systems change generally require nimble, sophisticated, and facilitative leadership, grounded in a context of collaborative buy-in and political support. According to reports widely shared in key stakeholder interviews, however, difficulties involving leadership, governance, and decision-making have served as persistent impediments throughout the history of the *Vision's* implementation. While not laying blame

for this dynamic on any given individual(s), it is apparent that conflict, distrust, and dissatisfaction with the process of leadership and decision-making has been a core theme in the ongoing narrative of the *Vision* -- dating back to the handoff from the first Coordinator in 2007. Some of this concern was addressed in 2013 through revision of rules for governance and participation, transition of administrative oversight under the auspice of the United Way, and hiring on of new staff linked to the ENTF. Nonetheless, many of these issues have continued to linger as impediments to full-throated progress in advancing fulfillment of the *Vision*.

Survey data developed by Cloudburst and individual interviews with key stakeholders reflect a relatively widely held perception that issues with leadership through much of the lifespan of the *Vision* has inhibited implementation and reduced necessary shared commitments to required changes in community practice. In assessing related feedback from key community stakeholders, several core themes or concerns jump to the fore:

- **There did not appear to have been any particularly well-designed or well understood mechanism, protocols, or vehicles for managing local systems change**, and not surprisingly, the absence of a clear role definition for *Vision* leadership served as a key factor in exacerbating leadership conflict. Because the *Vision* document left open questions regarding structure, governance, performance measurements, accountability, and timelines, there was ample opportunity for confusion and concern regarding decision-making and direction, making successful leadership all the more difficult -- whoever carried this mantle. The absence of a collectively agreed-upon governance charter, and the fact that the *Vision* document, itself, never spoke directly to a community plan or process for how the implementing activity might best occur, left open the opportunity for misunderstanding and mistrust to fester. What some community partners may have viewed as admirably assertive engagement in pushing the envelope on behalf of the *Vision*, others understandably may have experienced as overly aggressive and overstepping the bounds appropriate to the role. It is worth noting, especially for purposes of community learning and future practice, that establishment of greater clarity in leadership structure and role definitions, along with adoption of new governance rules and expectations, have been fundamental to steadying the ship. These collective actions, taken largely in 2012/2013, appear to have improved stakeholders' perceptions of the transparency, neutrality, and efficacy of the governance and leadership process. In turn, they have established a fairly solid foundation for success moving ahead.
- **Frequent transitions in leadership over the past decade significantly** disrupted what would have been a helpful sense of continuity of effort over time. Regardless of the underlying issues or dynamics, the relative frequency of turnover in leadership roles was problematic in solidifying a necessary sense of consistency in pursuit of common priorities and strategic intent. This turnover in core staffing was likely both a reflection of and a contributing factor to a persisting lack of trust or confidence in those at the *Vision's* helm.
- **The perception of 'conflict of interest' in systems leadership** was also frequently cited as a cause of some concern. In most successful community change processes, confidence in the *sense* of fairness, balance, and objectivity of leadership are especially important. As community partners reflected on the history of the *Vision*, however, it was not uncommon for them to describe a sense of concern that some actors or organizations appeared to have had more of a 'vested funding interest' or specific stake in the direction of community planning. This prompted the sense, in turn, that these actors would be unable to participate in decision-making absent a conflict of interest. Whether or not that perception was grounded in any particular reality, the perception itself became problematic. Here again, the restructuring of governance and administrative protocols in 2013 seems to have succeeded at least in neutralizing this historical concern. And once again, the key lesson learned cycles back to the importance of having clear rules and expectations laid out ahead of time, so as to support confidence in the transparency and objectivity of community process.

A broad-based systems change process, to be successful, must make sure that all key partners are on the same page regarding the means by which decisions are collectively framed and determined, who has responsibility for managing that process, what powers and authorities are granted to whom, and how all these issues should and will be addressed. In this sense, still another lesson learned may be that 'building the infrastructure for community systems change' perhaps should have been a first order of priority in implementing the *Vision*, rather than a latter-day focus.

NURTURING CONSENSUS: ARE FOLKS ALL SINGING FROM THE SAME PAGE?

In implementing the *Vision's* commitment to transforming community practice in homeless response, the community contended with another fundamental challenge -- i.e., assuring that all partners were operating out of a common and shared understanding of key principles, practices, and expectations regarding desired approaches in the provision of homeless response. Reflecting on sometimes conflicting elements of community input in the assessment process, it seemed to the Assessment Team as if community partners often were using the same vocabulary, but not always with the same understanding or intent. This arose, in particular, regarding the community's approach to 'Housing First', Rapid Re-Housing, and Permanent Supportive Housing:

- **'Housing First' and Rapid Re-Housing.** Across the past decade, there appears to have been much confusion and conflict in establishing common understanding of the 'Housing First' model. Different agencies, actors, and organizations -- in all community sectors -- seemed to have held widely varied views of what 'Housing First' meant, how the model was intended to operate, who it was intended to serve, and what its implications for client engagement were. The *Vision's* commitment to 'Housing First' seems to have stumbled, at least in part, due to a simple failure to establish a system-wide understanding of the meaning of basic terms. Much of this confusion might have been more helpfully addressed through a pro-active and inclusive training and outreach program, focused on cultivating shared insight into core principles and collective apprehension of key practices associated with 'Housing First'.

There was also a related lack of clarity regarding Rapid Re-Housing practices. The terms Rapid Re-Housing and 'Housing First' seem to have been used somewhat interchangeably by partners across the Grand Rapids community. While these two concepts are surely complementary, the distinctions between them are important. Homeless and at-risk of homelessness populations are heterogeneous and each of these strategies have a place in a diversified response. The needs of a chronically homeless individual living with a mental illness -- and the strategy to meet those needs -- are not the same as those of a family with children that may have had an interruption in income or a change in family composition that thrusts them into a housing crisis. The Assessment Team often heard frustration that appears to have been grounded in a misperception of push for a 'one size fits all' mentality in the Coalition's approach to homelessness response; and the lack of clarity in understanding of terminology appears to have been a contributing factor. A more robust community investment in collective training might well have helped support the more active and prolific expansion of permanent supportive housing options for persons exiting homelessness, as well as the fuller engagement of community-based nonprofit housing developers in an accelerated expansion of affordable and supportive housing resources.

- **Shifting Emphasis from Emergency Shelter to Permanent Housing.** Similarly, efforts to shift the focus of the community's homeless response system from emergency sheltering to permanent housing -- through use of Rapid Re-Housing assistance and application of a 'Housing First' approach -- appears to have alienated many key actors. Again, this conflict in implementing the *Vision* seems to be a consequence of miscommunication and failure to establish a shared understanding of language and intent. Shifting *emphasis* of the system from emergency sheltering to an intensified focus on permanent housing is not the same as eliminating community investment in emergency shelters. Nonetheless, early and repeated messaging in the community focused on the desire to decrease the number shelter beds, as if that was, itself, a specific objective of the *Vision*. Not only was this an understandably confusing posture for *Vision* implementers to be adopting, but this occurred at the same moment as the general economy was collapsing and in a period during which the community clearly needed immediate and expanded access to housing crisis resources.

This, disconnect, unfortunately, had the impact of unnecessarily generating conflict between advocates

of the 'Housing First' perspective and homeless services providers in general. A more strategic approach, grounded in fuller understanding of terms and concepts, would have recognized the compatibility and complementarity of both perspectives, and might well have avoided – or at least minimized – many of the difficulties that the community experienced. Misunderstandings that prompted conflict among service providers might have been substantially deflected with fuller attention to cross-systems training, education, and orientation.

IT HELPS TO HAVE THE WHOLE TEAM AT THE TABLE: THE HOMELESS RESPONSE SYSTEM IS BROADER THAN JUST THE CONTINUUM OF CARE

For much of the past decade, dialogue in the community has been fundamentally driven by the understandable concerns and priorities of those agencies and organizations benefitting from HUD CoC funds. This is no small sum, as over \$5 million is invested each year by the federal government in 25 projects in the Grand Rapids/Wyoming/Kent County CoC. As HUD mandates for particular approaches to practice and performance have become increasingly prescriptive over the past several years, those expectations have unavoidably shaped the thrust and emphasis of program priority and strategy at the local level. Because CoC funding is awarded competitively nationwide, based on criteria that HUD's homeless programs office propagates, it has clearly been in the community's interests to focus on developing and implementing strategies consistent with those ratings criteria.

In the Grand Rapids Area, however, many of the community's most active and important providers of homeless crisis programs, supportive housing, and supportive services have little, if any, dependency on these federal funds, and thus have not historically been motivated by the same factors. To the degree that the central implementing body for the *Vision* (i.e., the Coalition) also serves as the community's CoC planning and decision-making entity, it has responsibly stepped up to ensure maximum compatibility and competitiveness for purposes of successful pursuit of CoC funding. An unintended consequence of this focus on HUD-centric commitments, however, has been the partial exclusion of a great many caring and committed partners who are simultaneously contributing actively to broader homeless systems' response.

While it is certainly true that HUD's homeless programs funding is a major element of support in the Grand Rapids homeless services landscape, those organizations with independent, private, or faith-based funding are not beholden to the same criteria, perspectives, or priorities -- even though those practices ultimately and arguably may be worth adopting system-wide. Nonetheless, the central focus and function of the Grand Rapids/Wyoming/Kent County CoC on HUD-centric principles has, to some degree, had the impact of alienating a great many partners who might otherwise be more active players at the same table. Ironically, at the same time as HUD's CoC model presumes and promotes broad-based engagement of all key stakeholders in creating a comprehensive system for community-wide homeless response, focus on HUD's initiatives and expectations appears to have impacted who is and who isn't participating fully in the community's conversation and, in turn, has impacted outcomes achieved. Important and committed partners outside of the CoC grantee network (e.g., private sector, faith-based, and mainstream systems) appear not to have been as fully or effectively engaged as they might have been.

The 'take home' lesson here is that the community would likely have benefited from a reframing of *Vision* planning and practice by more fully recognizing the broader interests of partners in a diverse 'homeless response system', and not allowing itself to be so exclusively preoccupied by HUD-generated or CoC-specific issues and dynamics. Overemphasis of focus on CoC projects and funding appears, at times, to have clashed with the need for attention to a broader framework for strategic planning considering a more diverse vision of homeless response. It may

be helpful to note, however, that as is the case with other dynamics that characterized the system's process and progress over the first seven to eight years of the intended ten-year implementing span, this issue appears to have taken a turn for the better over the past two to three years. As much as the reorganization of the Coalition's governance and participation structure has transformed the nature of leadership and decision-making across the CoC, recent changes have also created a more open and welcoming environment for more active inclusion of a broad array of community partners.

ACCESS TO DATA MAKES A DIFFERENCE!

While the *Vision* had staked out an important position from the outset that sought to rely actively on data to help drive and define program planning, evaluation, and prioritization, the community's capacity for gathering and analysis of reliable data never quite caught up with its intensity of interests and desire. As described in fuller detail in Section II, above, the quality and integrity of data accessible to the community has only recently attained a level that supports its broader use and application. In retrospect, more attention could have and should have been paid to increasing participation in the HMIS system and increasing integrity of data in that system, early on. In the initial years of *Vision* implementation, low rates of HMIS participation by non-CoC-funded providers led to lack of comprehensive data and an inability to produce a desirable system-wide view. The subsequent absence of meaningful performance data and difficulty in pulling out user-friendly reports for programs and agencies made it extraordinarily difficult to manage an open and objective debate in the community about the relative value and impact of varied interventions and/or program investments.

Most partners across the community would have preferred to have had access to performance and outcomes data that more fully reflected the comparative results of differing strategies and practices, early on. Consideration of complex and value-laden issues calls for data-based deliberation, but there continued to be a lack of access to data with sufficient integrity needed to support data-based decision-making. It has really only been in the past two to three years that the quality of the community's HMIS data has improved sufficiently to be used as a meaningful tool for analysis of programmatic process and impact. This is consistent with the community's long-standing desire for reliance on data to drive project performance evaluations. While the community's data quality has now risen to this higher level of integrity and reliability, the system now needs increased support for data analysis. The availability of data, alone, is not sufficient; ease of access to and capability for analysis of that data is what will now make the biggest difference. Progress made in the past several years in gathering and basic reporting out of standard data has laid the foundation for more sophisticated analysis, but the challenge for the community now is how best to create and support that capacity for widespread data retrieval, application, and use.

CULTIVATING A CULTURE OF ACCOUNTABILITY

While the Coalition has recently adopted a series of system-wide performance measures in its three year *Action Plan*, developing the means to measure them, deploying explicit strategies to achieve them, and broadening participation in consideration of program impact and outcomes will be key to the community's success, moving forward. As with the original *Vision*, it will be essential that these measures are clearly articulated, widely understood, and fully agreed upon. Similarly, there will need to be established a collective commitment to strategies designed to achieve those outcomes. Using commonly and consensually agreed upon measures, the community will then be able to evaluate success at the system-wide level. It will also be important that the Coalition and its leadership regularly, consistently, and transparently report out these results to the broader community

and that community stakeholders engage in an active and reflective use of this data to evaluate progress and performance. Investing in cultivating a community-wide culture of mutual accountability will be key to ensuring continuing advancement of the principles and values that were first articulated in the *Vision* and that continue to shape the community's system for homeless response.

THE SOLUTION TO HOMELESSNESS IS HOUSING

Virtually no one in the community disputes that the ultimate solution to the problem of homelessness is access to sustainable and affordable housing. The perpetual challenge facing champions of the *Vision*, however, has been the enormity of the difficulty in identifying, developing, and opening affordable housing opportunities for the numbers of persons in the Grand Rapids Area experiencing homelessness. Throughout the history of the *Vision's* implementation, development of targeted alternatives for homeless households has never been sufficient to meet the level of experienced need. The extent to which the community has been able to direct resources to ensure access to a continuum of permanent housing options for diverse sub-populations has been limited as a dual consequence of realities of the housing market and constraints in resources that can be brought to bear in this regard. (*The Housing Market Analysis* included as *Appendix C* in this report details the market pressures and forces mitigating against more rapid growth of access to affordable housing for persons exiting homelessness.)

Nonetheless, the community has sustained and grown its commitment to expanding housing options for those most in need through creative application and leveraging of available resources. Nonprofit housing providers, homeless services providers, and private developers are increasingly active in collaborations aimed at expanding access to affordable and sustainable housing. They are also all participating more fully and actively in Coalition and community processes aimed at maximizing impact of available tools and resources. While the increase in numbers of housing units for persons exiting homelessness has not been sufficient to address local needs, the community does, at least, appear to be coming together to identify, implement, and enhance the efficacy of a series of housing-related strategies. To this end, there has been visible and active support from municipal and foundation funders for moving resources toward housing creation, accompanied by increasingly active support from faith-based and other private sources. While not directly connected to solving the problems of homelessness, the community's engagement in the Great Housing Strategies initiative may indirectly generate positive impact in this sector. This initiative launched a process to review best practices, tools, and strategies for future affordable housing development in Grand Rapids. Continuing efforts to increase alignment of investment and resources from both public and private sector partners will make a substantial difference in achieving desired outcomes in this particularly challenging agenda.

It is important to note that the prevention of homelessness and the diversion of at-risk families away from the loss of housing and entrance into emergency shelter is a vital part of the community's housing-focused solution to homelessness. The retention of at-risk households in existing housing avoids the social and financial costs of homelessness, as well as the need for investing in expanding units of affordable housing stock. While the *Vision's* core commitment to "closing the front door to homelessness" was founded on this insight and understanding, many of the community's initial plans for creative intervention with an eye toward prevention appear to have fallen short in implementation. That notwithstanding, there continues to be a broad-based recognition among community stakeholders of the importance of expanding efforts that focus on reducing the incidence or recurrence of homelessness and helping households that are precariously housed maintain stability in the housing that they currently have.

WORKING TOGETHER IS THE KEY TO MAKING IT WORK!

Despite the many trials and tribulations that have characterized much of the prior decade's efforts towards implementing the *Vision*, the community is working actively together and appears well positioned to build on 'lessons learned' in continuing pursuit of its ambitious objectives. To its great credit, the community has a strong and persistent appetite for success in its commitment to ending homelessness. The Grand Rapids Area was one of the first communities in the country to pull together a long-term vision for preventing and ending homelessness. From there, it pursued a broadly encompassing agenda that – admittedly, in fits and starts – has continued to find ways to generate admirable success. Each small success, in turn, helps build the strength and capacity of the overall system over the long haul. At its core, this is a consequence of community partners' continued willingness and ability to work together.

As a prime example, the expansion and successful implementation of operations of the HAP as a county-wide coordinated entry system is indicative of the community's capacity to pursue and successfully implement complex systems change. Similarly, emphasis on increasing access to Rapid Re-Housing assistance has been successful to the degree that public sector resources have been invested in this strategy as a central concern. In this same vein, public officials repeatedly give voice to their clear interest in increasing investments in development of affordable permanent and supportive housing options, and in aligning municipal funding priorities with those priorities, grounded in the *Vision*. Similarly, local foundation funding awards have been targeted towards support of activities implementing central principles of the *Vision*. Among these, recent support to the CSH for development of a comprehensive report on financial modeling for resources committed to ending homelessness may prove to be of special significance. A key dimension of all of these examples of success, that the community can and should continue to build upon, is the extensive degree of alignment of principles, priorities, and practice, across key community sectors.

To an increasing degree, that alignment is reflected in City and County funding, philanthropic and foundation investment, and private sector supports, as well as in CoC funding priorities. There is enormous promise and potential in the degree to which primary stakeholders and partners from these many community-based systems specifically describe and discuss the continuing role of the *Vision* in helping shape and define their funding criteria and commitments. Working together, based on common and shared priorities, towards collectively agreed-upon commitments and objectives, is arguably the community's most substantial foundation for continuing progress.

SECTION V

Recommendations For Community Consideration

Cloudburst's assessment of community progress was primarily framed as a retrospective analysis -- focused on identifying impact of the *Vision to End Homelessness* over the past decade, and developing insights into the community and systems change process that might be instructive for community leaders and stakeholders going forward. The Cloudburst Team was not charged with laying out specific recommendations for extension of the *Vision* nor with mapping out specific proposals for continuing community action. In reflecting on general findings and 'lessons learned' through the assessment process, however, the Assessment Team was able to identify a number of general thoughts as non-specific and 'high-level' process recommendations for potential community consideration. These are *not* intended to take the place of or supersede active community planning and commitment to continuous improvement in homeless response systems planning. Nor are they summarized here in any particular order of priority. These are framed primarily as broad process recommendations based upon insights garnered as a consequence of the assessment process.

A. BUILD ON THE POSITIVE PROGRESS OF THE RECENT PAST AND FOCUS ON THE FURTHER CULTIVATION OF A BROAD-BASED HOMELESS SYSTEM OF RESPONSE.

As noted, the Grand Rapids/Kent County community appears to have turned a significant corner over the past two to three years in advancing its long-term commitment to homeless systems change. Local leadership and partners should work to sustain and build forward based on that positive energy.

- 1 **Partners should remain attentive to and continue to hold themselves and the system accountable for transparency, inclusiveness, and neutrality.** Recent changes in governance structure and leadership have substantially altered the tenor of the interagency dialogue, and care should be taken to extend and build on this improved climate of collaboration and change.
- 2 **Increase involvement of private and faith-based partners in a coordinated community-wide response to homelessness.** Faith-based agencies have stepped forward in recent years as highly productive co-collaborators in building a comprehensive homeless system of care. There is promise of profound impact in continuing to leverage efforts of diverse providers based on this shared commitment to comprehensive response.
- 3 **Cultivate and broaden the participation of permanent housing providers for the purpose of expanding supply of PSH units for households exiting homelessness.** Permanent housing providers in the community have demonstrated a willingness to take on new and larger risks in targeting units for chronically homeless adults and families. The community should seek to nurture and extend more active partnerships linking homeless services and affordable housing providers so as to 'grow' this pool of PSH opportunities.

- 4 **Support and enhance the full-fledged alignment of public sector resources, private sector partners, and nonprofit providers towards continued fulfillment of the shared goals articulated in the *Vision*.** As these community partners have been increasingly vocal in their expressions of alignment with each other vis-à-vis implementation of the *Vision's* goals and objectives, there is great promise in working to ensure follow-through on actions that embody greater consistency of priorities, policies, and investment of resources.
- 5 **Support the revision of state-level rules and regulations,** including Medicaid rules, to allow the increased use of other state and federal resources for the funding of supportive services.

B. SUPPORT SUCCESS IN ACHIEVING THE GOALS AND TARGETS ESTABLISHED IN THE RECENTLY ADOPTED *CONTINUUM OF CARE ACTION PLAN TO END HOMELESSNESS: 2015-2017*.

- 1 **Establish systems and protocols that ensure and maintain accountability for achieving established targets.** The Coalition membership has collaborated actively in crafting this three-year plan. Interagency partners have worked hard at developing consensus to accept and approve this strategic plan and its targets as a shared foundation for moving forward. Each of the goals in this plan includes the identification of responsible actors, specific implementing activities, and strategies for measuring achievement. It is incumbent on the community to ensure that partners work together to support and hold each other accountable in following through with implementation and evaluation.
- 2 **Provide support for more sophisticated and more active reliance on community-based data analysis to ensure performance measurement and accountability.** A key to success in follow-through on the three-year action plan will be the community's ability to generate timely and user-friendly data analysis and reporting. Focus on cultivating that capacity will be important.

C. SUPPORT CONTINUING SHIFT OF FOCUS FROM PROGRAM-BASED TO SYSTEMS-LEVEL PERFORMANCE AND MEASUREMENT.

Systems-wide performance is one of HUD's key emerging priorities; as such, it will impact heavily on competitive scoring and the CoC's prospects for sustaining funding. To an increasing degree, communities are being asked to hold themselves accountable for community-wide impact of resources on homelessness, and not just for program-level performance. This systems-wide orientation is consistent with the community's growing attention to 'collective impact' and serves as a more constructive framing of evaluation of investment for community services providers, the public sector, and private funders, alike. The following recommendations are shared in this context:

- 1 **Bring community partners together to construct a functional vision of how interrelated components of an ideal homeless response system might best look and operate.** Engage community stakeholders in review of preferred outcomes and systems design through creation of an ideal 'client access, assessment, and referral experience strategy' (CAARES). This should include partners broader than just those in the homeless services sector (including representatives from the RPOA, Police, Mainstream Service Providers, and Business Sector).

- 2 **The community should design and implement a process that explicitly addresses community-wide responsibility and accountability** for implementing goals identified through this process. The Coalition should work closely with its municipal and charitable partners to share organizational and system-level performance data, engage in public consideration and evaluation of that data, and generally hold each other accountable for community-wide success.

D. INVEST IN EXPANDING DATA USE AND ENHANCING CAPACITY FOR DATA ANALYSIS.

Homeless response system partners in the community have universally expressed an interest in enhancing their capacity for data-based and data-driven evaluation and planning of programs, services, and strategies. The community has significantly advanced its capacity for *collecting* reliable and comprehensive HMIS data, but has not yet developed capabilities for tapping that data for purposes of program review, performance review, needs assessment, or strategic planning.

- 1 **Funders should consider supplemental investment in creation of community-based data analytics capacity and functionality.** Ideally, this functionality would work to complement the current HMIS systems administrator role at the Coalition and would provide additional data analysis and reporting capability both for the CoC and for the community at-large. Coalition partners are investing heavily in the process of collecting consistent, reliable, and quality data. Funder investment in building capacity for more active and expansive use of that data through reporting and analysis can generate significant returns -- for consumer responsiveness, for program enhancement, and for increasing efficacy of the homeless response system-at-large. (See *Appendix D* for illustrative examples.)
- 2 **Community should consider implementing strategies that promote cross-systems data gathering and analysis.** Above and beyond increasing analysis of homeless data within the HMIS, the community should consider development of cross-systems data analytics functionality and/or data warehousing for cross-systems correlation analysis, program design, systems planning and evaluation, and promotion of cross-systems collaboration. This might include linking schools data, human services data, early childhood data, corrections data, and other related human services data as a means of identifying trends, needs, and cross-systems impacts/results.
- 3 **Community should conduct systematic assessment of community needs grounded in analysis of HMIS data** as a basis for directing community investments in permanent supportive housing, targeting of rent subsidies and Housing Choice Vouchers, and prioritizing deployment of Rapid Re-Housing resources.

E. INVEST IN TRAINING OF KEY COMMUNITY PARTNERS TO ENSURE CULTIVATION OF COMMON USE OF VOCABULARY, SHARED UNDERSTANDING OF COMMON CONCEPTS AND PRACTICES, AND A COLLECTIVE FOUNDATION FOR CONSISTENCY IN COMMUNITY-WIDE SERVICES PLANNING AND DELIVERY.

- 1 **Bring partners together in shared 'training experiences,'** preferably administered by a knowledgeable/neutral outsider, who might help the community to press 'reset' in its commitments to 'Housing First' and Rapid Re-Housing. As discussed at length in the assessment report findings, above, these concepts have

been widely misunderstood, partially as a consequence of the community's failure to invest in systematic trainings to establish common baseline vocabulary.

- 2 **Develop a shared understanding of the meaning of 'ending homelessness'.** Broad skepticism, grounded in lack of understanding of what 'ending homelessness' looks like and means, undermines the collaboration and commitment required to sustain community-wide buy-in and investment. In this regard, national leaders are seeking to help communities identify benchmarks and criteria that can help refocus community conversation on understanding the concept of 'ending homelessness' as the attainment of the status of 'functional zero'. Key elements of this new construct include: *a)* The community has systems, resources, and capacity to respond quickly and effectively to the occurrence of homelessness, to ensure that homelessness is rare, brief, and non-recurring; and *b)* The community can document that the number of persons exiting homelessness and moving into permanent housing is greater than or equal to the numbers of persons entering homelessness.

F. EXPAND AND INTENSIFY FOCUS ON HOUSING-BASED SOLUTIONS TO HOMELESSNESS.

Recognizing that the ultimate solution to homelessness is increasing access to affordable and sustainable housing, the community should review and consider recommendations embedded in the *Housing Market Analysis* report developed and submitted as an adjunct to the *Vision* assessment (see *Appendix C*). Included in those recommendations are the following suggested strategies:

- 1 **Enhance community capacity to use available rental housing for persons and families exiting homelessness**
 - a) Continue emphasis among housing/homeless services providers on Housing First and Rapid Re-Housing strategies.*
 - b) Continue efforts to expand access to rental subsidies and rent assistance supports* to make available housing affordable and sustainable.
 - c) Increase access to rental units that will accept Housing Choice Vouchers and other HUD-funded rent subsidies* (e.g., Rapid Re-Housing and CoC Leasing Assistance) by expanding collaborations linking local Public Housing Authorities, the Rental Property Owners Association, and community services providers.
 - d) Maintain priority on homelessness prevention.* When affordable units are scarce, there is an additional premium for helping households maintain the housing they already have, as they may have extreme difficulty finding another unit, especially after an eviction.
- 2 **Increase the supply of PSH units, recognizing that many occupants will need to reside in these units for the indefinite future.**
 - a) Build dialogue between property owners and service providers* to better address concerns that have historically limited collaborations. As suggested above, engage both housing and service providers in joint 'Housing First' trainings, to ensure common understanding of the model and to ensure fidelity.
 - b) Offer project-based vouchers to developers of tax credit based or other subsidized housing in desirable locations,* thereby increasing availability of units with walkable connections to jobs, services, and amenities.
 - c) Create 'mainstreamed' housing settings environments* by developing projects where 25 percent or fewer of the units are PSH units and are integrated with other individual or family housing.

- d) *Continue the evaluation of the adequacy and efficacy of on-site supportive services* – including addressing quality/intensity of services array, hours of operation, appropriateness of supports, provision of space for on-site service coordination and delivery; reprogramming CoC funding to provide necessary supports for PSH residents; enhancing relationships between service providers and property management; and adoption of shared management models that involve qualified service coordination agencies in front-of-house property management responsibilities.
- e) *Focus on measures to ensure the success of those who can ‘graduate’ from their PSH unit thereby opening up units for new entrants* - including identifying tax credit units and voucher support for persons leaving PSH units; facilitating access to follow-up supportive services for persons who have recently left PSH units, as needed; exploring use and/or resolving issues with ‘move up’ housing vouchers from MSHDA; and working with employers to provide ‘van pool’ or other transit services supports at shift changes for those transitioning from PSH units to housing that is not located on transit lines.

3 Enlist, expand, and support the substantial capacity and potential of both nonprofit and for-profit developers in the production of affordable housing accessible to households exiting homelessness.

- a) *Coordinate efforts of the Coalition with those of the Grand Rapids Great Housing Strategies initiative, as a means to more fully support the development of affordable units.* For example, the Zoning Ordinance already allows accessory dwelling units in single-family neighborhoods, encouraging mixed-use buildings (with housing on the upper floors) in commercial districts, and promoting infill development by permitting small homes on narrow lots.
- b) Engage developers in conversations that help identify and clarify ways that local governments can *remove barriers and provide incentives to encourage development* of more affordable units – especially those at the lower end of the cost scale.
- c) *Attract investment in projects developed with LIHTCs*, relying on supports that may include: providing HOME funds to fill gaps; setting aside land bank parcels in strategic locations at below market costs for affordable housing; expediting permitting and/or approval of ordinances to approve Payment in Lieu of Taxes (PILOTs); and working with the MSHDA LIHTC QAP to allow transit-oriented development as an alternative to its ‘Walk Score’ requirement.
- d) *Enact inclusionary zoning requirements* to ensure that a portion of new units developed are affordable, and ensuring that ‘affordable units’ are developed in a range of unit-types with affordability at various income levels.
- e) *Review and consider recommendations in the CSH Report on Financial Modeling for Assuring Housing Targeted to Ending Homelessness.*

The assessment process undertaken by the Cloudburst Team revealed a clear desire on the part of the Grand Rapids community to continue making progress toward its ultimate goal of preventing and ending homelessness. The community’s achievements over the past decade demonstrate a depth of creative energy, resilience, and resourcefulness that holds promise for sustained success. The recommendations referenced here are shared simply as means of providing an organizing framework for the community’s consideration as it moves forward in its efforts to advance the historical and still relevant aims of the *Vision*. Working together, key stakeholders might well apply these as useful principles toward continuing cultivation of a comprehensive, robust, data-driven, housing-centric and performance-oriented system of homeless response, both in the near and long-term future.



APPENDIX A

Assessment Methodology And Key Informants

OVERVIEW OF PROJECT METHODOLOGY

In carrying out its comprehensive assessment of the *Vision to End Homelessness (Vision)*, Cloudburst crafted a broad-based and multi-pronged strategy relying on a mix of qualitative, historical, and quantitative analyses in order to gauge and understand the community's historical achievements. These strategies were designed to shed light on the dynamics and challenges of community process in advancing key elements of the *Vision*. The broader direction of the evaluation and assessment process was guided by a series of overlapping exploratory questions, including:

- 1 *How does the population experiencing homelessness in the local community in 2014/2015 differ, if at all, from the descriptors of those in 2004/2005?*
- 2 *To what degree did the Vision meet its basic goals? What were the special challenges that confronted the community in addressing and fulfilling these goals?*
- 3 *To what extent were the particular/specific action strategies and/or targets that were articulated in the original Vision implemented or achieved? What were the specific forces or dynamics that influenced or altered the trajectory of each (e.g., economic, political, values-based choices)? And what adaptive strategies did local leadership and provider networks pursue?*
- 4 *How did the local leadership structure and process for implementation impact the trajectory of accomplishment of key objectives or implementation of identified strategies?*
- 5 *How did evolving changes in the local, state, and national context with regard to policy, priorities, and practices impact the Vision's implementation?*
- 6 *How does an analysis of local HMIS and systems data help illuminate understanding regarding accomplishment of the Vision's goals and objectives? What can HMIS and systems data tell us about priority populations that still need to be addressed looking forward?*
- 7 *How does the local housing market and access to affordable housing resources for persons experiencing and exiting homelessness in Grand Rapids and Kent County in early 2015 compare to that in 2005? What local, state and national investments have been made in housing resources for homeless and at-risk households? And what does this analysis imply for new directions going forward?*
- 8 *In light of the local structure, process, policy, practice, and priorities currently at play in in the Grand Rapids area, and given the broader context of national and statewide priorities and investments, what action strategies, evidence-based practices, and/or priorities will be most promising for the community to consider going forward?*

To keep the inquiry as fully grounded in local knowledge as possible, Cloudburst consulted actively and regularly with the Assessment's funders to help shape the particulars of evaluation strategy, including the development of a key informants list and the understanding of key data points as the assessment unfolded. Consistent with proposed plans, the Assessment Team combined use of one-on-one face-to-face and phone-based interviews with key local stakeholders, along with multiple group-based focus groups and conversations with local actors who have been central to the *Vision's* emergence and implementation over the past decade. Cloudburst also deployed and analyzed a web-based survey that was distributed to over 90 individuals on the Coalition's membership list, engaged in extensive primary source document review (e.g., CoC NOFA submissions, Coalition plans and reports), and consulted with statewide homeless programs' leadership to help broaden its perspective. At the same time, Assessment Team members worked closely with those persons responsible for oversight of the community's HMIS data to shed further light on the community's progress and status.

DESCRIPTION OF ASSESSMENT ACTIVITIES

Cloudburst's activities were conducted in two primary phases: 1) preliminary information-gathering and 2) in-depth analysis of preliminary findings, both using a combination of quantitative and qualitative methods that are described in detail below.

Phase I: Preliminary Information Gathering and Analysis (5/15/15–7/24/15)

Phase 1 activities focused on primary data gathering and analysis. At the outset, Cloudburst held an initial project kick-off meeting with representatives of the four local area foundations funding this project (Funders Advisory Team) to discuss the proposed assessment plan, refine project objectives, and confirm the viability of proposed strategies and timelines. Each of the agreed-upon components of Phase 1 is described in detail below.

Meetings with Funders Advisory Team: Cloudburst relied on active guidance and feedback shared throughout the assessment process by representatives of the four foundations funding this effort. This helped provide invaluable system-wide perspective, as well as historical, contextual, and institutional knowledge. Cloudburst relied on this Advisory Team to:

- Provide feedback on data collection strategies;
- Help identify key informants and mobilize community support in relation to data collection (e.g., stakeholder survey, key informant interviews, focus groups);
- Help identify local resources and reports for analysis (e.g. CoC planning documents, related community reports, relevant City/County materials, and program documents); and
- Provide reflective insight on preliminary findings and recommendations.

Conduct of key informant interviews: Guided by input from the Funders Advisory Team, Cloudburst pursued qualitative key informant interviews with multiple community stakeholders - some in person and some by phone. These key informant interviews focused on specific topics, including: the role of structure and leadership in implementation processes; achievement of *Vision* strategies and action steps; history and transitions in Coalition leadership and decision-making; and emergence of key activities and community strategies including CoC governance, centralized/coordinated assessment and entry, Rapid Re-Housing, and 'Housing First'.

The Assessment Team conducted two initial sets of on-site interviews in June 2015. These established a context for understanding the homeless delivery system in the Grand Rapids Area, as well as key players involved. They also provided a basis for understanding participant experiences with and perceptions of the *Vision*. During this initial phase, Cloudburst conducted seven (7) on-site group interviews and three (3) individual in-person interviews.

The Cloudburst Team supplemented this information with a series of phone-based interviews that took place between late June and mid-July. The Team also met with the Coalition Steering Committee to discuss input regarding the framing of the community's Consolidated Plan (defining issues, needs, and priorities for use of HOME, CDBG, and ESG resources). During this period, Cloudburst conducted a total of twelve (12) one-on-one phone interviews and two (2) in-person individual interviews. (Participants in these interview activities are listed in the chart at the end of this Appendix.) Collectively, these interviews explored issues that included:

- Impact of the *Vision* on community practices and priorities;
- Implementation of the *Vision* goals and challenges associated with the process;
- Impact of leadership and its transitions on the community's homeless response system; and
- Continuing needs and gaps in resources.

Design and deployment of a broad-based provider survey: Using the eight (8) core research questions identified above, as well as initial community interviews as a guide, Cloudburst developed and deployed an online survey targeted to the homeless services community at-large. This qualitative survey focused primarily on community opinions and experiences related to the *Vision*. It served as a means to:

- Understand community attitudes and perceptions of the plan's success;
- Shed light on how the community feels the *Vision* has impacted targeted populations; and
- Help gauge what practices, protocols, and results have been significantly transformed as a consequence of *Vision* implementation.

Results from this survey helped in the creation of questions that Phase II analysis would then explore in greater depth. Coalition staff distributed this web-based tool to its full membership list (over 90 people). The survey was published online and was open for response between June 24 and July 3, 2015, during which time 41 people representing a broad array of settings, agencies, and roles responded. A copy of the full survey and response summaries is included in this report as *Appendix B*.

Review of reports and documents that speak to *Vision* progress: To help establish historical and contextual background for assessing implementation of the *Vision*, Cloudburst reviewed a large number of primary source materials including CoC applications, CoC planning documents, CoC governance documents, City and County Consolidated Plans, and *Vision* progress reports. Both current and former Coalition staff and leadership were highly forthcoming in sharing both formal and informal written materials and reports for this purpose. As a consequence of the intersection of Cloudburst's *Vision* assessment and parallel work that Cloudburst staff were conducting under a separate contract with Grand Rapids, Wyoming, and Kent County -- helping to develop local/ regional 5-year Consolidated Plans -- the Assessment Team also had extensive access to and relied upon analysis of numerous additional County, City and organizational documents, demographics, and related supporting information.

Review of HMIS and other relevant data sources on key system measures: Cloudburst's HMIS and data management experts tapped the community's HMIS data sets and other local data sources to help understand both historical and current data on homeless populations. The Assessment Team worked closely with Coalition staff currently responsible for the community's HMIS to review key demographic and performance data (e.g. exits to permanent housing, length of stay in emergency shelters, recidivism rates, increases in income, lengths of stay in transitional housing, and retention rates in permanent housing), as well as analysis of changes to the Coalition's Housing Inventory Charts (HIC) regarding bed numbers and housing types. In addition, Cloudburst analyzed, identified, and evaluated challenges and barriers in HMIS implementation and data quality and integrity. Cloudburst was able to tap direct assistance from the Director of the Michigan Statewide Homeless Management Information System (MSHMIS) in this process, both to help access the Coalition's HMIS data and to enrich initial analysis of that data.

Assessment of action strategies articulated in the *Vision*: Relying on both qualitative and quantitative data subsequent to all of the activities described above, Cloudburst staff compiled an initial analysis of achievement of key action strategies as articulated in the original *Vision*. Cloudburst shared these preliminary observations and findings with the Funders Advisory Team in late July. Although information available did not lend itself to presentation in a visual 'scorecard' as originally anticipated, Cloudburst was able to identify relative levels of fulfillment of many of the action strategies described and discussed in the *Vision* document. These findings are discussed in detail in Section II of the Assessment Report (*Summary of Progress*).

Review of preliminary findings and observations with the Project Funders Advisory Team: As mentioned above, Cloudburst reported out on all Phase I activity through a detailed onsite presentation to the Funders Advisory Team in late July, 2015. As anticipated, Cloudburst was able throughout Phase I efforts to gather broad data towards fulfillment of the assessment project's objectives, and to support a preliminary evaluation of the community's progress in meeting the goals and objectives of the *Vision*. Research conducted in Phase I, in turn, helped to identify more specific areas of interest that helped set the agenda for the remainder of the project, including identification of key issues for deeper exploration in Phase II.

Phase II: In-Depth Analysis of Key Areas of Interest (7/24/15–9/30/15)

Key areas of interest identified for further evaluation in Phase I served as focus for Phase II activities. Cloudburst explored these issues through a second wave of key informant interviews, key stakeholder focus groups, in-depth and cross-systems data analysis from HMIS and other data sources, and a regional housing market analysis. Key components of Phase II activity are briefly described below.

Conduct of additional key stakeholder individual interviews: Following the sharing of preliminary observations with the Funders Advisory Team, the Assessment Team pursued a number of additional individual key informant interviews not originally anticipated in the project proposal. These additional interviews helped in clarifying some of the focal issues emerging and in answering a number of related questions. During the months of August and September, Cloudburst engaged an additional 6 local representatives in these one-on-one follow-up dialogues.

Conduct of key stakeholder focus groups: As had been originally planned, Cloudburst conducted five strategically configured focus groups in early September 2015, specifically following up on issues raised both in the preliminary report to funders and in subsequent individual interviews conducted during the month of August. These groups were comprised of key stakeholders from the following sectors:

- Private Sector

- Mainstream Services Sector
- Emergency Shelter/Housing Crisis Response Sector
- Permanent Housing Sector
- Public Sector (Local & State Government)

These participants helped Cloudburst staff to probe a bit deeper in exploring ‘lessons learned’ and identifying implications both for current and evolving community practice, as well as for future directions. Thirty-five persons participated in these five groups. Some of these participants had also served as key informants either in prior individual interviews or earlier group interviews. (Participants in these dialogues are listed in the chart at the end of this Appendix.)

Conduct of in-depth data analysis from HMIS and other relevant data sources: As a key facet of Phase II activity, Cloudburst’s data experts worked with the Coalition’s HMIS System Administrator and the Statewide HMIS Director to develop more focused follow-up query logic and reporting, as appropriate, to help explore specific issues and key areas of interest regarding *Vision* impact and progress. In this process, Cloudburst staff translated data reports into formats suitable for longitudinal analysis and then conducted analytical review and interpretation. The Team then transformed this information into graphic data visualizations, along with related explanations, to provide a portrait of the extent and characteristics of Grand Rapids Area homeless populations, including demographic information, length of stay in supportive housing and sheltering, and recidivism rates. This process of local data analysis helped to illuminate the current status of homelessness in the community and deepen understanding of challenges associated with the community’s ongoing commitment to the *Vision*’s implementation.

Conduct of housing market analysis: Cloudburst’s housing experts also worked to produce a summary housing market analysis that assessed current economic and housing market conditions for Grand Rapids and Kent County. This analysis documented the market’s impact on the availability of affordable housing for homeless and at-risk households across Kent County. It also contextualizes the larger dynamics that have impacted, and continue to shape, the implementation of the *Vision*’s strategies, and offers up a series of subsequent housing-related recommendations for community consideration. A summary of these recommendations is incorporated in Section V of the Assessment Report (*Recommendations for Community Consideration*), and the full report of the *Housing Market Analysis* is attached as *Appendix C*.

PARTICIPANTS AND KEY INFORMANTS

Name	Organization	Individual Interview	Group Interview
Sherri Vainavicz	211 - United Way		X
Connie Bohatch	City of Grand Rapids		X
Erin Banchoff	City of Grand Rapids		X
Kim Lucar	City of Wyoming		X
Rebecca Rynbrandt	City of Wyoming		X
Jesica Vail	Coalition to End Homelessness	X	X

Name	Organization	Individual Interview	Group Interview
Jim Talen	Coalition to End Homelessness	X	X
Janay Brower	Coalition to End Homelessness (former)	X	
Victoria Sluga	Coalition to End Homelessness (former)	X	
Vera Beech	Community Rebuilders	X	X
Kayem Dunn	Consultant	X	
John Peterson	Corporation for Supportive Housing	X	
Marge Palmerlee	Degage Ministries		X
Dennis Sturtevant	Dwelling Place	X	X
Lee Nelson Weber	Dyer-Ives Foundation		X
Tracie Coffman	Essential Needs Task Force		X
David Schroeder	Essential Needs Task Force (former)		X
Liz Keegan	Fair Housing		X
Cheryl Schuch	Family Promise	X	
John Wynbeek	Genesis Non-Profit Housing Corp.		X
Ruth Kelly	Grand Rapids Commissioner, Ward 2		X
Laurie Craft	Grand Rapids Community Foundation		X
Sr. Maureen Geary	Grand Rapids Dominicans		X
Carlos Sanchez	Grand Rapids Housing Commission	X	X
George Heartwell	Grand Rapids Mayor	X	
Lt. Patrick Merrill	Grand Rapids Police Department		X
Steve LeBrecque	Grand Rapids Police Department		X
Stuart Ray	Guiding Light	X	
Tonya Akdins-McKeever (COO)	Heartside Ministry		X
Jay Schrimpf	Heartside Neighborhood Collaboration/Bethlehem Church		X
Deborah Armstrong	Inner City Christian Federation		X
John Carmen	Inner City Christian Federation	X	X
Jonathan Bradford	Inner City Christian Federation	X	X
Sue Ortiz	Inner City Christian Federation	X	X
Win Irwin	Irwin Seating		X
Wayman Britt	Kent County -- Administration		X
Matthew VanZetten	Kent County -- Administration	X	X
Linda Likely	Kent County -- Housing & Community Development		X
Karen Tjapkes	Legal Aid of Western Michigan		X
Pam Hoekwater	Legal Aid of Western Michigan		X
Dennis VanKampen	Mel Trotter Mission	X	
Nancy Marshall	Michigan Department of Health and Human Services		X
Kathy Freberg	network180		X

Name	Organization	Individual Interview	Group Interview
Scott Gilman	network180	X	
Beverly Ryskamp	network180	X	
Helen Lehim	New Development Corporation		X
Laurie Beard	Old National Bank		X
Dave Gantz	PineRest		X
Clay Powell	Rental Property Owners Association		X
Ginny Koole	Safe Haven Ministries		X
Betty Zylstra	Salvation Army	X	X
Lauren Baker	Salvation Army	X	X
Julie Ridenour	Steelcase Foundation		X
Tami Vandenberg	Well House	X	
Eileen McKeever	YWCA -- Domestic Violence Services		X
Tom Cottrell	YWCA -- Domestic Violence Services	X	

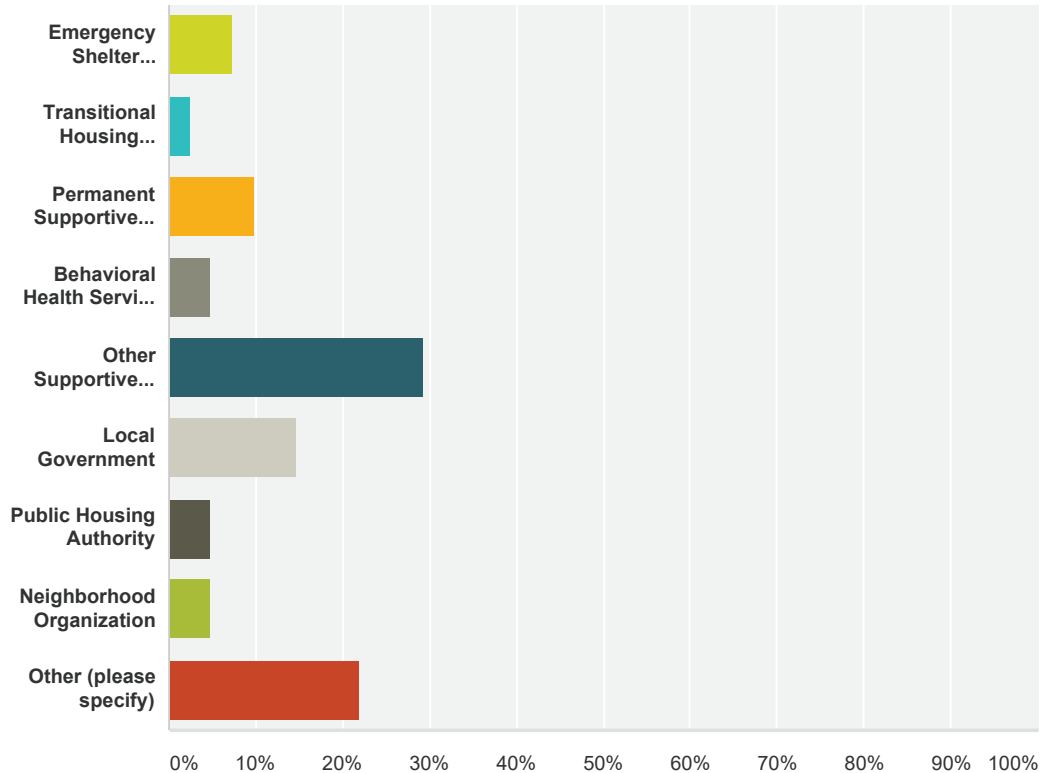


APPENDIX B

Community Survey Results – Compilation of Responses

Q1 Choose the option that best characterizes the organization that you work for:

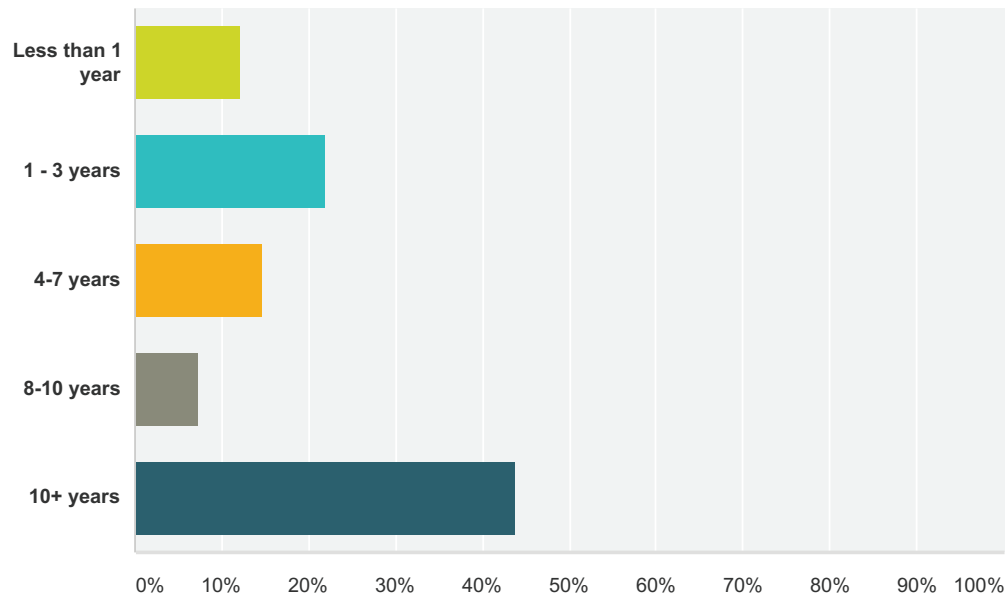
Answered: 41 Skipped: 0



Answer Choices	Responses	
Emergency Shelter Provider	7.32%	3
Transitional Housing Provider	2.44%	1
Permanent Supportive Housing Provider	9.76%	4
Behavioral Health Service Provider	4.88%	2
Other Supportive Services Provider	29.27%	12
Local Government	14.63%	6
Public Housing Authority	4.88%	2
Neighborhood Organization	4.88%	2
Other (please specify)	21.95%	9
Total		41

Q2 How long have you been involved in the Grand Rapids -Wyoming - Kent County (GR-WY-KC) Homeless Response System?

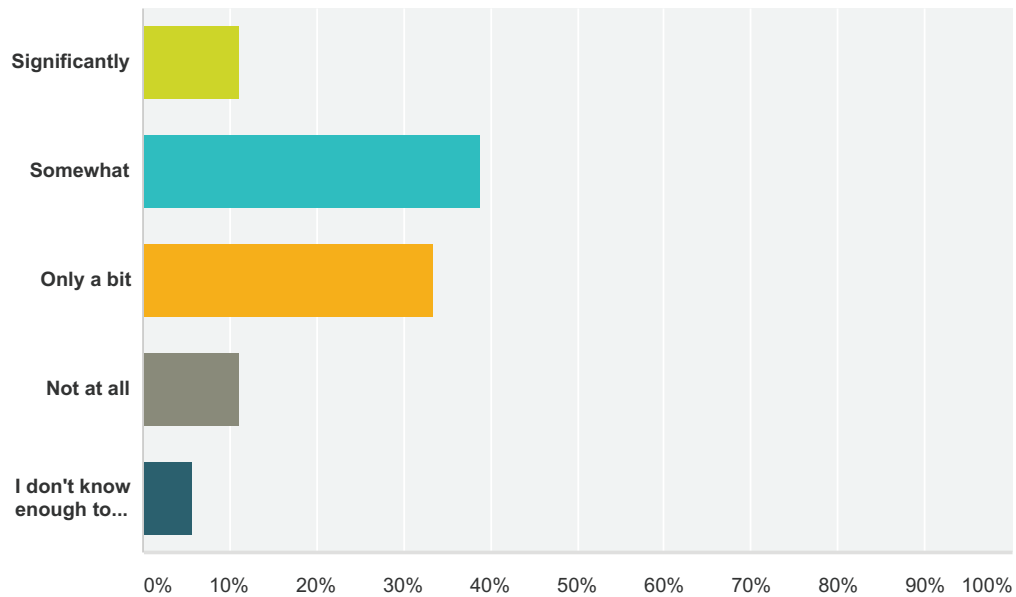
Answered: 41 Skipped: 0



Answer Choices	Responses
Less than 1 year	12.20% 5
1 - 3 years	21.95% 9
4-7 years	14.63% 6
8-10 years	7.32% 3
10+ years	43.90% 18
Total	41

Q3 To what degree have resources and services been directed “upstream” to expand emphasis on homelessness prevention activity?

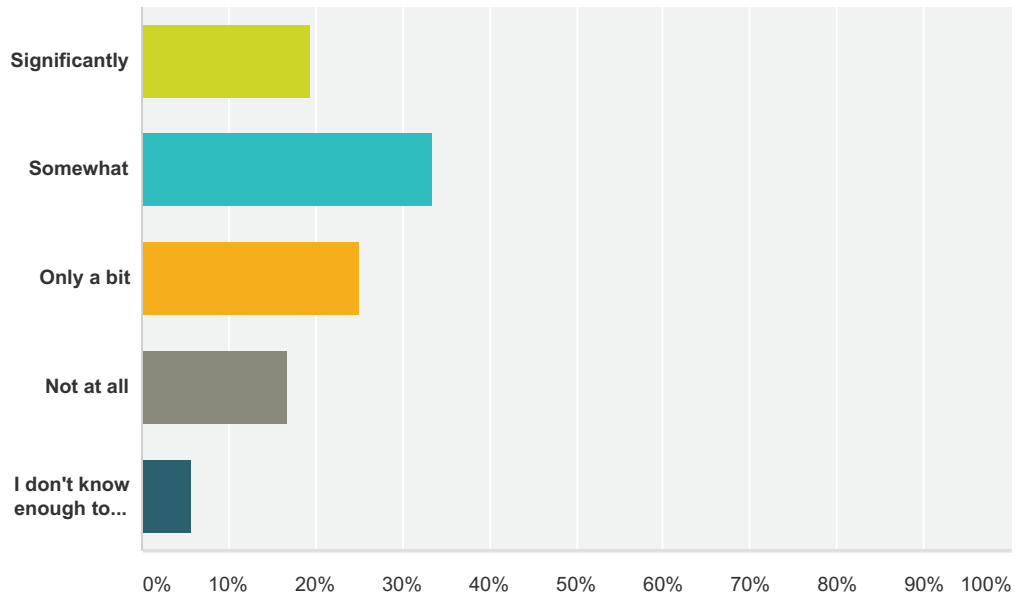
Answered: 36 Skipped: 5



Answer Choices	Responses	
Significantly	11.11%	4
Somewhat	38.89%	14
Only a bit	33.33%	12
Not at all	11.11%	4
I don't know enough to respond	5.56%	2
Total		36

Q4 To what degree has the community's central intake/coordinated entry system been broadened and enhanced to support immediate placement in housing when homelessness occurs?

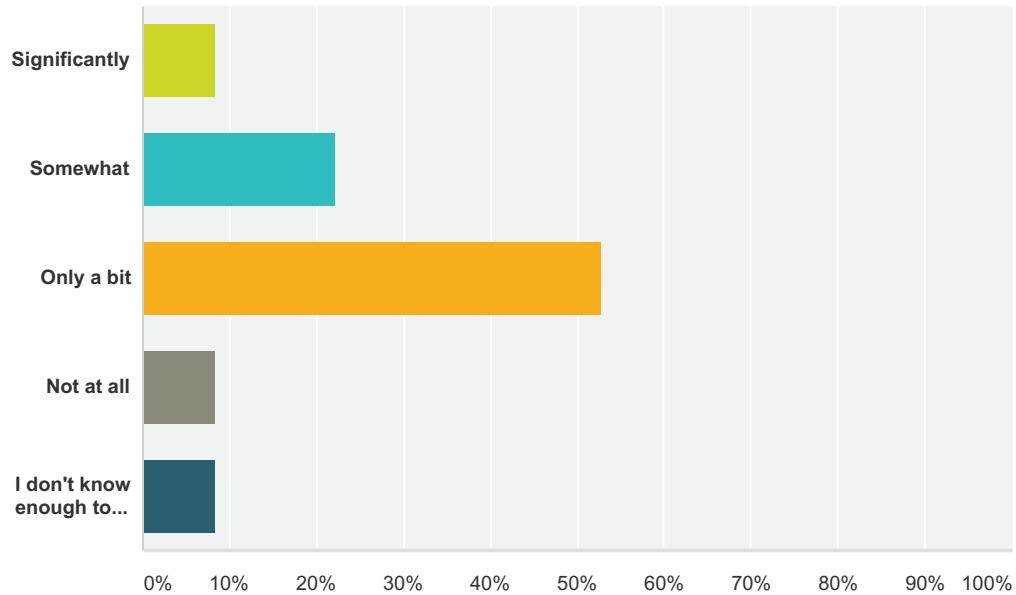
Answered: 36 Skipped: 5



Answer Choices	Responses	
Significantly	19.44%	7
Somewhat	33.33%	12
Only a bit	25.00%	9
Not at all	16.67%	6
I don't know enough to respond	5.56%	2
Total		36

Q5 To what extent has an effective housing search and placement capacity been developed that utilizes centralized and coordinated assessments?

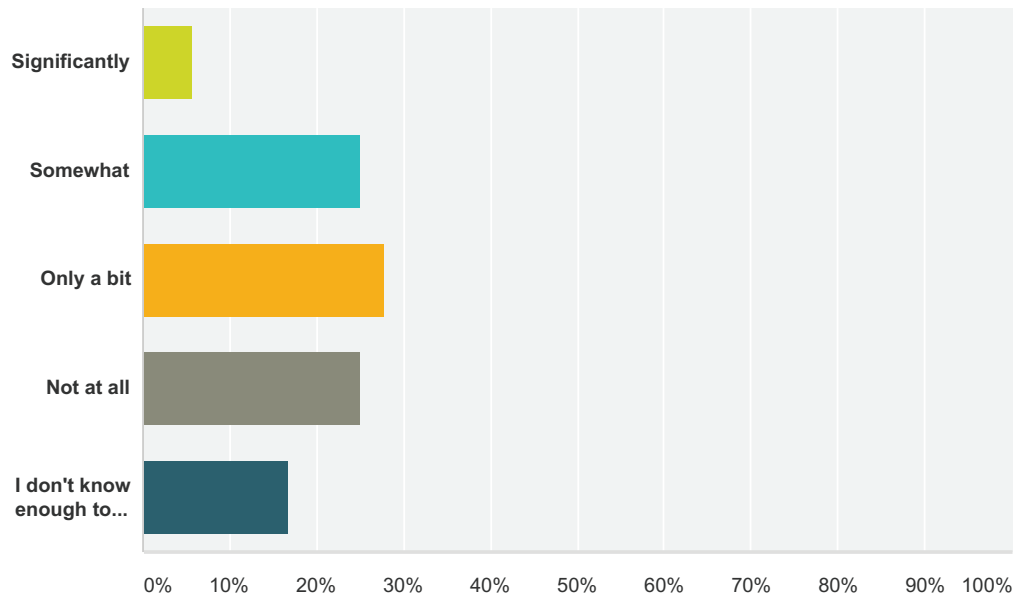
Answered: 36 Skipped: 5



Answer Choices	Responses	
Significantly	8.33%	3
Somewhat	22.22%	8
Only a bit	52.78%	19
Not at all	8.33%	3
I don't know enough to respond	8.33%	3
Total		36

Q6 To what extent have new and effective landlord/tenant support strategies been implemented that help maintain tenant stability in housing (e.g., providing information to landlords on supportive services to encourage referrals at first sign of financial hardship, etc.)?

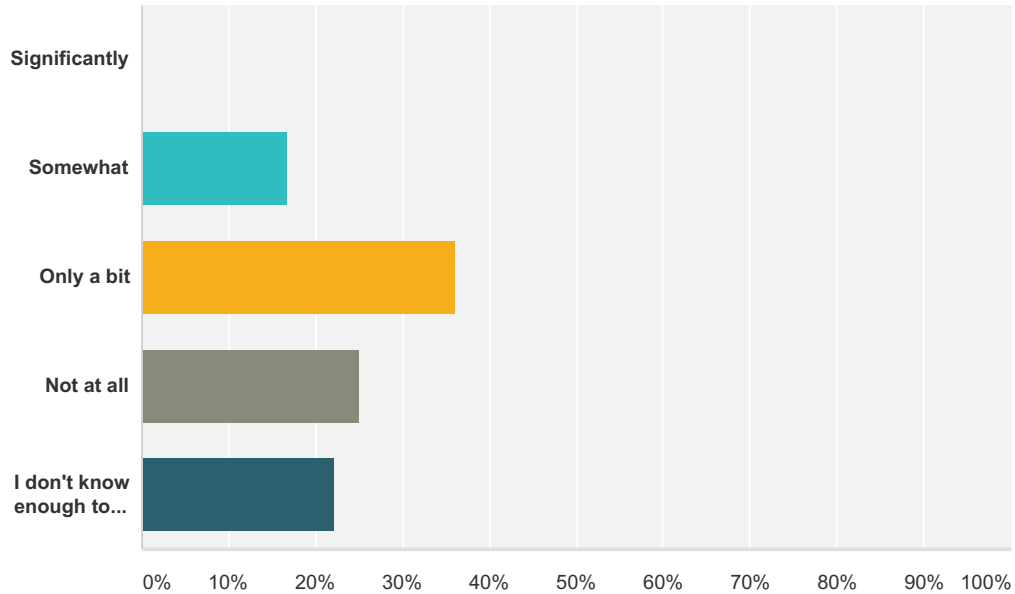
Answered: 36 Skipped: 5



Answer Choices	Responses	
Significantly	5.56%	2
Somewhat	25.00%	9
Only a bit	27.78%	10
Not at all	25.00%	9
I don't know enough to respond	16.67%	6
Total		36

Q7 To what extent have more effective discharge policies from mainstream institutions (e.g., jails/prisons, hospitals, foster care, and mental health facilities) and/or related housing specialist services been implemented?

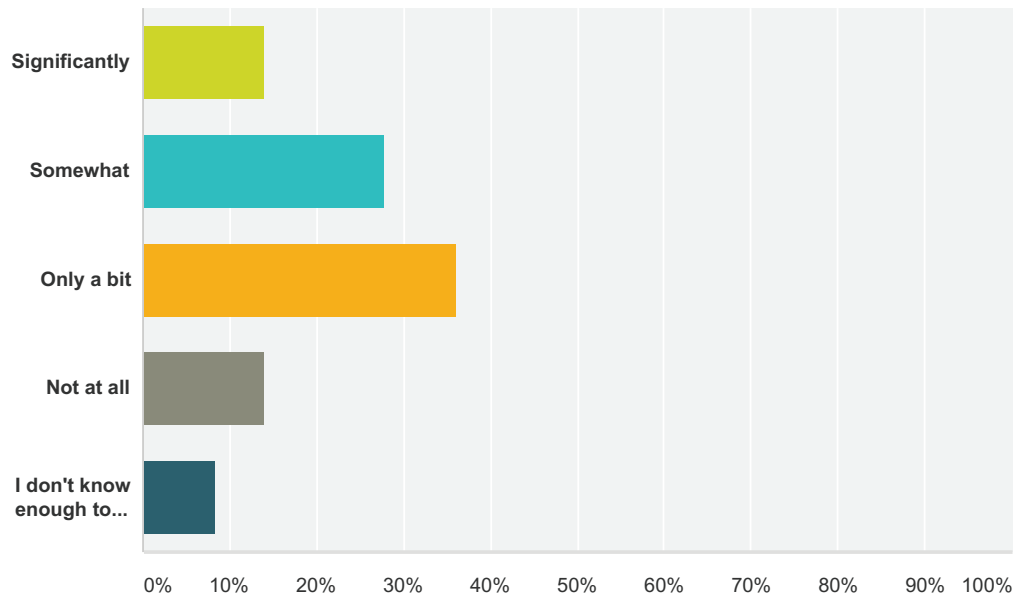
Answered: 36 Skipped: 5



Answer Choices	Responses	
Significantly	0.00%	0
Somewhat	16.67%	6
Only a bit	36.11%	13
Not at all	25.00%	9
I don't know enough to respond	22.22%	8
Total		36

Q8 To what extent has access to mainstream support services for specific sub-populations been expanded/enhanced (e.g., veterans, survivors of abuse/violence, early childhood care, etc.)?

Answered: 36 Skipped: 5



Answer Choices	Responses	
Significantly	13.89%	5
Somewhat	27.78%	10
Only a bit	36.11%	13
Not at all	13.89%	5
I don't know enough to respond	8.33%	3
Total		36

Q9 Please identify specific examples of activities, initiatives, or systems change that illustrate progress towards implementing this goal.

Answered: 16 Skipped: 25

#	Responses	Date
1	Systems seem to have been put into place, such as centralized intake and coordinated assessment.	7/2/2015 2:38 PM
2	There are more supportive services available and sub groups work with homeless	7/2/2015 10:37 AM
3	Local government and philanthropic funding alignment with goals; systems infrastructure support by philanthropic community	7/2/2015 9:19 AM
4	have the list if all updated resources.	7/2/2015 9:01 AM
5	SA willing to reprogram a grant for communitywide HMIS; the reprogramming of the SHP funds	7/2/2015 9:00 AM
6	More ESG funding going towards Prevention Resources, changing shelter funding from the state to support Prevention and RRH resources, reallocation of Transitional Housing programs to support Permanent housing solutions,	7/1/2015 1:53 PM
7	211 screening, subgroups to address specific issues	6/30/2015 10:55 AM
8	Housing 1st initiative	6/25/2015 10:48 AM
9	expansion of our public mental health outpatient clinic adding more services to accomodate homelessness but it does not seem to be enough because of lack of funding (medicaid dollars, general fund dollars) so services are often ended	6/25/2015 9:36 AM
10	HMIS improvements	6/25/2015 8:13 AM
11	HPRP and ESG funding has been realigned to include prevention funding. Local foundations supported prevention funding through an ENTF project	6/25/2015 8:01 AM
12	Establishment of Central Intake and then Coordinated Assessment	6/24/2015 6:33 PM
13	Elimination of emergency shelters and using the funds to assist with deposit/rent. Expanded services from HAP. Community Rebuilders expanded services.	6/24/2015 4:14 PM
14	It seems that some funds have been re-allocated from emergency shelters to prevention services.	6/24/2015 3:20 PM
15	Development of new housing	6/24/2015 3:04 PM
16	Support for improved access is mostly through the Veterans funding streams	6/24/2015 2:02 PM

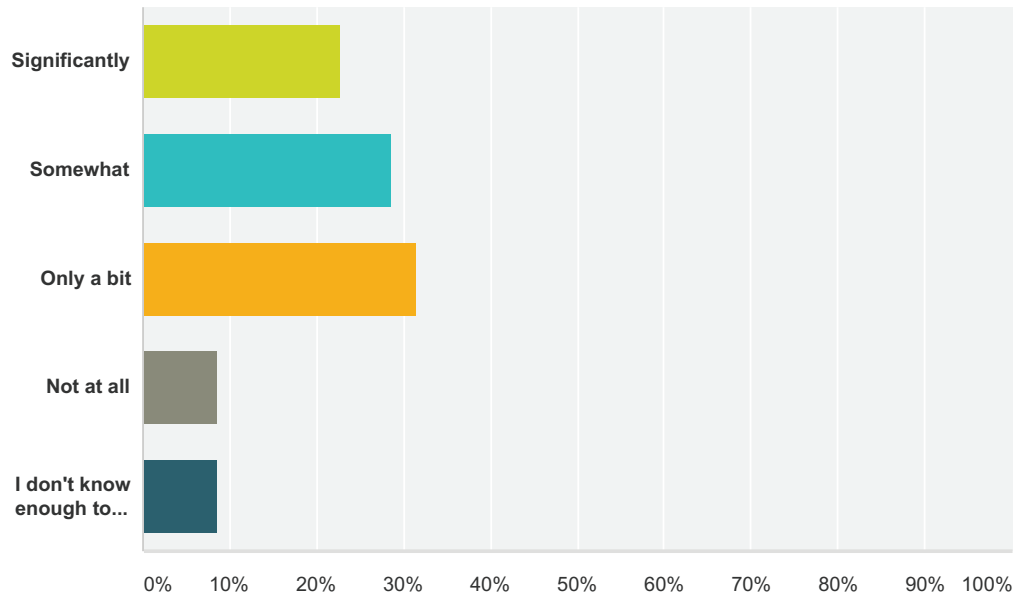
Q10 Do you have any additional comments in relation to this Goal?

Answered: 15 Skipped: 26

#	Responses	Date
1	Direct discharge placement is difficult when there are not places available. Or funds to pay for them - either on the part of the tenant or some other funding assistance.	7/2/2015 5:51 PM
2	However, these systems have not proven to be all that effective. In addition, the resources are not there even though the system is.	7/2/2015 2:38 PM
3	The reality of the housing system now is vastly different than the plan laid out. Shelters were closed without alternatives in place, so more & more families are facing/in housing crises and left in unsafe places or on the streets because there aren't resources, or there are too many hoops to jump through to access them.	7/2/2015 12:12 PM
4	None	7/2/2015 10:37 AM
5	none.	7/2/2015 9:01 AM
6	I support the approach of evaluating the effectiveness of past/current strategies in an effort to allocate current/future money to programs/services with the best outcomes in prevention and early intervention.	6/30/2015 10:55 AM
7	Need stronger participation from banks for auto-bill paying, health care providers, SUD treatment/access.	6/25/2015 10:48 AM
8	quality of data	6/25/2015 8:13 AM
9	Kent County is not a high performing community by HUD standards and is not yet allowed to allocate HUD CoC funding to prevention activities. Prevention strategies should be targeted to those persons likely to become homeless if not assisted vs everyone with an eviction notice. There is still much education that can be done locally about best practices in homeless prevention.	6/25/2015 8:01 AM
10	Limited financial resources for prevention	6/24/2015 6:33 PM
11	Central Intake (HAP) has a very negative reputation. People that are homeless do not see it as a place where they will receive help. There is immense distrust between housing providers and central intake. They do not work together well.	6/24/2015 3:20 PM
12	Hud drew down its focus on prevention by the beginning of 2012 because they were finding that 85% of those at imminent risk of homelessness were solving the problem on their own and no one in the country had figured out a way to identify the 15% who actually needed help. This caused money that our planning team originally thought would be targeted for prevention to be diverted to RRH and PSH, causing our community to have fewer resources available to tackle this goal.	6/24/2015 2:02 PM
13	The System is broken I want to know what happened to the 4.5 million that the coalition has gotten to end hoelessness in Grand Rapids?	6/24/2015 1:10 PM
14	We have so much more coordination to do-- in all the areas. It is disappointing we are not further along.	6/24/2015 12:50 PM
15	we had some false starts in creating the infrastructure that would facilitate some of this work. with better structures in place now, effectiveness is impacted by lack of available resources	6/24/2015 12:13 PM

Q11 To what extent has a Housing First philosophy been implemented for families and individuals as an underlying approach to the resolution of housing crises?

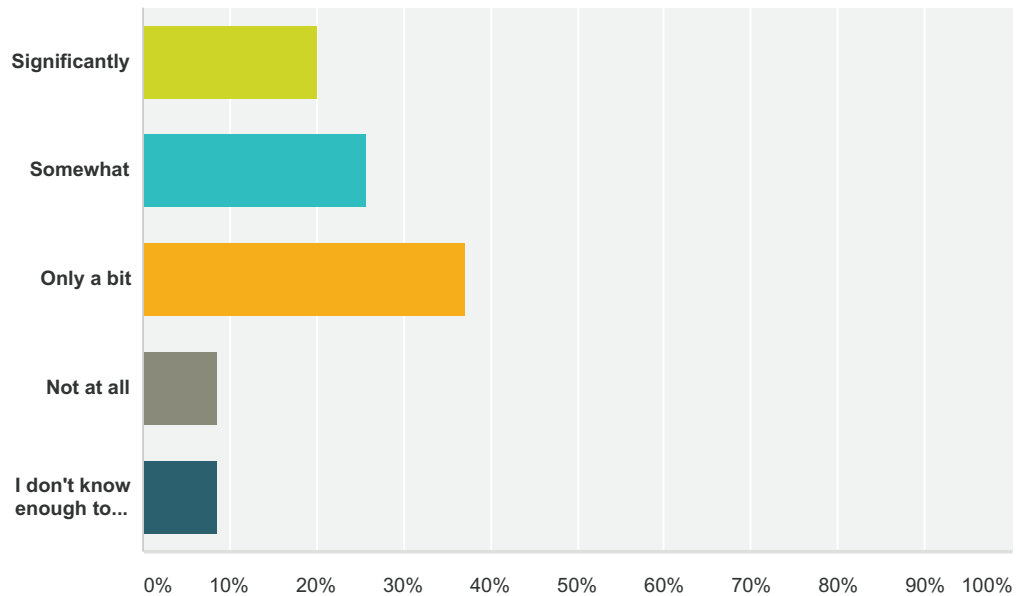
Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	22.86%	8
Somewhat	28.57%	10
Only a bit	31.43%	11
Not at all	8.57%	3
I don't know enough to respond	8.57%	3
Total		35

Q12 To what extent has a Housing First model been implemented for individuals who are chronically homeless (e.g., eliminate barriers to entry into housing programs such as credit checks, criminal history, drug/alcohol use)?

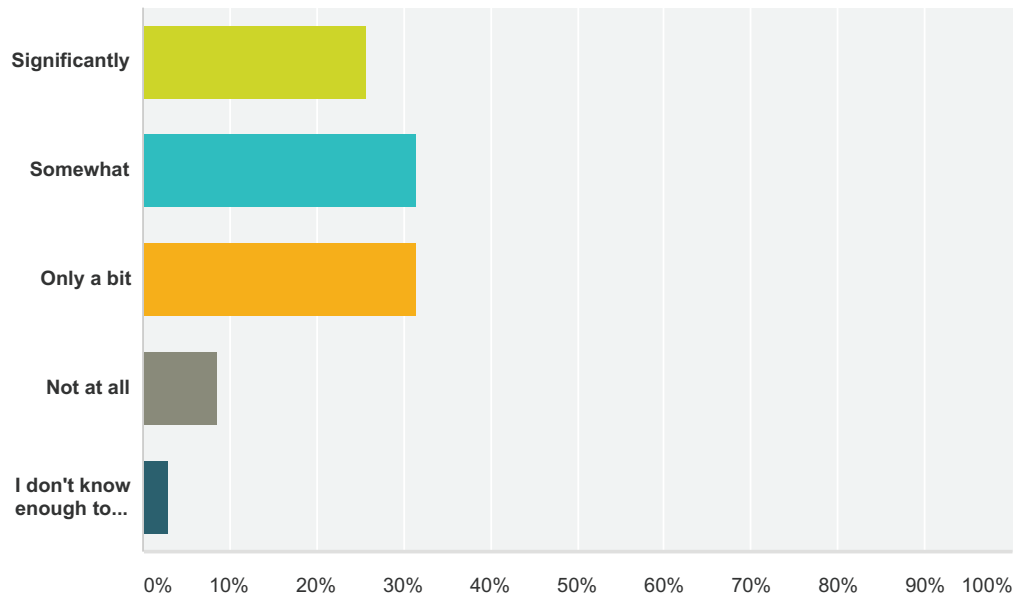
Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	20.00%	7
Somewhat	25.71%	9
Only a bit	37.14%	13
Not at all	8.57%	3
I don't know enough to respond	8.57%	3
Total		35

Q13 To what extent has the community moved from a shelter-based system to a system focused on rapid (permanent) re-housing?

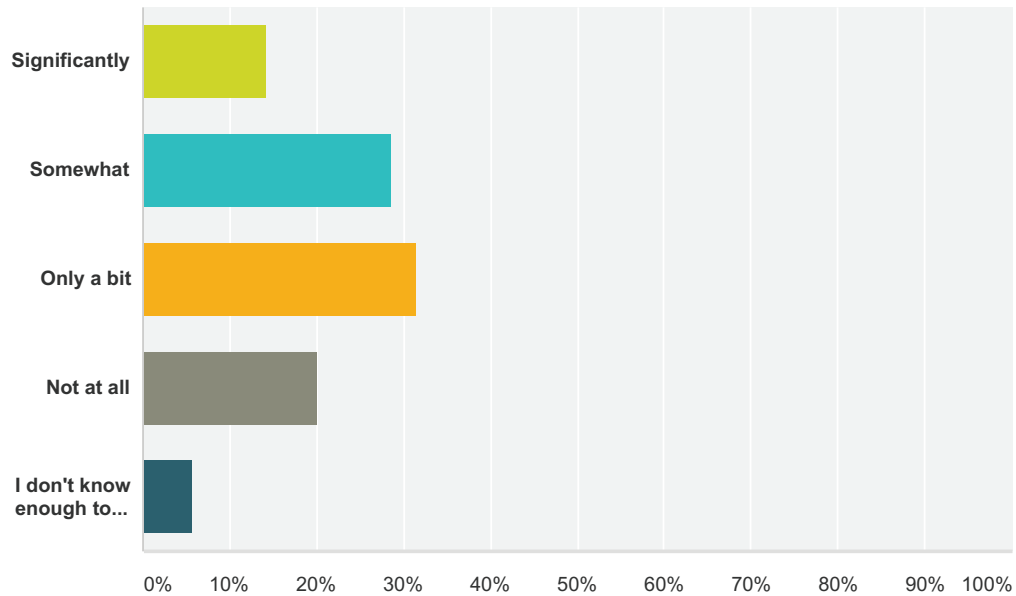
Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	25.71%	9
Somewhat	31.43%	11
Only a bit	31.43%	11
Not at all	8.57%	3
I don't know enough to respond	2.86%	1
Total		35

Q14 To what degree has emergency shelter use been decreased and/or re-structured to interim housing?

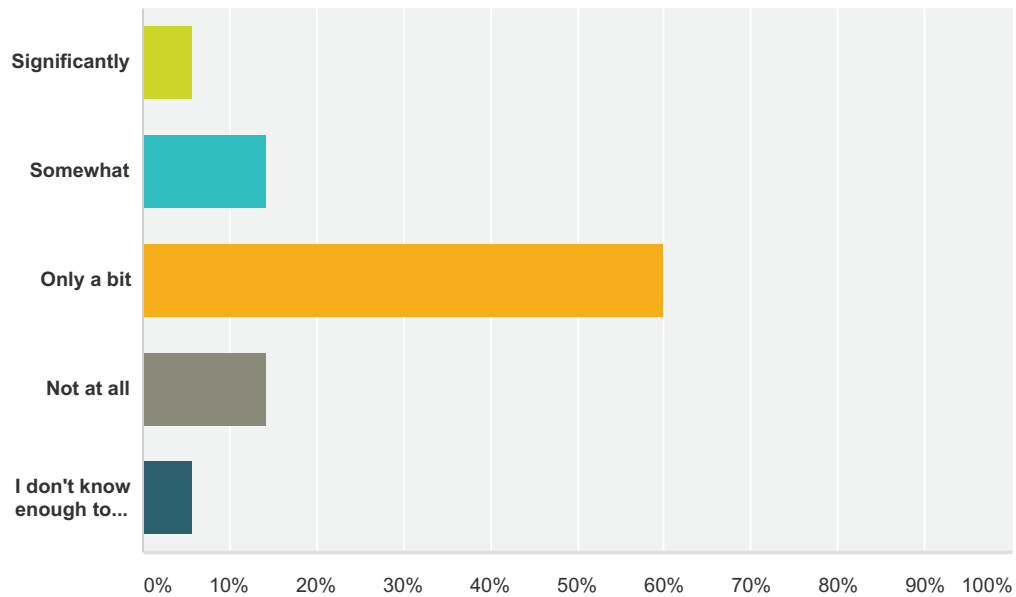
Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	14.29%	5
Somewhat	28.57%	10
Only a bit	31.43%	11
Not at all	20.00%	7
I don't know enough to respond	5.71%	2
Total		35

Q15 To what degree has the community opened an array of safe, affordable permanent housing options sufficient in quantity and quality to meet identified community needs?

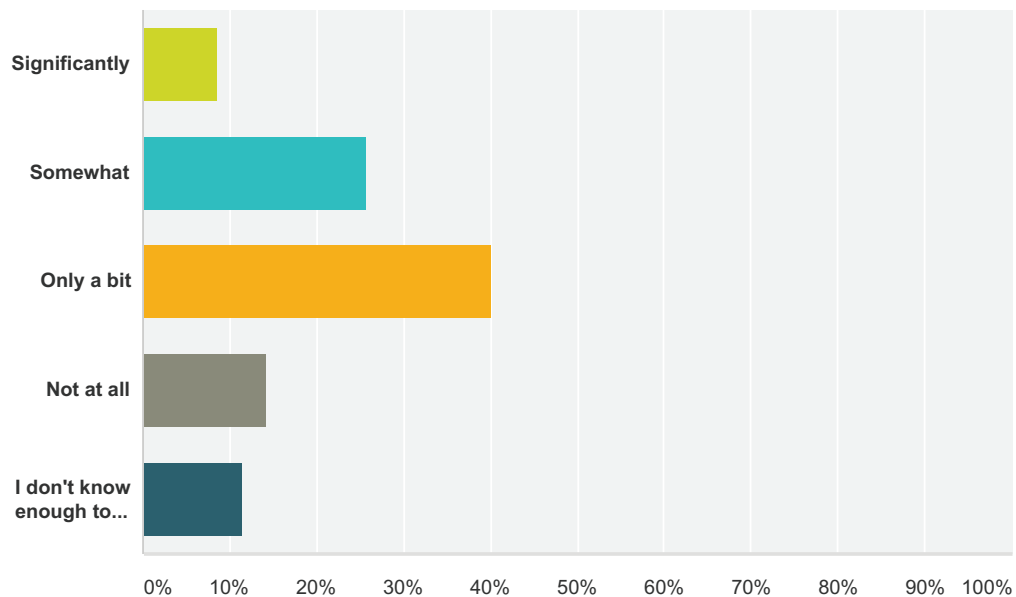
Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	5.71%	2
Somewhat	14.29%	5
Only a bit	60.00%	21
Not at all	14.29%	5
I don't know enough to respond	5.71%	2
Total		35

Q16 To what extent has access to mainstream resources for persons exiting homelessness been increased and/or expedited to support their remaining successfully housed?

Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	8.57%	3
Somewhat	25.71%	9
Only a bit	40.00%	14
Not at all	14.29%	5
I don't know enough to respond	11.43%	4
Total		35

Q17 Please identify specific examples of activities, initiatives, or systems change that illustrate progress towards implementing this goal.

Answered: 10 Skipped: 31

#	Responses	Date
1	The Herkimer Commerce project was a small start. WellHouse also does great work in this area.	7/2/2015 5:53 PM
2	There are more resources but not near enough to houae all who need to be housed	7/2/2015 10:40 AM
3	Housing Resource Specialist model trained in Housing-First approaches for rapid rehousing and prevention work, Herkimer Commerce-Housing First Collaborative Project working to minimize barriers for Chronically homeless, additional scattered site PSH projects with low-barrier eligibility through Community Rebuilders, coordination with local DHS to facilitate mainstream SER funding to support rapid rehousing households, and Eviction Diversion program in Kentwood Courthouse to assist in prevention of homelessness for those facing evictions.	7/1/2015 1:57 PM
4	Construction of housing continues	6/25/2015 10:50 AM
5	some resources available but again, lack of funding seems to be the barrier to what services can be offered	6/25/2015 9:39 AM
6	Additional low income apts downtown	6/25/2015 8:16 AM
7	Financial resources have shifted from emergency shelter to permanent housing.	6/24/2015 6:38 PM
8	Dwelling Place, Community Rebuilders and Well House have used the Housing First Model.	6/24/2015 3:23 PM
9	Development of new housing	6/24/2015 3:06 PM
10	The PSH units at Herkimer Commerce PSH units and prioritization of MSHDA HCV vouchers dedicated to chronically homeless.	6/24/2015 2:05 PM

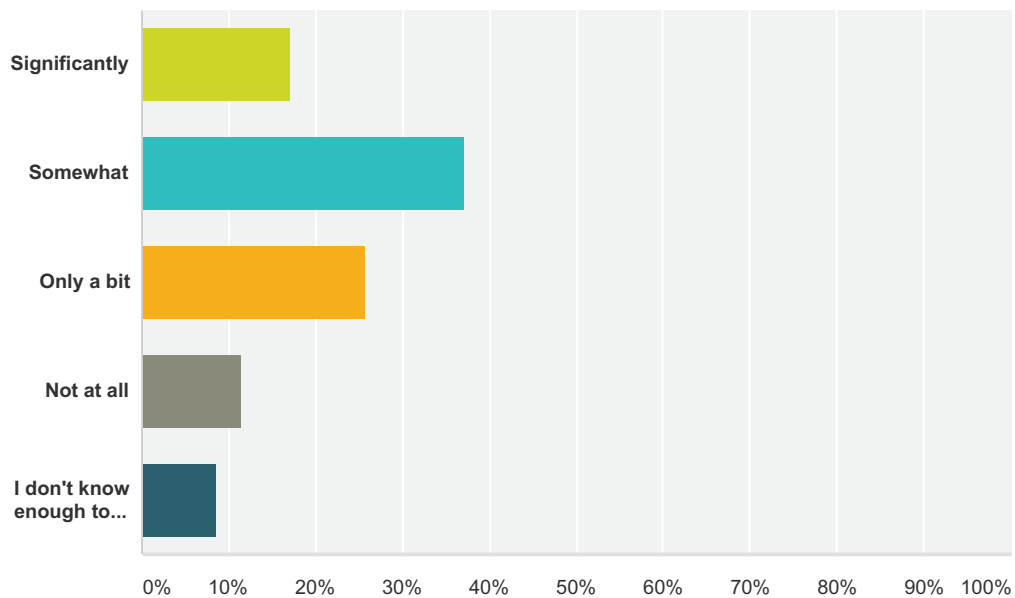
Q18 Do you have any additional comments in relation to this Goal?

Answered: 11 Skipped: 30

#	Responses	Date
1	Shelters are and always will be necessary. The perceived or real demonization of shelters in this process has significantly impeded progress on this goal.	7/2/2015 5:53 PM
2	While permanent housing is of course best, there is a major lack of transitional housing and a definite need for it. Especially for people transitioning from other systems.	7/2/2015 2:41 PM
3	There are fewer shelters now, so it may appear to be reduced numbers when really there are just fewer openings. There are very few supportive, transitional, or rapid rehousing programs available as well, and many people still struggle b/c of evictions, income requirements, family size, safety, etc...	7/2/2015 12:14 PM
4	We still lack affordable housing for everyone especially with a housing shortage for tenants without barriers	7/2/2015 10:40 AM
5	no	6/25/2015 8:16 AM
6	Largest local shelter continues to expand shelter/TH. Federal requirments/restrictions can place barriers to housing entry.	6/24/2015 6:38 PM
7	Many providers of housing are still very reluctant to use the Housing First Model. People with felonies, addiction histories, and untreated mental health issues continue to be screened out of most housing in the county.	6/24/2015 3:23 PM
8	Significant capacity for PSH for chronically single individuals is still in great need, as is affordable RRH options for families with children (not chronic).	6/24/2015 2:05 PM
9	The Coalition is no help at all they just discovered 962 people homeless which is more than that why aren't they members of the coalition in Grand Rapids?	6/24/2015 1:13 PM
10	we are doing a little better with this goal than the first one.	6/24/2015 12:51 PM
11	I believe that the community has embrassed the notion of Housing First--but resources to facilitate this are still lacking	6/24/2015 12:16 PM

Q19 To what extent has the Housing Continuum of Care/Coalition to End Homelessness been utilized as an active and effective coordinating body for implementing the VTEH -- establishing practice guidelines, assessing outcomes, promoting community education, etc?

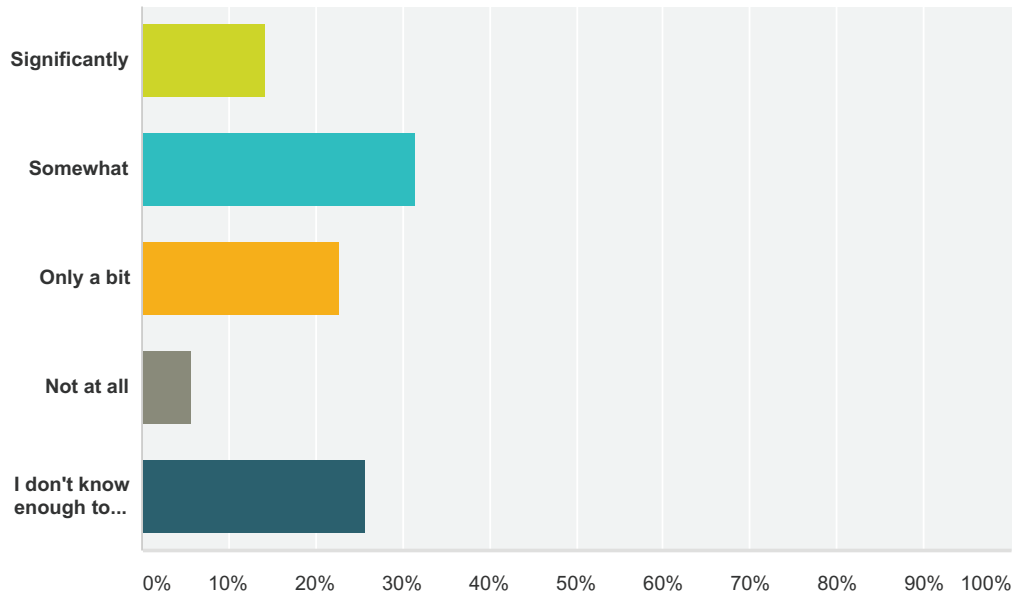
Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	17.14%	6
Somewhat	37.14%	13
Only a bit	25.71%	9
Not at all	11.43%	4
I don't know enough to respond	8.57%	3
Total		35

Q20 To what extent have public and private funders based financial support for community programs in congruence with and supportive of the VTEH (e.g. using Vision goals and strategies to guide planning and procurement of services)?

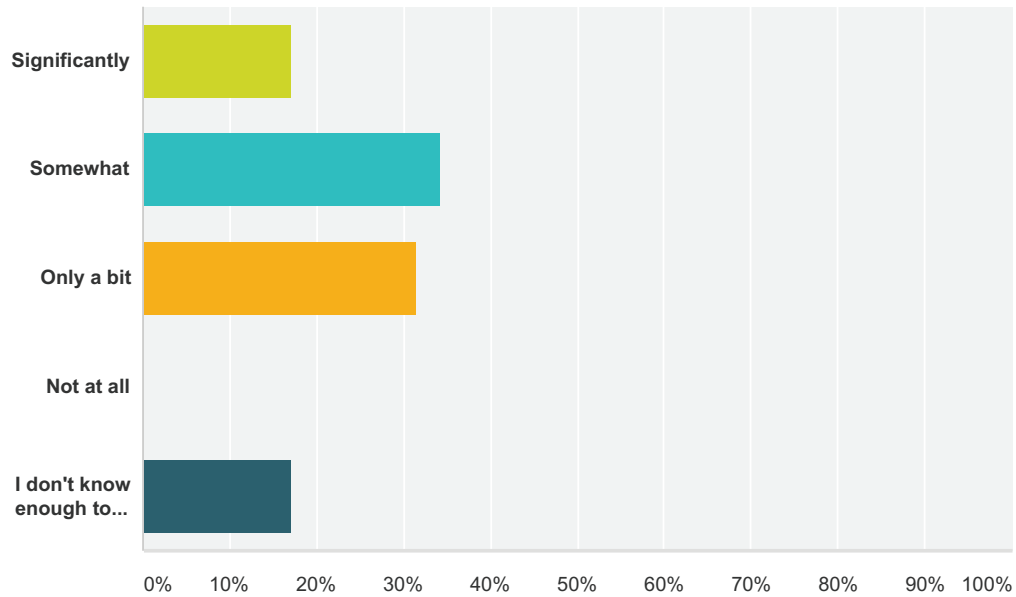
Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	14.29%	5
Somewhat	31.43%	11
Only a bit	22.86%	8
Not at all	5.71%	2
I don't know enough to respond	25.71%	9
Total		35

Q21 To what extent has public and private funding been allocated to support permanent housing?

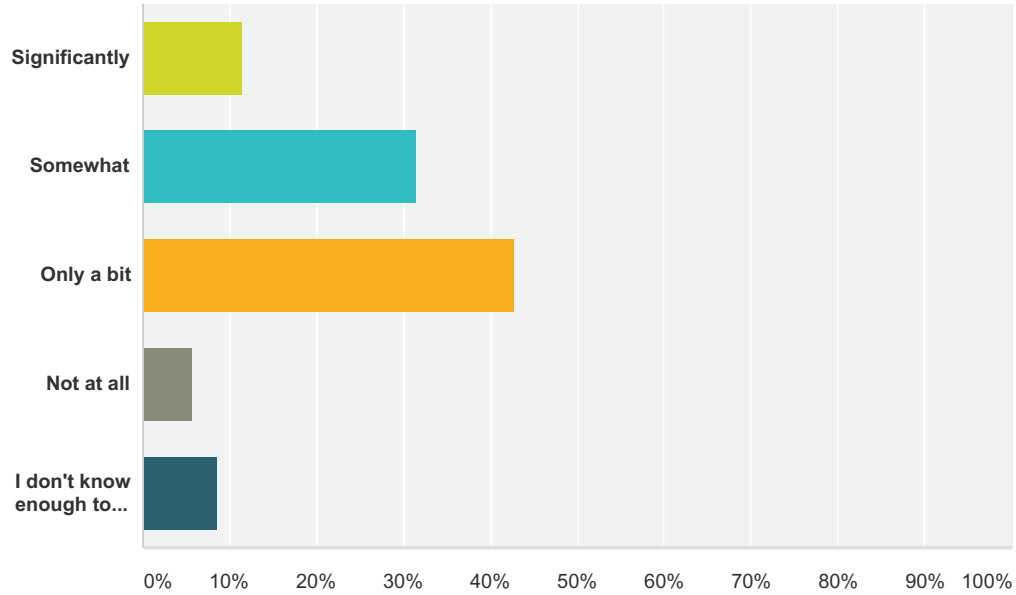
Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	17.14%	6
Somewhat	34.29%	12
Only a bit	31.43%	11
Not at all	0.00%	0
I don't know enough to respond	17.14%	6
Total		35

Q22 To what extent has the Homeless Management Information System (HMIS) been used to inform community planning efforts and in the provision of housing?

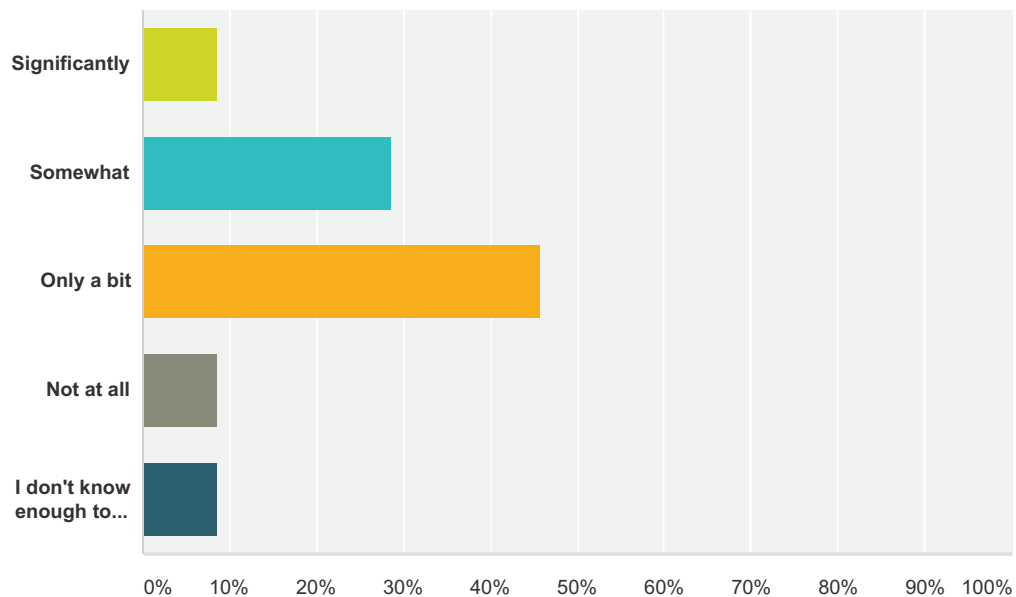
Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	11.43%	4
Somewhat	31.43%	11
Only a bit	42.86%	15
Not at all	5.71%	2
I don't know enough to respond	8.57%	3
Total		35

Q23 To what extent has the community directed resources to insure access to a continuum of permanent housing options to meet the needs of diverse populations in the community?

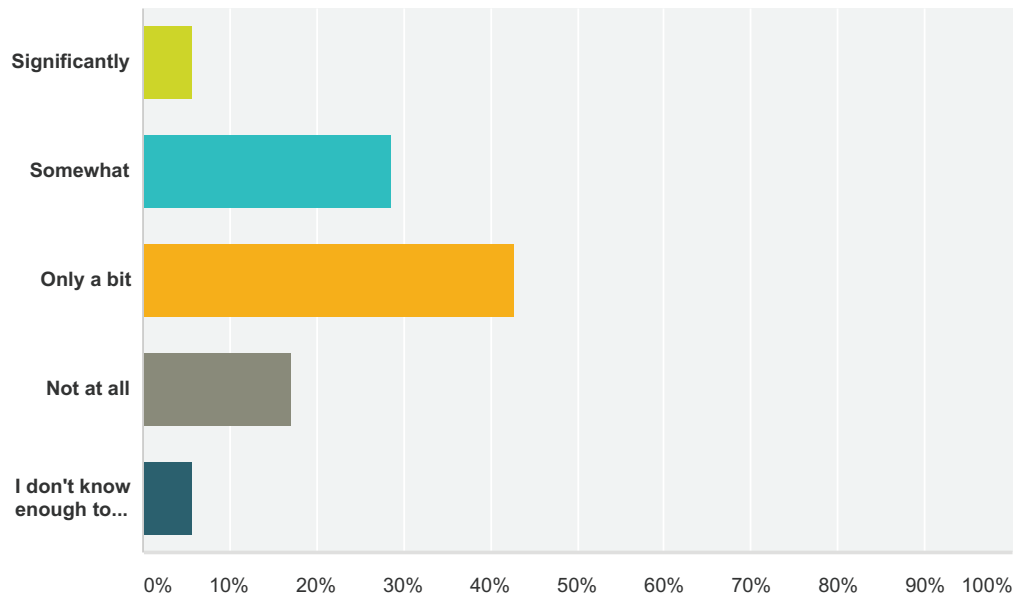
Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	8.57%	3
Somewhat	28.57%	10
Only a bit	45.71%	16
Not at all	8.57%	3
I don't know enough to respond	8.57%	3
Total		35

Q24 To what degree has the community developed advocacy, education, and innovation to help build political will to end homelessness?

Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	5.71%	2
Somewhat	28.57%	10
Only a bit	42.86%	15
Not at all	17.14%	6
I don't know enough to respond	5.71%	2
Total		35

Q25 Please identify specific examples of activities, initiatives, or systems change that illustrate progress towards implementing this goal.

Answered: 9 Skipped: 32

#	Responses	Date
1	There are a few developers serving this population, Genesis, Dwelling Place but not near enough	7/2/2015 10:49 AM
2	Coordination of ESG funding sources and additional resources from City of Grand Rapids and City of Wyoming to support these goals (HOME & CDBG funds)	7/1/2015 1:59 PM
3	United Way help line triage process to Homeless Assistance Program	6/25/2015 10:52 AM
4	informing peer advocates	6/25/2015 9:46 AM
5	COC policy updates/revisions	6/25/2015 8:18 AM
6	CoC (SHP) Program and ESG resources have shift from ES to PH.	6/24/2015 6:40 PM
7	Funding has been re-allocated from Transitional Housing to Permanent Housing.	6/24/2015 3:26 PM
8	Development of new housing	6/24/2015 3:08 PM
9	Gov't money directed at development of PSH units at Herkimer Commerce.	6/24/2015 2:12 PM

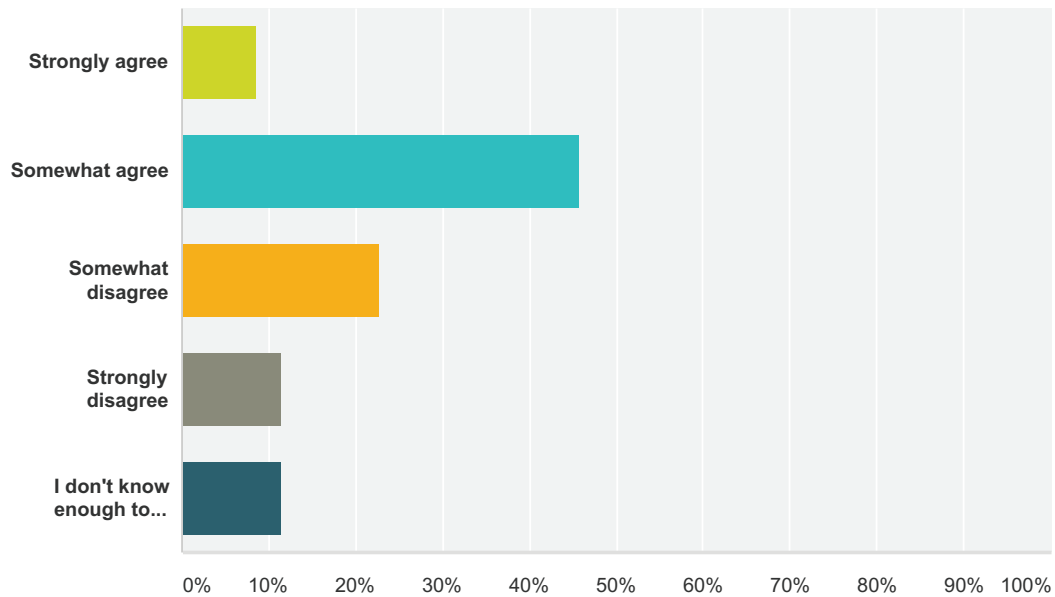
Q26 Do you have any additional comments in relation to this Goal?

Answered: 8 Skipped: 33

#	Responses	Date
1	The high rent amounts in Grand Rapids have slowed progress on this goal. If funders got together, the resources are available to truly end chronic homelessness in Kent County. But no one has presented them with a vision that will make this happen and how much it will cost.	7/2/2015 5:56 PM
2	None	7/2/2015 10:49 AM
3	no	6/25/2015 8:18 AM
4	HMIS data can be better utilized. Not just tables and numbers; understand context.	6/24/2015 6:40 PM
5	The Coalition to End Homelessness has a very poor reputation in the community at large. They are seen as a dysfunctional group. Many funders are reluctant to give them additional funds.	6/24/2015 3:26 PM
6	Not enough coordination with the GR and surrounding housing authorities on prioritizing voucher for homeless families has happened quickly enough. Also, we should be using our data to drive more of our decisions at a systems level and assessing outcomes of our Coc's initiatives.	6/24/2015 2:12 PM
7	I am sad about this one. Our community is still so focused on HUD dollar to solve this issue and the same organizations hold the same HUD dollars.. Same players/same dollars..we need to shake things up. We have only done baby steps!	6/24/2015 12:53 PM
8	Only now is the data we are getting from HMIS beginning to be helpful--prior to now, has not been reliable or complete--has really not been used much to actually make many decisions	6/24/2015 12:19 PM

Q27 Our community's homeless shelter, housing, and services providers have generally "bought in" to the fundamental principles, values, and commitments of the VTEH.

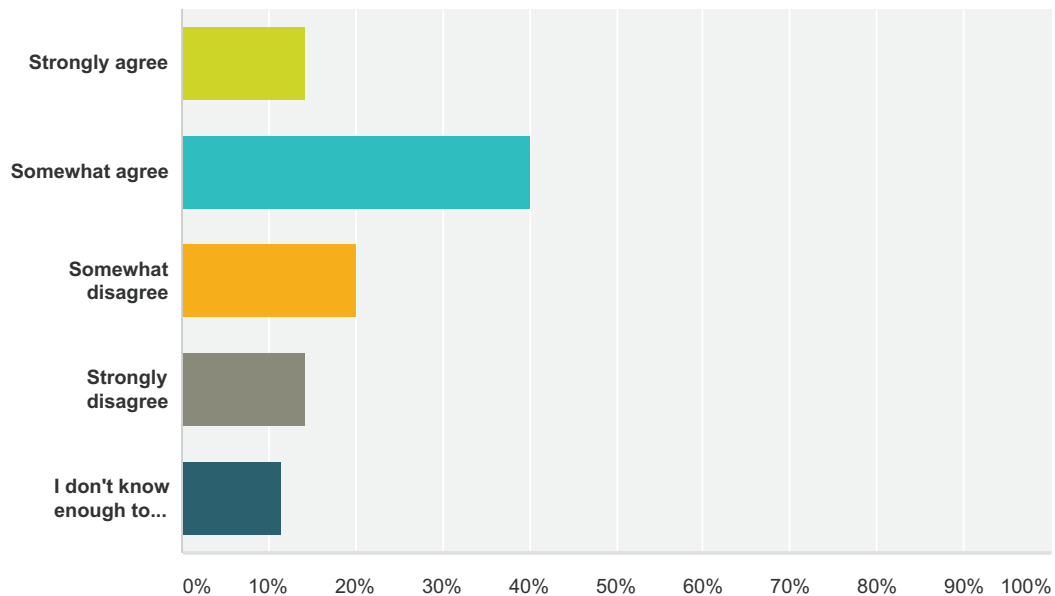
Answered: 35 Skipped: 6



Answer Choices	Responses	
Strongly agree	8.57%	3
Somewhat agree	45.71%	16
Somewhat disagree	22.86%	8
Strongly disagree	11.43%	4
I don't know enough to respond	11.43%	4
Total		35

Q28 Our community has had strong and effective leadership in place in advancing fulfillment of the VTEH.

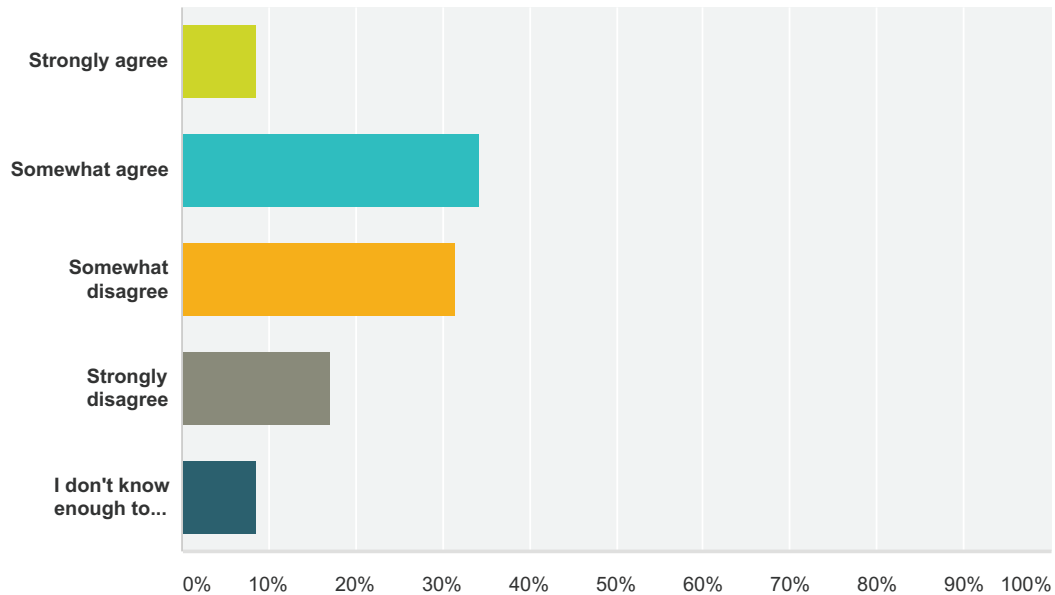
Answered: 35 Skipped: 6



Answer Choices	Responses	
Strongly agree	14.29%	5
Somewhat agree	40.00%	14
Somewhat disagree	20.00%	7
Strongly disagree	14.29%	5
I don't know enough to respond	11.43%	4
Total		35

Q29 Our community has had a well-organized implementing structure in place to support advancement of the VTEH goals and strategies.

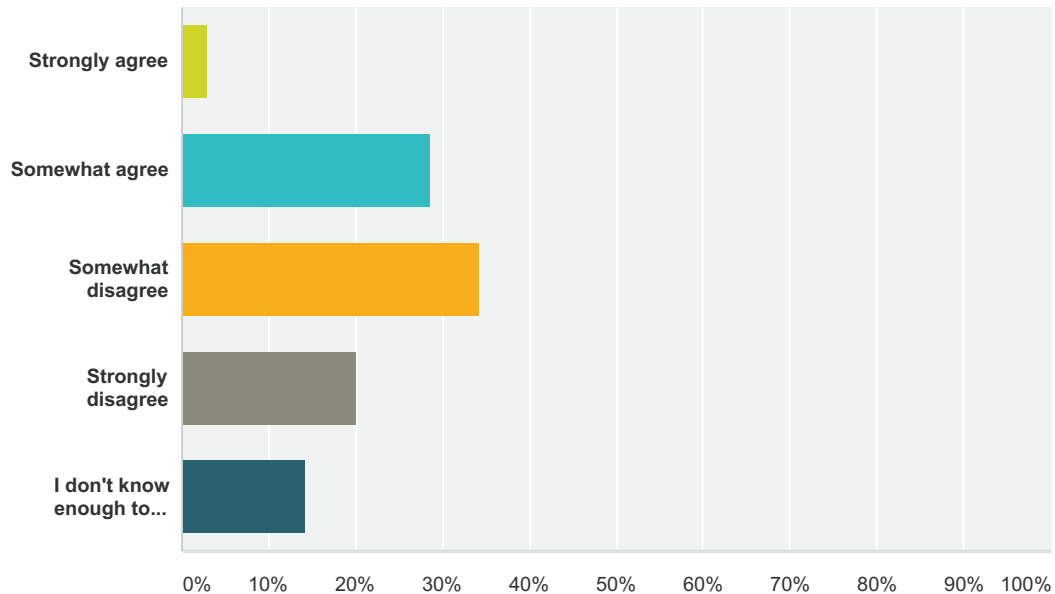
Answered: 35 Skipped: 6



Answer Choices	Responses	
Strongly agree	8.57%	3
Somewhat agree	34.29%	12
Somewhat disagree	31.43%	11
Strongly disagree	17.14%	6
I don't know enough to respond	8.57%	3
Total		35

Q30 Our community has had a well-functioning system for tracking progress and results in implementation of the VTEH.

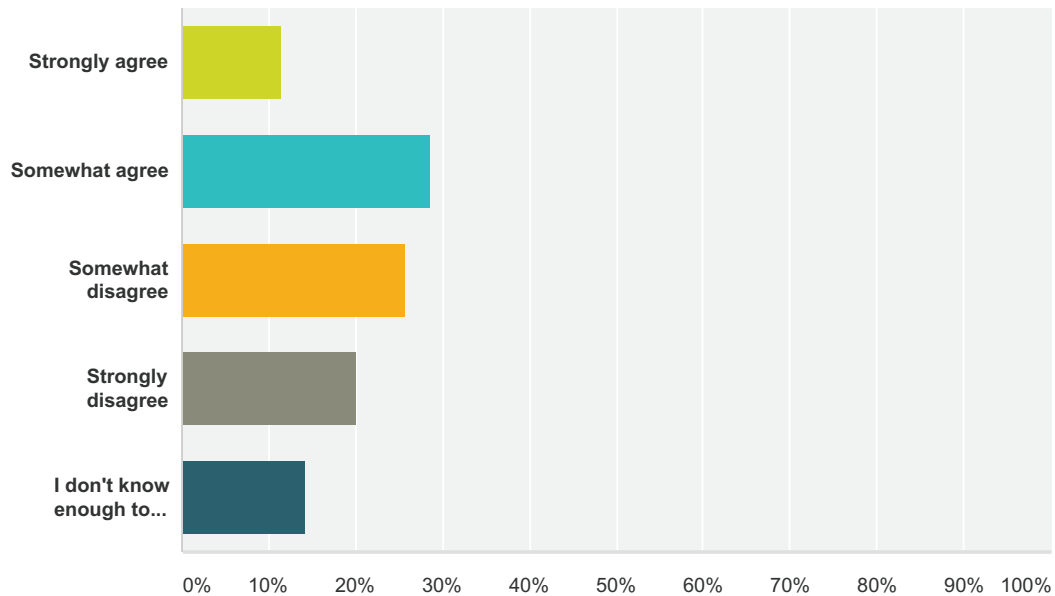
Answered: 35 Skipped: 6



Answer Choices	Responses	
Strongly agree	2.86%	1
Somewhat agree	28.57%	10
Somewhat disagree	34.29%	12
Strongly disagree	20.00%	7
I don't know enough to respond	14.29%	5
Total		35

Q31 Our community's Homeless Management Information System (HMIS) has been a helpful repository for community data that has been relied upon to help inform community planning and decision-making regarding implementation of the VTEH.

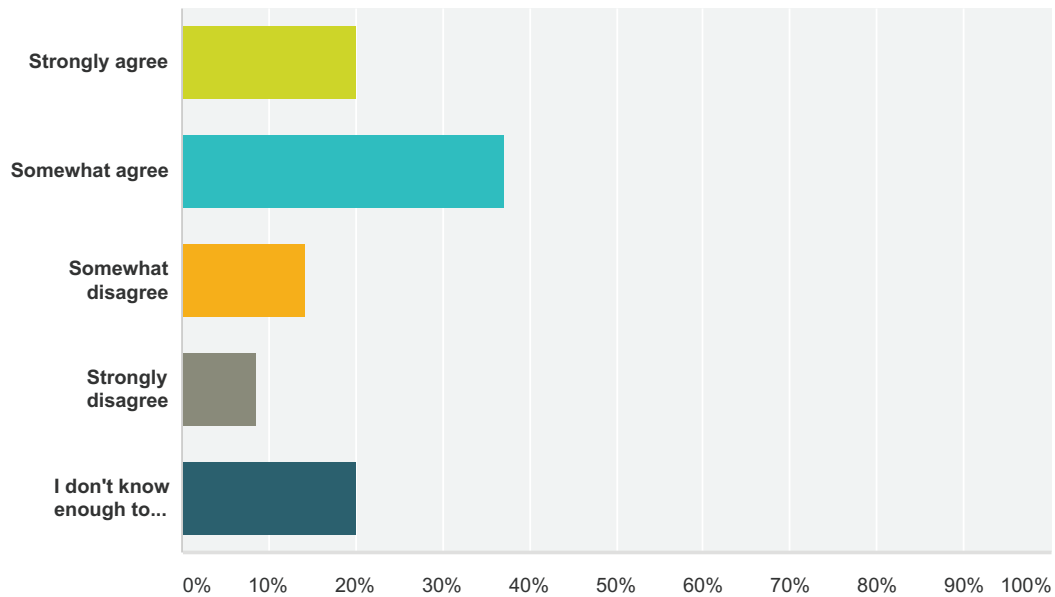
Answered: 35 Skipped: 6



Answer Choices	Responses	
Strongly agree	11.43%	4
Somewhat agree	28.57%	10
Somewhat disagree	25.71%	9
Strongly disagree	20.00%	7
I don't know enough to respond	14.29%	5
Total		35

Q32 Our community's public sector funding commitments (e.g., City funding; County funding) have been aligned with and supportive of fulfillment of the VTEH.

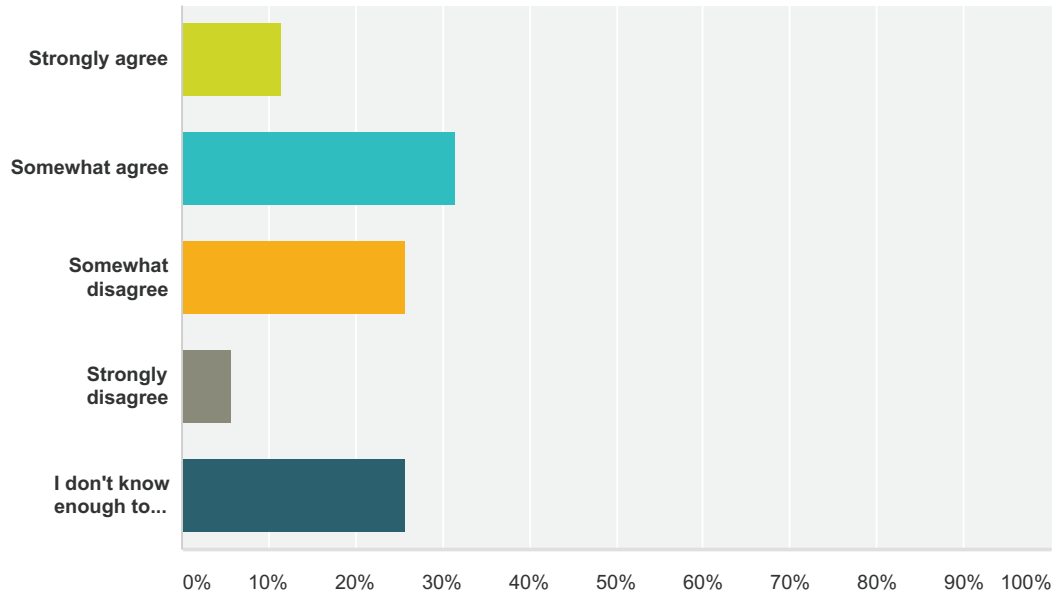
Answered: 35 Skipped: 6



Answer Choices	Responses	
Strongly agree	20.00%	7
Somewhat agree	37.14%	13
Somewhat disagree	14.29%	5
Strongly disagree	8.57%	3
I don't know enough to respond	20.00%	7
Total		35

Q33 Our community's private and philanthropic sector funding commitments have been aligned with and supportive of fulfillment of the VTEH.

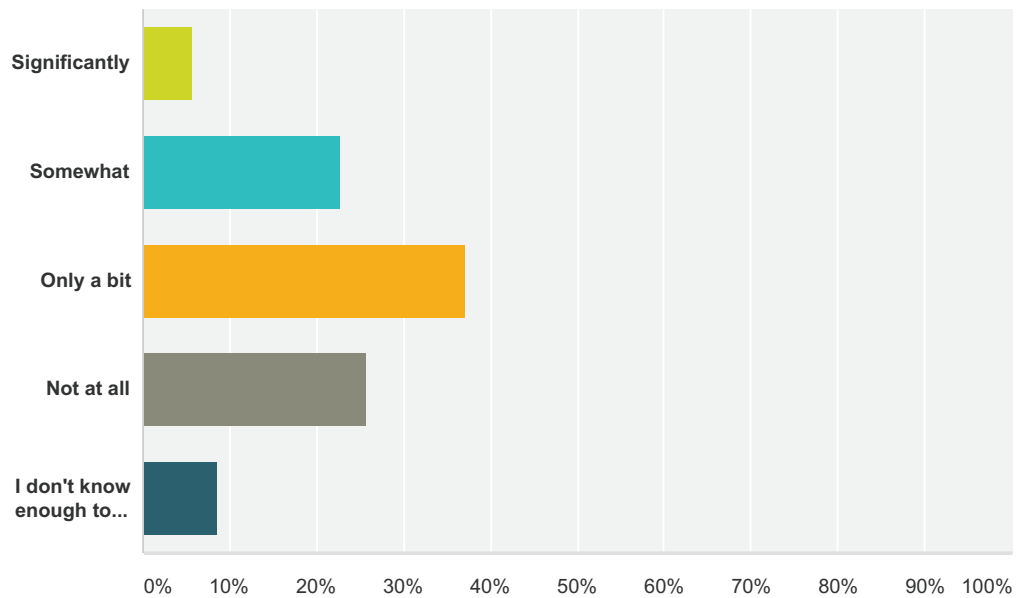
Answered: 35 Skipped: 6



Answer Choices	Responses	
Strongly agree	11.43%	4
Somewhat agree	31.43%	11
Somewhat disagree	25.71%	9
Strongly disagree	5.71%	2
I don't know enough to respond	25.71%	9
Total		35

Q34 From the perspective of those persons in our community who are experiencing, or may be at imminent risk of homelessness, to what extent has the VTEH led to meaningful change in or enhancement of community response in addressing their most pressing concerns?

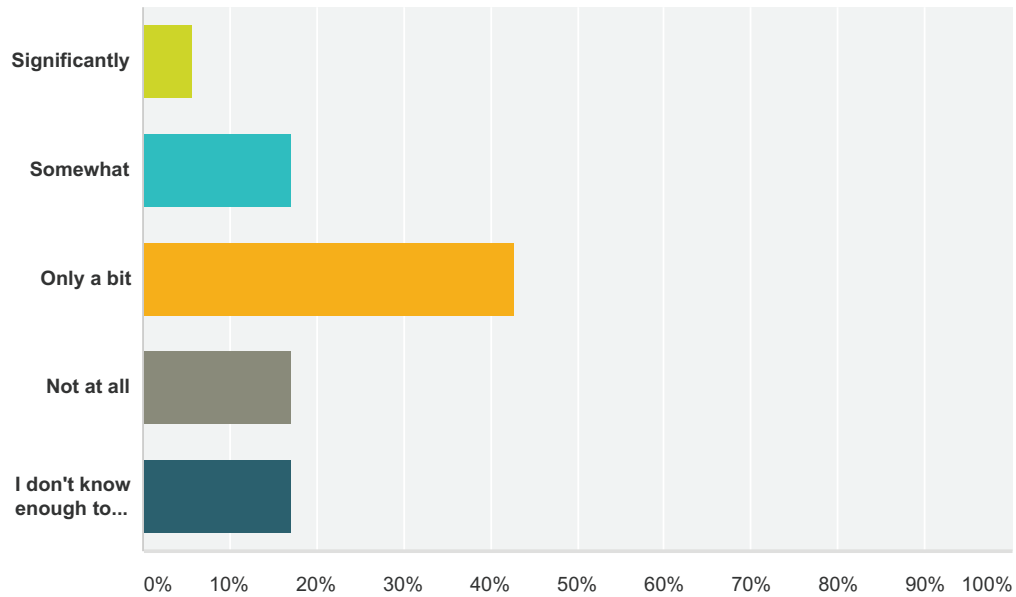
Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	5.71%	2
Somewhat	22.86%	8
Only a bit	37.14%	13
Not at all	25.71%	9
I don't know enough to respond	8.57%	3
Total		35

Q35 To what extent has the VTEH had identifiable impact on political will in the community for preventing and ending homelessness?

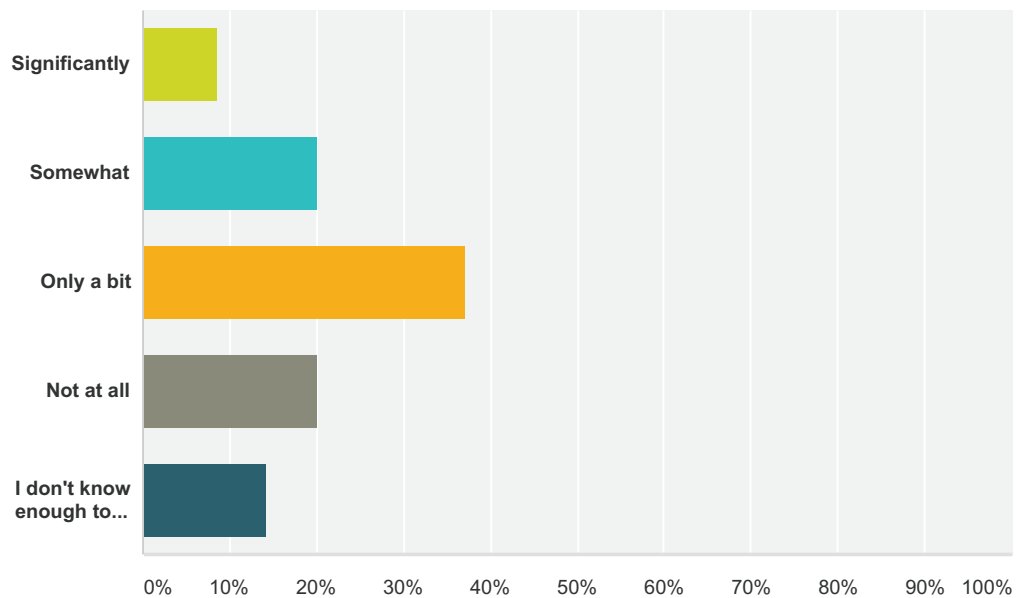
Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	5.71%	2
Somewhat	17.14%	6
Only a bit	42.86%	15
Not at all	17.14%	6
I don't know enough to respond	17.14%	6
Total		35

Q36 The VTEH was invested in shifting the community’s perspective on homelessness to emphasize that permanent housing be recognized as a basic human right. To what extent has the VTEH helped establish this shift in what the Vision described as a “systemic vista”?

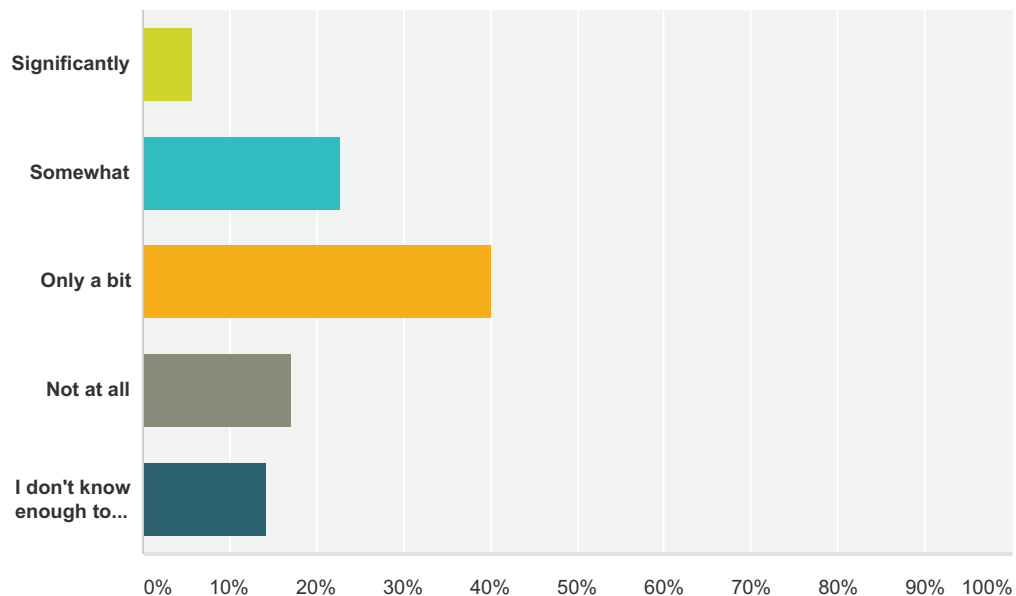
Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	8.57%	3
Somewhat	20.00%	7
Only a bit	37.14%	13
Not at all	20.00%	7
I don't know enough to respond	14.29%	5
Total		35

Q37 The VTEH also sought to shift the community’s initial view of homelessness as as a “personal” condition needing to be “fixed” to a new understanding in which homelessness could best be addressed by ensuring provision of permanent housing with access to supportive services as needed to promote housing sustainability. To what extent has the VTEH helped establish this new “personal vista”?

Answered: 35 Skipped: 6



Answer Choices	Responses	
Significantly	5.71%	2
Somewhat	22.86%	8
Only a bit	40.00%	14
Not at all	17.14%	6
I don't know enough to respond	14.29%	5
Total		35

Q38 Is there anything else that you would like us to know?

Answered: 11 Skipped: 30

#	Responses	Date
1	A lot of talk and processes, but housing itself is still lacking.	7/2/2015 2:47 PM
2	I don't think I am a good candidate for this survey. I am not involved in these programs.	7/2/2015 9:40 AM
3	In the last few years, the HMIS system, under incredible leadership, has gained substantial ground in pulling quality data related to homelessness. This increase in quality data is and will be imperative to drive funding critical funding and programmatic decisions. Congratulations on bringing this to where it needs to be.	7/2/2015 9:21 AM
4	Not every person experiencing homeless wants the responsibility of rent, utilities and upkeep of the beautiful housing being built. We need some more durable entry-level options can don't cost \$3000 to restore after a move-out.	6/25/2015 10:58 AM
5	lack of funding is a huge barrier	6/25/2015 9:53 AM
6	no	6/25/2015 8:27 AM
7	The community at large is very interested in ending homelessness in our city. The Coalition to End Homelessness has provided little effective leadership on getting this done. They are not seen as a serious group that wants to end homelessness, they are seen as a group that is looking to preserve their current funding.	6/24/2015 3:31 PM
8	The most consistent issue I have heard about in regards to homelessness in Kent County is the lack of affordable housing. Most people I hear from that have applied at community housing resources such as The Salvation Army, Urban League, etc. have been denied due to there not being enough housing available to place them. They are then told that "there is no funding available." It is difficult to help people move from homelessness or a housing crisis to being housed if there is not housing available and sustainable for their income level or situation.	6/24/2015 3:16 PM
9	The conversation around Housing First and RRH has been elevated and we have made progress in many areas, including building a stronger coordinated system. That being said, there was significant change in our community as the VTEC was rolled out (the recession) that dramatically changed the landscape from what we originally understood to be true. We never re-evaluated the VTEH to adjust it for the new conditions and we didn't use data as a fundamental resource in driving our decisions. Because of this we had inadequate resources in parts of our system causing those experiencing homelessness to be negatively impacted. Having systems in place to regularly assess impact and changing trends needs to be a stronger part of our system going forward.	6/24/2015 2:28 PM
10	we have so far to go! We need more private or other public funding to assist in making this happen--along with more partnership with landlords.	6/24/2015 12:56 PM
11	There is certainly a shift in the perspective of service/housing providers, but the community at large, and those experiencing homelessness are not experiencing this yet	6/24/2015 12:24 PM



APPENDIX C

Housing Market Analysis For Grand Rapids And Kent County

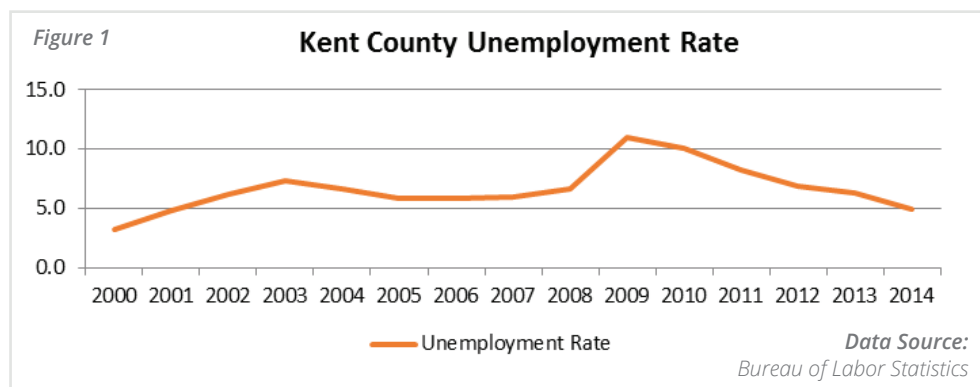
SUMMARY OF IMPACT OF HOUSING MARKET ON PERSONS EXPERIENCING HOMELESSNESS

Housing market conditions have a powerful impact on vulnerable individuals and families. Some impacts seem obvious as inferences—in a time of decreasing supply and increasing rents, more households cannot afford market-rate rental housing, and are at greater risk of late or missed rent payments and eviction. Increasing rents are often associated with an improving economy, more opportunities, and higher wages. Ironically, not only is it true that many households fail to benefit from the community's overall increase in prosperity, it is also often the case that increasing numbers of households find themselves at greater risk of home-lessness, even as the economy improves. This impact is also felt by the many community programs that serve homeless populations by helping them find and maintain permanent housing. Their challenge increases as affordable units become scarcer, tenant screening by landlords becomes more selective, and tolerance diminishes for lease violations.

In the sections that follow, this report will focus on analysis of the current status of the housing market and economic development data most relevant for impact on the *Vision to End Homelessness in Grand Rapids and Kent County (Vision)*. In this context, this report seeks to help identify both opportunities and barriers presented to organizations seeking to support homeless persons to obtain and maintain permanent housing, and the community as a whole in its efforts to prevent and end homelessness.

Evidence and impact of a recovering economy in the Grand Rapids Area

During the recent recession, which officially lasted from December 2009 to June 2009¹, unemployment in the region nearly doubled, increasing from 5.9 percent in 2007 to 11 percent in 2009 (see *Figure 1*). During that period,



¹ The official dates of “The Great Recession” vary by a few months, depending on the sources cited.

Kent County lost 30,410² jobs. While reliable data on the incidence of homelessness in Kent County does not exist from that period, job or income loss is a leading cause of homelessness nationally, cited by 23 percent of homeless households, exceeding other leading causes (18 percent cite jail or prison, 14 percent cite substance abuse, 13 percent cite family problems or domestic violence, 10 percent cite eviction).³ Families with children are especially impacted by an economic downturn; a 2009 mayors' survey indicated that 76 percent of cities surveyed experienced an increase in family homelessness as a result of the weakened economy during this period.⁴

In the years following the 2007/2009 recession, the regional economy has steadily improved. By August 2013, Kent County had gained 28,490 jobs⁵; by the end of 2013, Kent County was 23,738 jobs ahead of its 2005 total and leading the State in job growth during that time.⁶

As of 2014, the labor force in Kent County was at 335,617 workers. The largest industries in Kent County are manufacturing (62,301 jobs) and health care and social assistance (54,374 jobs). As indicated by average wages, many manufacturing jobs earn well above median income in Kent County while other high employment industries such as administrative services, retail trade, and accommodations and food service earn a much lower wage. (See *Figures 12 & 13*, below.)

The economy of the Grand Rapids Metropolitan Statistical Area (MSA) is expanding rapidly, especially since 2012, when 13,000 new jobs were created. *Forbes Magazine* listed Grand Rapids at number four on its list of the ten best cities to find a job, behind only Bethesda, MD, Austin TX, and Jacksonville, FL.

In October 2014, *Forbes.com* ranked Grand Rapids-Wyoming fifth-best in the country for regional economic growth on a per capita basis from 2010 through 2013, based on a study by the Bureau of Economic Analysis. At 7.8 percent, Grand Rapids' per capita gross domestic product (GDP) growth rate (2010–2013) more than doubled the national growth rate of 3.8 percent.

The Grand Rapids-Wyoming area added 3,000 jobs in the year ending November 2014, a 7.6 percent annual growth rate.⁷ Absent unpredictable and severe external economic shifts, the pressure of increased population growth on the overall housing supply seems likely to continue.

In a December 2014 report, *MiBiz.com* noted that "The Central West Michigan economy is supported by the surprising strength of Grand Rapids," the report noted. "Demand for office furniture is expected to improve through 2015 as the U.S. gains momentum, adding to regional economic activity."

By April 2015, the unemployment rate had dropped further to 3.3 percent in Kent County⁸, and was among the lowest in the state.

In June 2015, *Area Development* published a study of the nation's MSAs cited by *The Right Place*; Grand Rapids was behind only Denver and Houston in regional economic growth.

This economic growth continues to fuel overall population growth in Kent County. County population is expected

2 See Headwaters Socioeconomics Report at http://headwaterseconomics.org/wphw/wp-content/uploads/print-ready-measures-pdfs/26081_Kent-County_MI_Measures.pdf

3 See <http://homelessresourcenetwork.org/index.php/homelessness101/homelessness-causes/>

4 http://www.icphusa.org/PDF/reports/ICP_PolicyBrief_UnemploymentAndFamilyHomelessness.pdf?Submit1=Free+Download

5 Headwaters Socioeconomics Report

6 <http://bridgemi.com/2015/05/jobs-flooding-to-west-michigan-though-wages-still-lag/>

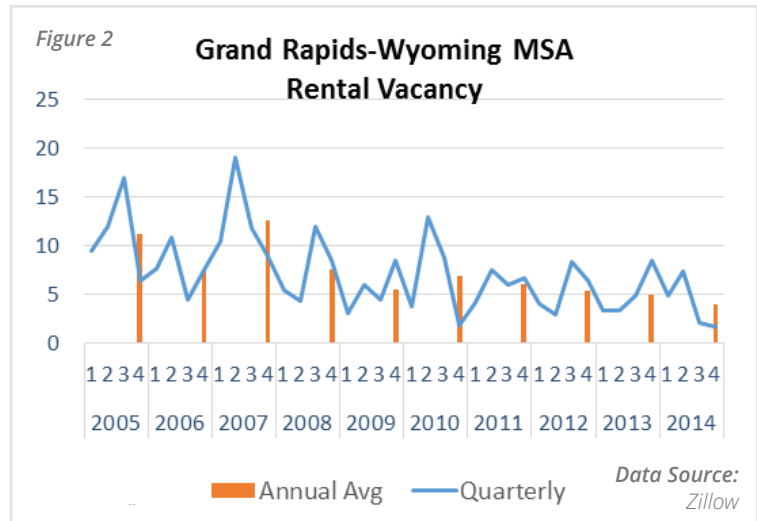
7 mlive.com, http://www.mlive.com/business/west-michigan/index.ssf/2014/12/post_130.html

8 mlive.com, http://www.mlive.com/business/west-michigan/index.ssf/2015/05/west_michigan_led_state_in_job.html

to grow from 608,453 in 2011 to an estimated 620,699 by 2015.⁹ Between July 2013 and 2014, Kent County population increased by 6,841, the largest population increase in Michigan during that year.¹⁰

Pressures on housing supply in Kent County

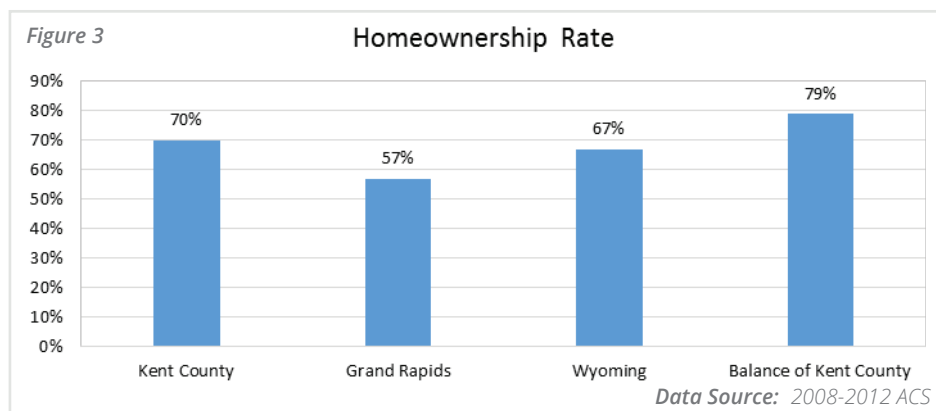
This dramatic increase in population is creating increasing pressure on the housing inventory, driving up prices and rents in all price categories. An *Analysis of Market Potential*, prepared by Zimmerman/Volk, Associates, Inc. indicates a total of 5,705-7,615 new housing units could be absorbed in the central half of the city over the next 5-7 years. These units would be comprised of 4,130-5,535 market-rate units and 1,575-2,080 affordable units.¹¹ The simple fact is that people and jobs are more mobile than housing; as people and jobs continue to gravitate toward Kent County, it will take time for the housing supply to respond.



Of all the segments of the housing market, it is the demand for a limited supply of rental housing that most directly impacts persons who are low-income, at-risk of homelessness or are already homeless.

A 2013 Housing Needs Assessment published by the City of Wyoming identified an under-supply of 26,309 rental units in the regional Grand Rapids Area housing market. From 2012-2014, the rental market continued to tighten. For the first quarter of 2015, rental vacancy in the Grand Rapids-Wyoming market reached an historic low of 1.4 percent, down from 8.4 percent in the fall of 2013. This vacancy rate was the lowest in the nation among the 75 largest rental markets. (See *Figure 2*)

The supply of rental housing will continue to be limited by factors rooted in the nature of the Grand Rapids area's housing stock. According to the US Census, there are 246,875 housing units in Kent County. The majority of these units are owner-occupied (70% in Kent County region) and significantly higher when not accounting for Grand Rapids and Wyoming. The chart below (*Figure 3*) highlights the owner occupancy for the HUD jurisdictions.



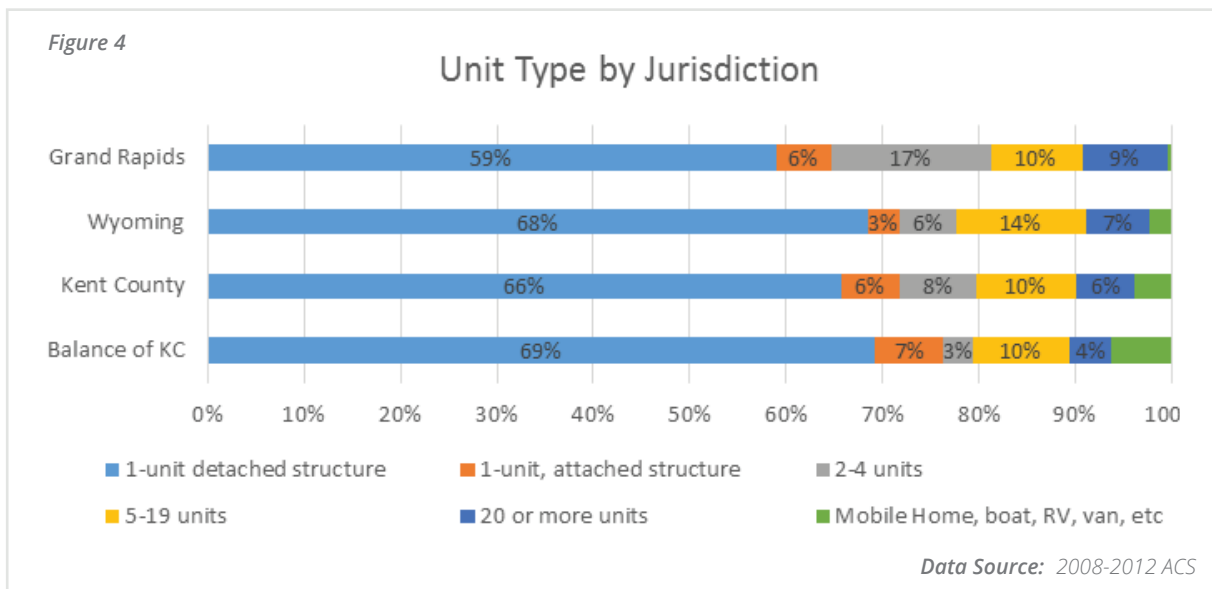
⁹ <https://www.accesskent.com/about.htm>

¹⁰ [mlive.com, http://www.mlive.com/lansing-news/index.ssf/2015/03/census_data_has_your_county_ga.html](http://www.mlive.com/lansing-news/index.ssf/2015/03/census_data_has_your_county_ga.html)

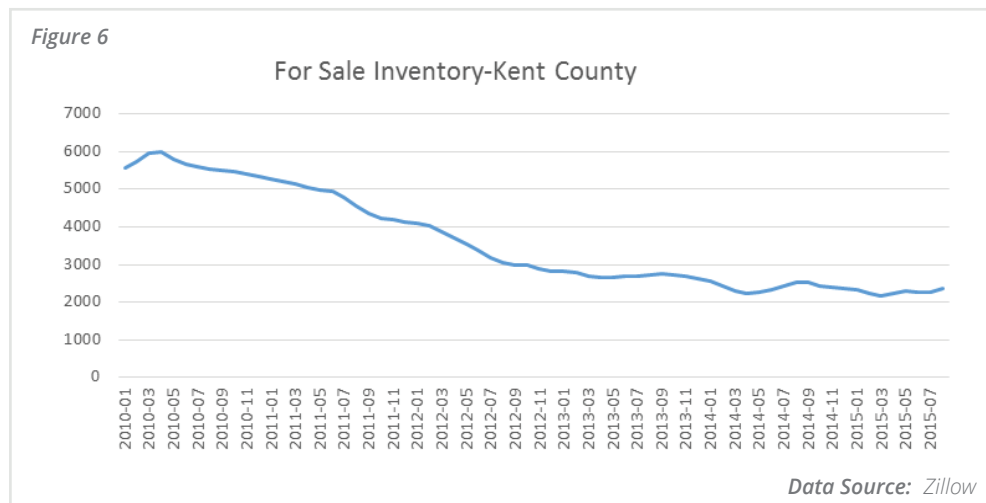
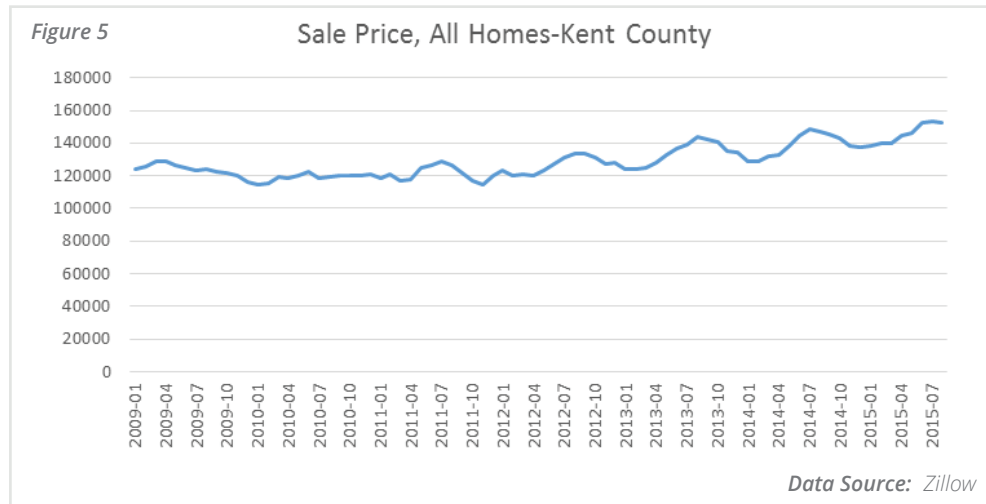
¹¹ See the *Great Housing Strategies to Address Current and Future Housing Needs*, draft report, 10/5/15, p. 6.

Figure 4, below, illustrates the variety of structure and housing unit types throughout the Kent County region, showing first the County as a whole, and then broken down for Grand Rapids, Wyoming and the balance of Kent County. Embedded in this data are several significant implications for the area's homeless population and the agencies that serve them:

- Like most areas of Michigan, the communities of Kent County are comprised largely of single-family homes—more than 2 out of every 3 units outside of Grand Rapids, and 59 percent of the housing units in the City of Grand Rapids. Many of these single-family homes became rentals during the past housing crisis, especially among housing units in the urban neighborhoods of Grand Rapids; these neighborhoods are characterized by single-family homes built generally prior to World War II and laid out close together, with smaller yards, in gridded, dense neighborhoods. For decades, they have provided well-located and affordable owner- or renter-occupied housing that was especially appropriate for families with children. As the economy has improved, many of these units will be purchased by new owner-occupants at escalating prices in a market characterized by increasing demand. This generally positive trend for these urban neighborhoods will have the consequence of further limiting rental options in a region that has relatively fewer rental options than most large urban areas.
- The high share of single-family housing results in lower population density, creating challenges for ensuring access to public transit. Low-income and at-risk households need robust and convenient public transit services to get to jobs and services.
- Mobile homes are more prevalent in rural areas; nearly 90 percent of the mobile housing units in the region are outside of Grand Rapids and Wyoming (8,489 out of 9,446). These units can provide housing at a low monthly cost, but occupants discover that they have high costs for utilities and must commute to jobs and services. Persons who own their mobile homes also find that their housing does not build or create long-term equity.



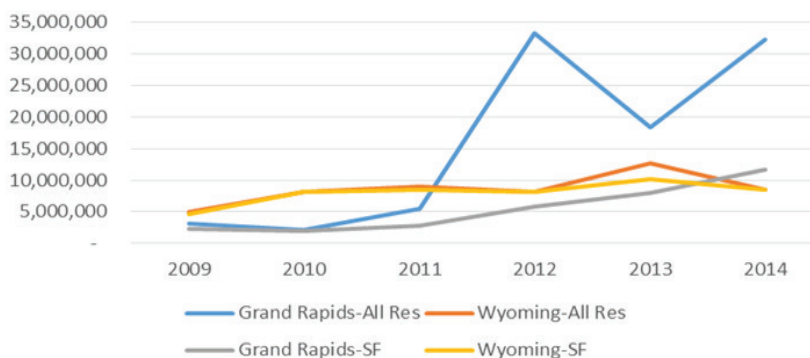
Pressure on the supply of single family rentals seems likely to increase. The for-sale inventory countywide has dropped by more than 50 percent since 2010; during the same period, sale prices have consistently increased, with an increase of 32 percent in the last four years (see *Figures 5 & 6*, below). This continuing increase in price with decreasing supply indicates that buyers tend to be owner-occupants buying with a mortgage, no longer investors with cash. After decades of slow appreciation in these urban neighborhoods, rapid appreciation is evidence of a decreasing supply of quality affordable housing, for both renters and buyers.



In this context, however, the housing development community is beginning to respond, and the supply of market-rate housing units in Kent County is expanding. *Figure 7* illustrates the value of construction in Grand Rapids and Wyoming since 2009. While single family construction has increased incrementally in both cities since 2010, the real growth in urban residential construction has been in rental units in Grand Rapids, with the issuing of permits for nearly 400 multifamily units since 2012.

The most dramatic increases in construction have been in the suburban areas of the county, with over \$300 million in residential building permits in 2014, representing nearly 90 percent of all residential construction countywide. Until 2013, nearly all of this construction activity was in single-family housing; but in 2014, 280 units of multifamily housing were permitted outside of Grand Rapids.

Figure 7 Grand Rapids and Wyoming Residential Construction



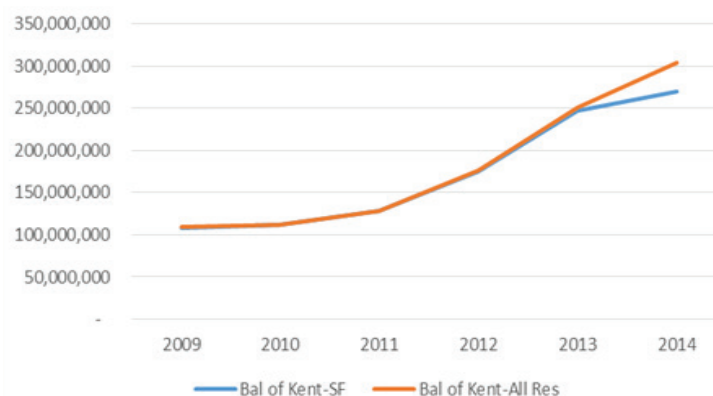
Data Source: 2015 US Census Building Permits Database

A part of the solution to the shortage of affordable units will necessarily involve a long-term softening of demand. This will come only when housing production in all price brackets begins to catch up with demand, creating opportunities for households to move up and satisfy their preference for better housing. These opportunities will be created both in central Grand Rapids and in other neighborhoods where high density is planned through Kent County. (See Figure 8, below.)

Over time, this production can open up existing single-family and other low-density rental options in neighborhoods. Combined with continuing increases in HUD FMRs, small landlords may become more receptive to tenants with vouchers (and more accepting of tenants with challenging rental histories). This gradual re-opening of the rental housing market is an important component for the success of any Rapid Re-Housing response. These outcomes are also consistent with efforts to increase mixed-income opportunities for housing throughout Grand Rapids' neighborhoods.

Figure 8

Residential Construction, Balance of Kent County



Data Source: 2015 US Census Building Permits Database

But a range of further incentives will be required to increase the pace of the market response by motivating the development community to increase the supply of units that will be affordable to low-income households. This report will explore some of these incentives in its final section regarding recommendations for action, further below.

Scarce rental housing leads to increasing rents

Since the foreclosure crisis, which peaked nationally in 2009-2010, the rents in the Kent County region have recovered to a greater degree than in other large urban counties in Michigan. *Figure 9* illustrates the comparison of Kent County with comparable large urban counties (Wayne, Ingham, and Genesee Counties).¹²

Low-income households are heavily dependent on a supply of affordable rental housing, which is very scarce in the Grand Rapids regional market. *Figure 9*, above, shows that median rents in Kent County (in red) have

risen sharply in the last two years, while other large markets in Michigan (Wayne, Genesee and Ingham Counties)

have remained stable or have varied within a range at or near 2010 levels. These increases in Kent County reflect a growing scarcity of rental housing in the market. In turn, this scarcity—and the accompanying increase in rents—is supporting the increase in building permits for multifamily housing noted in the section above.

It is too early to tell if this building activity will materially expand choices for low-income households. Although median rents have risen substantially in the last two years, HUD fair market rents (FMRs) have remained between \$730 and \$750/month for a 2-bedroom unit since 2010, and are currently at \$737. *Figure 10*, below, illustrates the 2015 HUD fair market rents for rental housing, as well as the allowable high and low HOME rents. These rents determine the upper limits that can be charged by property owners with units assisted by HUD rental housing programs. As noted elsewhere, rents available in the countywide market have increased very rapidly, and the gap between HUD FMRs and market rents is growing. This has created problems for low-income households seeking units that will accept a HUD-subsidized voucher for rent assistance because property owners are able to get higher rents in the open market and do not have an incentive to rent to those with rent assistance.

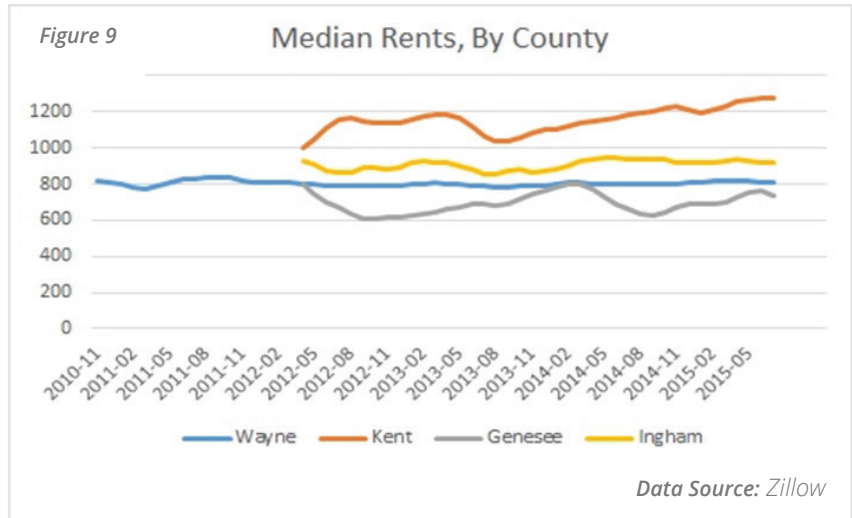


Figure 10

Monthly FMR and HOME Rents

Monthly Rent (\$)	Efficiency (no bedroom)	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Fair Market Rent	519	588	737	1,028	1,157
High HOME Rent	520	590	737	1,028	1,157
Low HOME Rent	520	590	720	832	928

Data Source: HUD FMRs and HOME Rents

¹² In order to include housing market data since 2012, this report is using proprietary sources, such as Zillow. As a result of the use of various methodologies, the values of data such as median rents will vary from ACS numbers for the same period. Users of this report should limit their reliance on these data to the trends represented, such as change over time within a single methodology.

Since the FMR effectively sets the rent limit for a landlord accepting HUD rent assistance through a Housing Choice Voucher, units are increasingly scarce for households receiving rental assistance.

Since median rents countywide have risen by 20 percent since 2012, the task of finding property managers that will accept a voucher is a growing challenge. At the same time, the Grand Rapids Housing Commission is reporting full utilization of vouchers. In dialogue with Grand Rapids Housing Commission officials in September 2015, they reported having nearly zero availability of qualifying and vacant units, countywide, for users of their 4,000 vouchers. While the HUD-proposed FMR for 2016 increases to \$767 for a 2-bedroom unit, this 4 percent increase may do little to motivate property owners and managers to once again accept rental assistance vouchers to ease the scarcity of participating units.

In addition, property owners using HOME funds must hold rents to the to the “high HOME rents” in the table above, and to the “low HOME rents” on 20 percent of the units in projects they have developed with 5 or more HOME-assisted units. As the gap between these rents and the “street rents” in the market continues to expand, local officials will need to identify increasingly motivating incentives for developers to maintain units at rents allowed by the HOME program to make up for the increasing lost revenue over the next 5-20 years of the HOME affordability period.

Until this disconnect between rental units and households with rent assistance is addressed, voucher-holders will often need to accept units farther from work, public transit, family supports and community amenities. These longer-term market constrictions will place a premium on creative problem solving, planning, and programming to preserve and ensure that affordable housing is available for residents of Grand Rapids, Wyoming and Kent County.

Supply of affordable housing units

In the paragraphs below, this report summarizes key available information regarding primary categories of affordable housing supply:

Public Housing Authorities: The Kent County region is served by four outstanding Public Housing Authorities (PHAs):

- Grand Rapids Housing Commission
- Kent County Housing Commission
- Wyoming Housing Commission
- Rockford Housing Commission

Figure 11

Public Housing Program Type and Number Data

	Mod-Rehab Units	Public Housing Units	Vouchers					
			Total	Project-based	Tenant-based	Special Purpose Voucher		
						Veterans Affairs Supportive Housing	Family Unification Program	Disabled*
# of units vouchers available	102	572	5,036	521	4,134	153	175	53
# of accessible units	4	17	26	26	N/A ¹³	N/A	N/A	N/A

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Data Source: PIC (PIH Information Center)

13 Since these units are tenant-based (not attached to identified units), the number of accessible units cannot be identified

The supply of public housing units across the four public housing authorities in Kent County is presented in the *Figure 11*, above. Kent County programs include Veterans Affairs Supportive Housing (VASH) and Family Unification vouchers, but no public housing units. The continuing availability of these special purpose vouchers depends on future HUD appropriations and the ability of the PHAs to continue to find units for which the voucher will provide an acceptable rent in the local market.

In addition, Grand Rapids, Wyoming and Rockford own 572 public housing units, including 17 accessible units. While these units provide a valuable resource of quality housing for very low-income tenants, these local PHAs do not have resources to expand this inventory.

Assisted Housing Inventory: The Michigan Preservation Information Exchange (MiPIE)¹⁴ provides access to a comprehensive listing of rental housing within the State of Michigan that has received financing from federal, state, or local housing agencies. By checking the MiPIE inventory with Kent County local governments, we arrived at an inventory of approximately 137 projects with 8,582 assisted/affordable units in Kent County. The list includes units developed under a variety of programs, including public housing, Low-Income Housing Tax Credits (LIHTC), Section 202/811 housing for elderly and handicapped residents, Section 236, state and local HOME funds, and a variety of other state and federal programs. Target populations include families, the elderly, and persons with disabilities (including physical, developmental and the chronically mentally ill.)

Permanent Supportive Housing (PSH) Units: The Corporation for Supportive Housing recommends several criteria for identifying a unit as “permanent supportive housing”:

- The unit is a self-contained unit with a full, private bathroom. It may be an efficiency unit but would have a kitchen or kitchenette with a stove, refrigerator, sink and countertops;
- The unit would typically be rented with a one-year lease which provides services as an opportunity for residents, not a condition of tenancy;
- While units may occasionally be rented to up to two unrelated adults, PSH units are generally rented to a single individual or household.

Our review of the assisted housing inventory described above indicates a total inventory of PSH units in Kent County at 623 units at 21 projects. In addition, Community Rebuilders provides approximately 267 units through vouchers not tied to a specific property, raising the total PSH units to 890. The Homeless Management Information Systems (HMIS) reports 865 PSH units—a listing which closely correlates with our count of 890 units.

MSHDA reports the creation of 461 permanent supportive housing units since 1993, including 325 units in 16 properties developed during the period covered by the *Vision*. MSHDA supports the development of these units through its LIHTC program, administered through the State’s Qualified Allocation Plan (QAP). The QAP describes the terms for making LIHTCs available statewide, including its criteria for competitive evaluation of credit applications. These units constitute a critical share of the PSH inventory available to homeless individuals in the Kent County region. In order to address the continuing need for opportunities for permanent supportive housing, MSHDA will need to maintain this priority for PSH units.

Under its current QAP, MSHDA sets aside 25 percent of its annual LIHTC allocation for projects with at least 25 percent of the units designated as PSH units. Unless specifically waived by MSHDA, these projects may not have more than 75 total units. The project application must include specific commitments for on-site

14 <http://housing.state.mi.us/mipie/>

service coordination and on-site service provision by local agencies; these services cannot be funded out of operating revenue, but the capacity to provide services must be documented in the application. MSHDA provides additional incentives for the development of PSH units:

- Projects applying under the PSH set-aside are eligible to apply to MSHDA for HOME funds to fill documented gaps in development costs;
- MSHDA will award project-based vouchers (PBVs) connected with approved PSH units to ensure that the units can be rented affordably to tenants with extremely low or no income; and
- Additional points in the competition for funding are awarded to projects which (a) show a need for units for the chronically homeless and agree to set-aside at least 30 percent of the PSH for this population, (b) designate space for supportive services, (c) commit to weekly hours of on-site service provision above a minimum service coordination threshold, and/or (d) commit to a 'Housing First' model.

Lack of income growth

The housing affordability problem for homeless and/or vulnerable, low-income households is further intensified by the fact that income growth is not keeping pace with job growth. The same MiBiz.com report cited above noted that wages in the Grand Rapids-Wyoming MSA have fallen 4 percent from 2010 to 2013, despite job growth increasing 14 percent.¹⁵

Kent County median household income in 2013 was \$51,992, up only 13 percent from \$45,980 in 1999, an annual increase of less than 1 percent per year.

In the Area Development study, Grand Rapids rated lower in 5-year income growth than in any other metric, at #178 of 373 MSAs.

In May 2015, the Center for Michigan noted that West Michigan's jobs growth is not matched to high wages. Kent County averaged \$837 in weekly wages in September 2014, according to the Bureau of Labor Statistics; while Ottawa County averaged \$801 -- both below the state average of \$888. Washtenaw and Oakland counties were tied at the top with an average weekly wage of \$1,019, with Wayne County at \$1,018. By comparison, U.S. wages average \$941. George Erickcek, economic analyst for the Kalamazoo-based Upjohn Institute for Employment Research, notes that West Michigan's lower wages are linked to the fact that it was never as heavily unionized as Southeast Michigan and its historically higher-paying automotive jobs. As a result, wages in West Michigan have been slower to increase.¹⁶

The chart below (*Figure 12*) displays the average employment in various sectors of the Grand Rapids area economy, along with the average annual wage, based on data from 2014 Michigan Labor Market Information. Among the sectors with high average employment and high annual wages are manufacturing, health care and social assistance, and wholesale trade. The sectors with the highest employment and the lowest wages include administrative and waste services and accommodation and food services.

15 <http://mibiz.com/item/22054-report-grand-rapids-anchors-economic-growth-in-west-and-central-michigan#sthash.eWVWwGig.6LwuTqew.dpuf>.

16 <http://bridgemi.com/2015/05/jobs-flooding-to-west-michigan-though-wages-still-lag/>

Figure 12

Employment by Sector in Grand Rapids Area

Industry	Average Employment	Average Annual Wages
Manufacturing	62,301	\$57,460
Health care and social assistance	54,374	\$49,972
Administrative and waste services	42,336	\$25,792
Retail trade	34,061	\$30,212
Accommodation and food services	27,044	\$15,756
Wholesale trade	21,438	\$58,656
Professional and technical services	14,993	\$62,556
Finance and insurance	14,074	\$65,572
Construction	13,611	\$54,444
Other services, except public administration	11,569	\$30,264
Educational services	9,726	\$33,332
Transportation and warehousing	8,592	\$47,164
Management of companies and enterprises	5,559	\$89,388
Arts, entertainment, and recreation	3,979	\$19,552
Information	3,946	\$55,848
Real estate and rental and leasing	3,732	\$36,764
Agriculture, forestry, fishing and hunting	1,851	\$26,052
Utilities	809	\$84,968
Mining	115	\$70,928

Data Source: 2014 Michigan Labor Market Information

Figure 13, below, displays projected growth (2010-2020) in various job sectors in the Grand Rapids Economic Forecast Area. High growth is expected in administrative and support services, social assistance, and professional and business services. Little or no growth is expected in several areas of the manufacturing economy, state and local government, and food and beverage stores.

Figure 13

Employment Growth by Industry in Grand Rapids Economic Forecast Area

Industry	2010 Employment	Projected 2020 Employment	Numeric Change	Percent Change
Administrative and Support Services	37,270	51,420	14,150	38
Social Assistance	6,540	8,830	2,290	35
Professional and Business Services	60,710	79,290	18,580	30.6
Truck Transportation	5,870	7,300	1,430	24.3
Professional, Scientific, and Technical Services	17,340	21,500	4,160	23.9
Ambulatory Health Care Services	19,090	23,350	4,260	22.3
Nursing and Residential Care Facilities	13,290	16,090	2,800	21
Transportation Equipment Manufacturing	10,380	12,530	2,150	20.7

Industry	2010 Employment	Projected 2020 Employment	Numeric Change	Percent Change
Machinery Manufacturing	8,890	10,500	1,610	18.1
Specialty Trade Contractors	12,200	14,160	1,960	16.1
Hospitals	21,910	25,200	3,290	15
Food Manufacturing	9,870	11,330	1,460	14.8
Education and Health Services	100,220	114,850	14,630	14.6
Construction	16,950	19,390	2,440	14.4
Services-Providing	340,780	387,240	46,460	13.6
Fabricated Metal Product Manufacturing	10,850	12,230	1,380	12.7
Merchant Wholesalers, Durable Goods	12,590	14,020	1,430	11.4
Plastics and Rubber Products Manufacturing	7,000	7,730	730	10.5
General Merchandise Stores	11,020	12,140	1,120	10.2
Wholesale Trade	23,400	25,650	2,250	9.6
Insurance Carriers and Related Activities	9,440	10,340	900	9.5
Goods-Producing	105,550	115,500	9,950	9.4
Finance and Insurance	16,530	17,960	1,430	8.7
Manufacturing	88,270	95,820	7,550	8.6
Leisure and Hospitality	39,010	42,220	3,210	8.2
Religious, Grantmaking, Civic, Professional, and Similar Org	10,710	11,570	860	8
Merchant Wholesalers, Nondurable Goods	8,570	9,190	620	7.1
Retail Trade	43,430	46,320	2,890	6.7
Food Services and Drinking Places	31,040	33,040	2,000	6.4
Other Services (Except Government)	19,410	20,600	1,190	6.1
Credit Intermediation and Related Activities	5,910	6,250	340	5.8
Educational Services	39,390	41,380	1,990	5.1
Furniture and Related Product Manufacturing	12,770	13,390	620	4.9
State Government, Excluding Education and Hospitals	14,430	14,810	380	2.7
Food and Beverage Stores	6,180	6,340	160	2.6
Local, Excluding Education and Hospitals	11,170	11,420	250	2.2
Computer and Electronic Product Manufacturing	6,460	6,430	-30	-0.5
Chemical Manufacturing	7,300	6,770	-530	-7.3
Total All Industries	446,320	502,740	56,420	11.5

Data Source: 2014 Michigan Labor Market Information

Systemic changes in the national economy, with more manufacturing jobs being sent offshore, have resulted in the creation of fewer low-skill, high-wage jobs. Michigan communities, which have historically relied heavily on manufacturing employment, may be feeling the effect of these changes even more than cities in other regions of the country. The result may be an economy creating high-paying jobs for workers who are more highly educated — and often younger — along with lower-paying jobs providing services.

Brookings Institution has documented this effect in a recent study, noting that economic outcomes are far less equal in Michigan metro areas than the U.S. metro average income inequality as compared to the national average. In fact, this study showed Grand Rapids to be the most “unequal” out of 10 comparable metros.¹⁷

As the economy continues to improve, opportunities will surely be created for persons with low skills and limited employment history. But for these opportunities to lead to economic self-sufficiency for significant numbers of persons who are currently homeless, a carefully coordinated approach providing supports for housing, transportation, and related job training and employment opportunities will also be needed.

IMPLICATIONS FOR COMMUNITY ACTION -- RECOMMENDATIONS EMERGENT FROM HOUSING MARKET ANALYSIS

The convergence of current market conditions in Kent County, as described throughout this report, suggest a number of avenues for exploration as strategies for expanding access to housing for persons exiting (or at imminent risk of) homelessness:

1 **Maintaining a priority on homelessness prevention** will continue to be important. When affordable units are scarce, there is an additional premium for helping households maintain the housing they already have, as they may have extreme difficulty finding another unit, especially after an eviction.

2 **Expanding affordable housing supply** will generate direct and immediate benefits for the populations targeted by the *Vision* and the *Coalition's Continuum of Care Action Plan to End Homelessness (2015-2017)* – i.e., low-income households will have more choice, with housing more likely to be located near jobs and services, and there will be more movement, allowing more opportunities for persons ‘graduating’ from permanent supportive housing.

To this end, it will make sense to coordinate efforts of the Coalition with those of the Grand Rapids *Great Housing Strategies* initiative, as a means to more fully support the development of affordable units. For example, the City's Zoning Ordinance already allows accessory dwelling units in single-family neighborhoods, encouraging mixed-use buildings (with housing on the upper floors) in commercial districts and promoting infill development by permitting small homes on narrow lots. Enabling these housing options provides for less expensive types of housing to be built in the City. In addition, the Zoning Ordinance provides a density bonus for mixed-income housing projects. The Ordinance also establishes staff review and approval standards for many types of development projects. The *Great Housing Strategy* recommends further modifications to the Zoning Ordinance to expand efforts to promote accessory dwelling units by creating explicit definitions of cooperative housing and co-housing in the Ordinance, making cooperative housing a Special Land Use with Planning Commission approval, removing the 12-month owner-occupancy requirement from the Accessory Dwelling Unit policy, reducing the average lot size requirement for two-unit dwellings, defining and regulating micro-units, expanding development of accessible housing and creating an incentive to develop Type B (Adaptable) accessible units. (*Great Housing Strategies Draft Report, p.21*)

17 http://www.brookings.edu/~media/Research/Files/Reports/2012/2/23-michigan-economy/0223_michigan_detroit_grandrapids.pdf

3 It will also be important to **ensure that the housing-focused efforts of the community and the Coalition are well coordinated** with follow-up on recommendations emerging from planning for housing targeted to persons experiencing homelessness currently being conducted by the Corporation for Supportive Housing – now nearly complete. The community's commitments to and investments in expansion of permanent supportive housing, targeting of rent subsidies and Housing Choice Vouchers, and deployment of rapid re-housing resources should be based on systematic assessment of needs grounded in analysis of reliable HMIS data.

4 **Enlisting, expanding, and supporting the substantial capacity and potential of both nonprofit and for-profit developers** in the production and maintenance of affordable housing will be crucial for the community's success in expanding access to housing for persons exiting homelessness. Related strategies may include:

- a. Engaging developers in conversations that help identify and clarify ways that local governments can remove barriers and provide incentives to encourage development of more affordable units – especially those at the lower end of the cost scale.
- b. Attracting investment in projects developed with LIHTCs, through supports that might include: providing HOME funds to fill gaps; setting aside land bank parcels in strategic locations at below market costs for affordable housing; expediting permitting and/or approval of ordinances to approve Payment in Lieu of Taxes (PILOTs); and working with the MSHDA LIHTC Qualified Allocation Plan (QAP) to allow transit-oriented development as an alternative to its “walk score” requirement. Related expansion of incentives for affordable housing production is also advocated by the *Great Housing Strategies Draft Report* (p.37).
- c. Enacting inclusionary zoning requirements to ensure that a portion of new units developed are affordable, and ensuring that ‘affordable units’ are developed in a range of unit-types with affordability at various income levels. The *Great Housing Strategies Draft Report* also speaks to this approach (pp. 65-66).

5 Recognizing that many occupants of Permanent Supportive Housing (PSH) units will need to reside in these units for the indefinite future, **increasing the supply of PSH units** will need to be a continuing priority. Success toward this goal may be enhanced by consideration of the following strategies:

- a. Building dialogue between property owners and service providers to better address concerns that have historically limited collaborations.
- b. Offering project-based vouchers to developers of tax credit based or other subsidized housing in desirable locations, thereby increasing availability of units with walkable connections to jobs, services, and amenities.
- c. Developing ‘mainstreaming’ projects where 25 percent or fewer of the units are PSH units and are integrated with other individual or family housing.
- d. Continuing re-evaluation of the adequacy and efficacy of on-site supportive services (e.g., addressing quality/intensity of services array, hours of operation, appropriateness of supports, and provision of space for on-site service coordination and delivery; reprogramming CoC funding to provide necessary supports for PSH residents; enhancing relationships between service providers and property management; and adopting shared management models that involve qualified service coordination agencies in front-of-house property management responsibilities).
- e. Focusing on measures to ensure the success of those who can ‘graduate’ from their PSH units, thereby opening up units for new entrants -- including identifying tax credit units and voucher support for persons leaving PSH units; facilitating access to follow-up supportive services for persons who have recently left PSH units, as needed; exploring use and/or resolving issues with “move up” housing vouchers from MSHDA; and working with employers to provide “van pool” or other transit services supports at shift changes.

6 Given that ***increasing access to rental units that will accept Housing Choice Vouchers and other HUD-funded rent subsidies*** (e.g., *Rapid Re-housing* and CoC Leasing Assistance) is essential, the community will want to explore ways of expanding collaboration that links local PHAs, the Rental Property Owners Association (RPOA), and community services providers that support attainment of this objective.



APPENDIX D

Data Analysis For Decision Making: An Illustration

The Cloudburst Assessment Team conducted a summary analysis of both current and historical HMIS and Point-In-Time (PIT) data as a means of exploring the status of homeless needs and systems response in the Grand Rapids Area, and to help identify any critical trends over the past decade. With written permissions and active support from the Coalition, Cloudburst worked closely with the local and State HMIS System Administrators to pull and analyze key elements of homeless systems data. No Personal Protected Information (PPI) was shared in this process.

Cloudburst was not attempting in this process to create a comprehensive picture of homelessness in Grand Rapids and Kent County, nor to develop a deep analysis of the community's unmet needs. Rather, the Cloudburst Team primarily sought to identify basic characteristics of the homeless population in Kent County and offer a glimpse of the type of analysis that the Coalition and the broader community is now in a position to perform using existing HMIS and other available data. Because data quality and integrity in the HMIS did not really stabilize until 2012/2013, the Assessment Team was unable to generate meaningful comparative analyses of HMIS data dating back longer than the past two to three years. The Point in Time (PIT) Count data relied upon here looks back across a ten-year span and is derived from publically available documentation, the 2015 PIT Count Report, and data on subpopulations from the CoC's submission for the Annual Homeless Assistance Report (AHAR).

POINT-IN-TIME (PIT) COUNT ANALYSIS

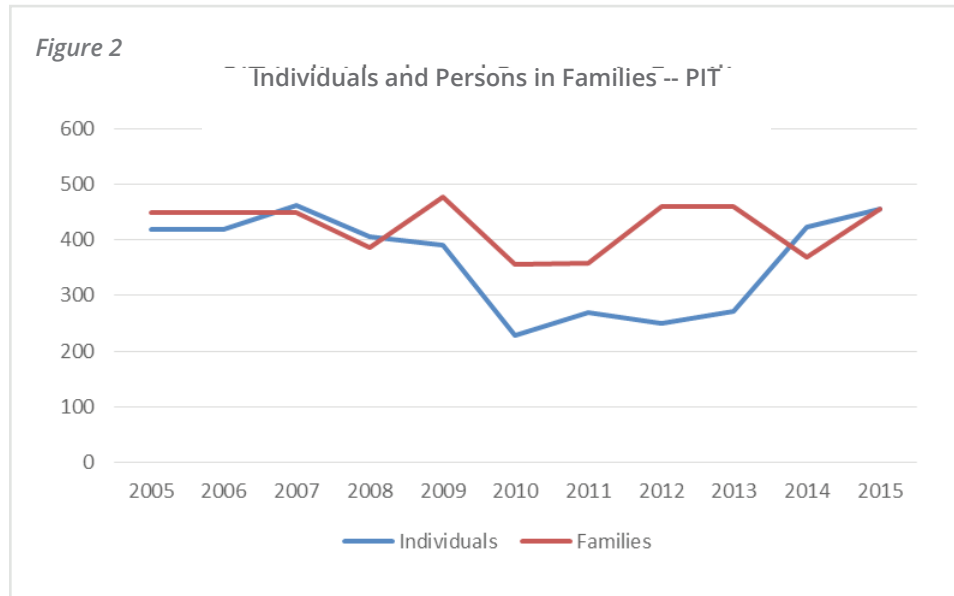
PIT -- Total Homeless Count

Based on annual PIT counts, the total homeless population in the Grand Rapids Area increased by 5% from 2005 to 2015. As illustrated in *Figure 1*, the highest count was in 2007 and the lowest was in 2010.



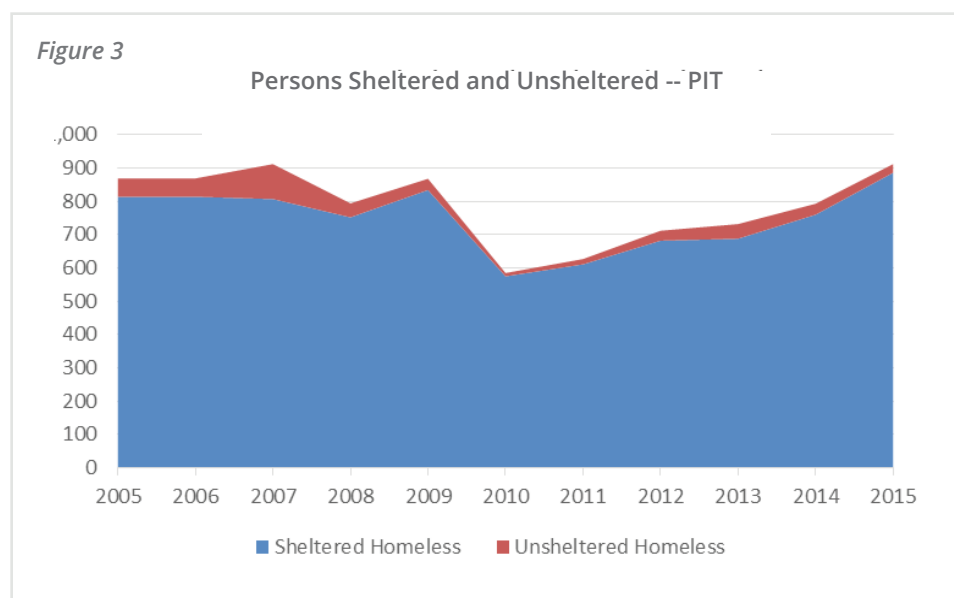
PIT -- Individuals and Persons in Families

The PIT data from *Figure 1*, above, can be broken out and viewed as numbers of individuals and numbers of persons in families. *Figure 2* provides this illustration.



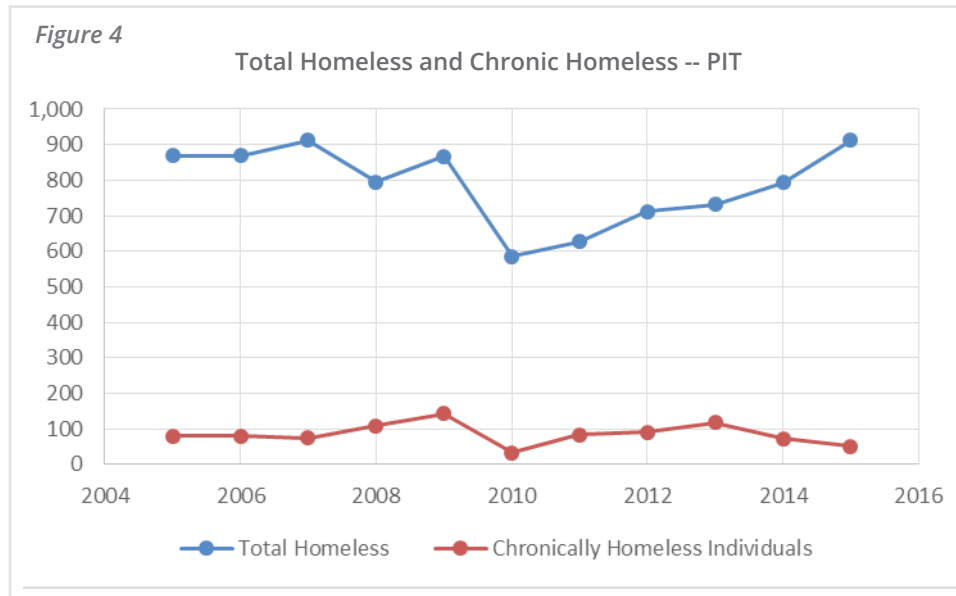
PIT -- Persons Sheltered and Unsheltered

Starting in 2009, there is a significant decline in the number of unsheltered persons. While the total number of homeless persons (each year) increased between 2010 and 2015, the number of unsheltered persons remained relatively small, indicating that the housing crisis response system's capacity to move persons out of unsheltered situations into shelter has been relatively effective.



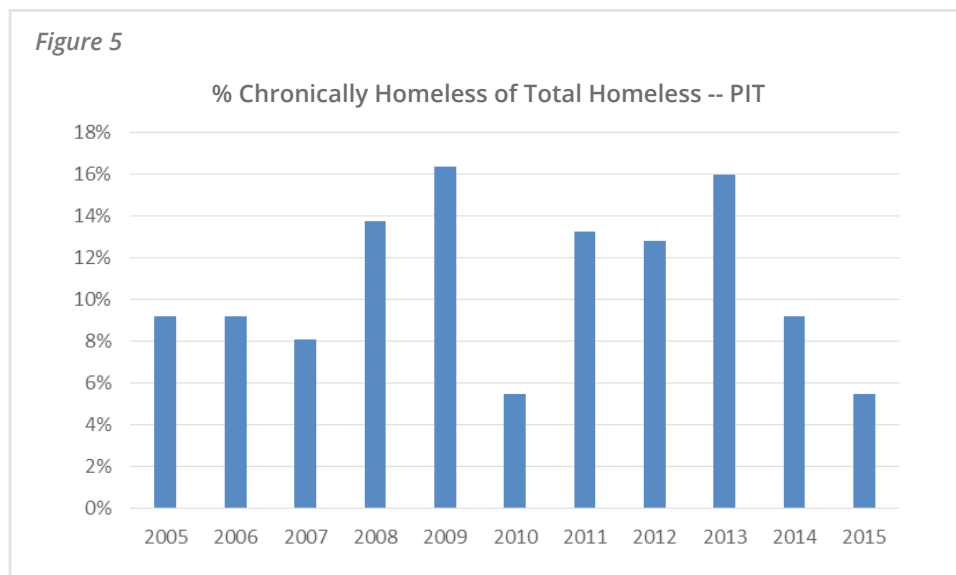
PIT -- Total Homeless and Chronically Homeless Persons

The proportion of chronically homeless adults in relation to the total number of homeless persons in the community has remained relatively low, and relatively small.



PIT -- Chronically Homeless as Percentage of Homeless Population

While there is some apparent fluctuation in percentages of the chronically homeless population on an annual basis (according to the annual PIT count, and as reflected in Figure 5), on average, over time, these persons comprise about 11% of the total homeless population. In comparison to other communities, this figure for the Grand Rapids Area is relatively low.

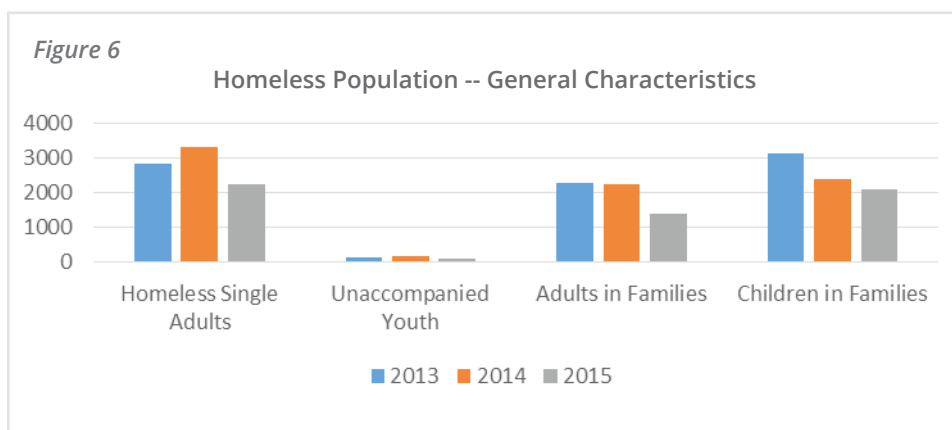


HMIS DATA ANALYSIS

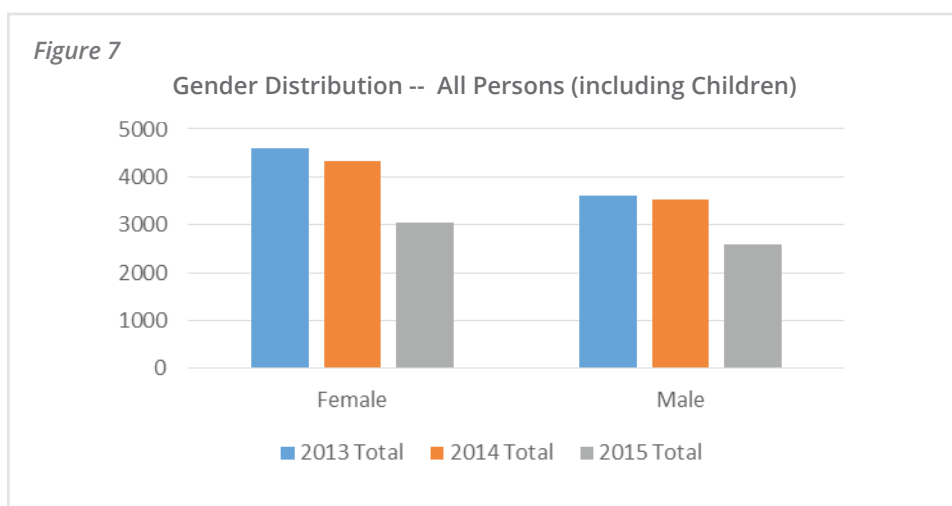
HMIS data provides a more robust and specific set of data elements, based on strict definitions, common standards, and prescribed collection methods -- gathered across agencies and in real-time.. Because of this, the HMIS data set is far superior to the PIT snapshot data for use in community-wide data analysis. The charts that follow provide a few samples of the kind of information that can be derived from the HMIS repository. Unless otherwise noted, numbers referred to below include data from the Housing Assessment Program (HAP), as well as other participating entities in the community's homeless response system. While 2015 data is included, it represents only part of the year (through 9/30/2015). The data presented here is intended primarily as a means of illustrating a few of the many ways in which the community can now begin to "slice and dice" information for purposes of planning, evaluation, and performance improvement.

HMIS -- Homeless Population Characteristics

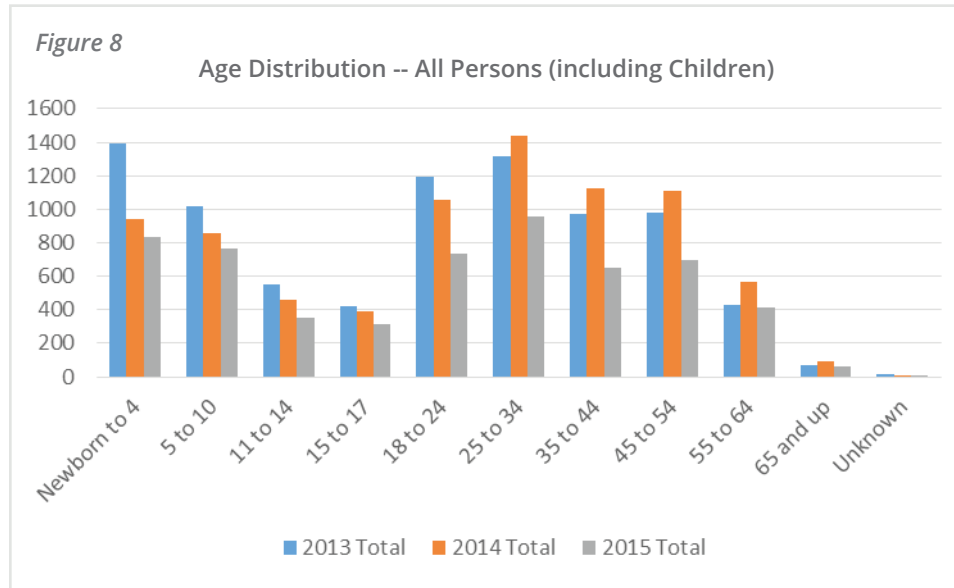
From January 2013 through September 2015, single adults comprised 39% of the homeless population. Children in families follow closely, at 35%, and then adults in families, at 27%. Unaccompanied youth are approximately 2% of the population documented in HMIS.



HMIS -- Gender Distribution

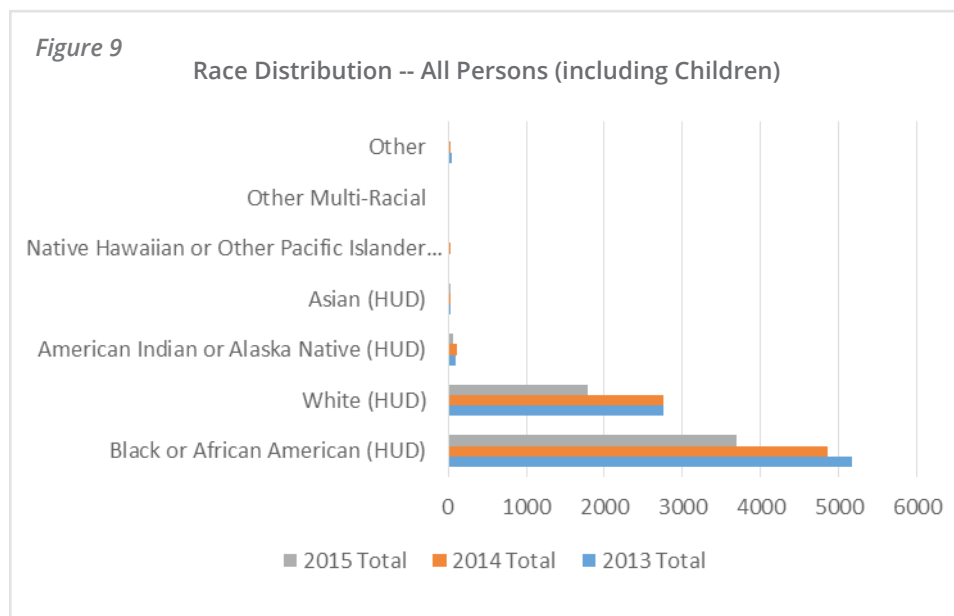


HMIS -- Age Ranges for All Persons



HMIS -- Racial Characteristics of Homeless Persons

The racial distribution of the homeless population substantially inverts the racial distribution among the general population in Kent County, where Whites represent 79.9% of the population and Black or African Americans represent 14.2%.

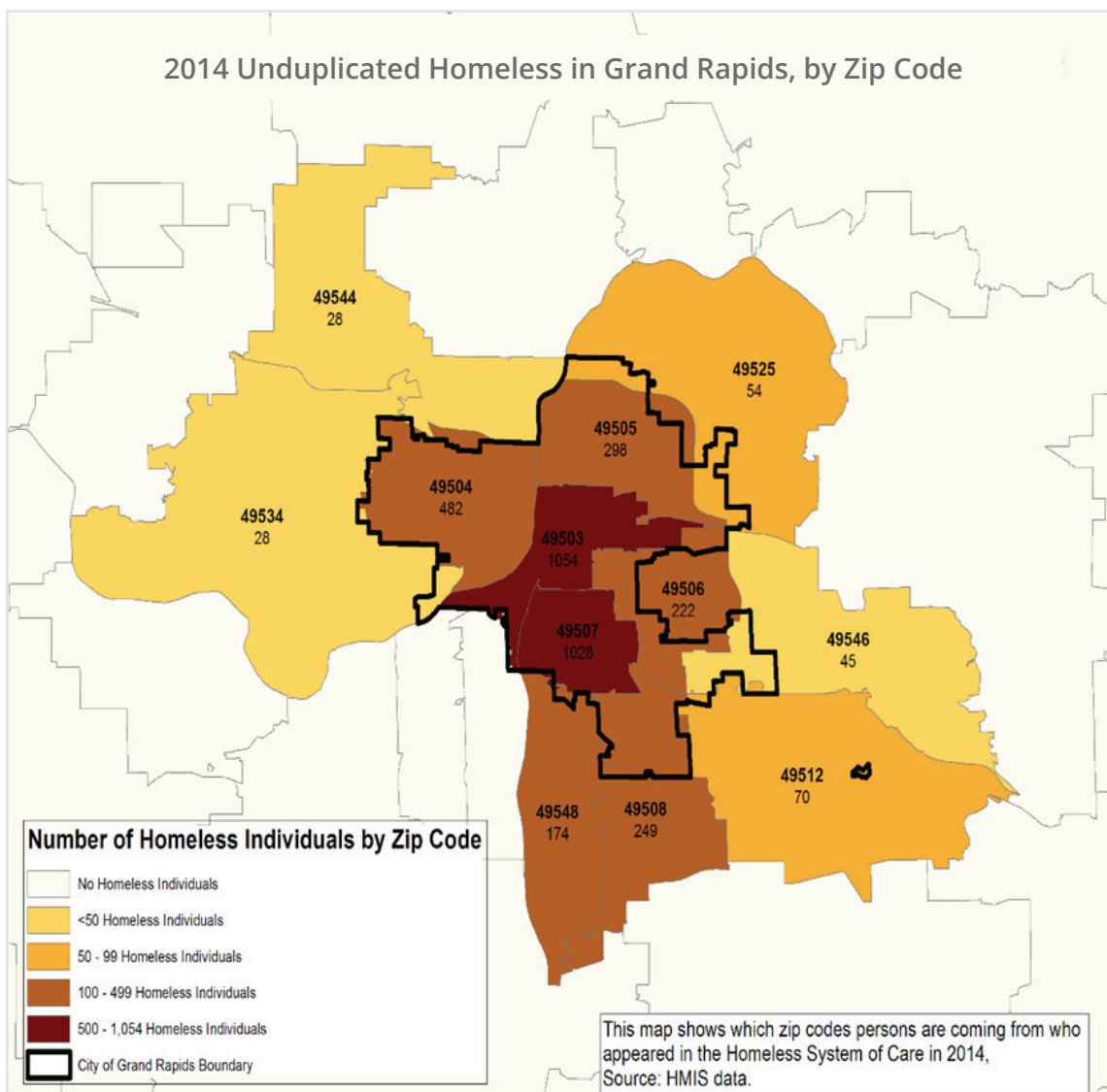


HMIS DATA MAPPING AS AN ANALYTICAL TOOL

HMIS -- 2014 Homeless, by Grand Rapids Area Zip Code

This map illustrates the number of homeless individuals who indicated these areas as the zip code of their last permanent residence (before becoming homeless). The darker the spot, the more people came from that zip code.

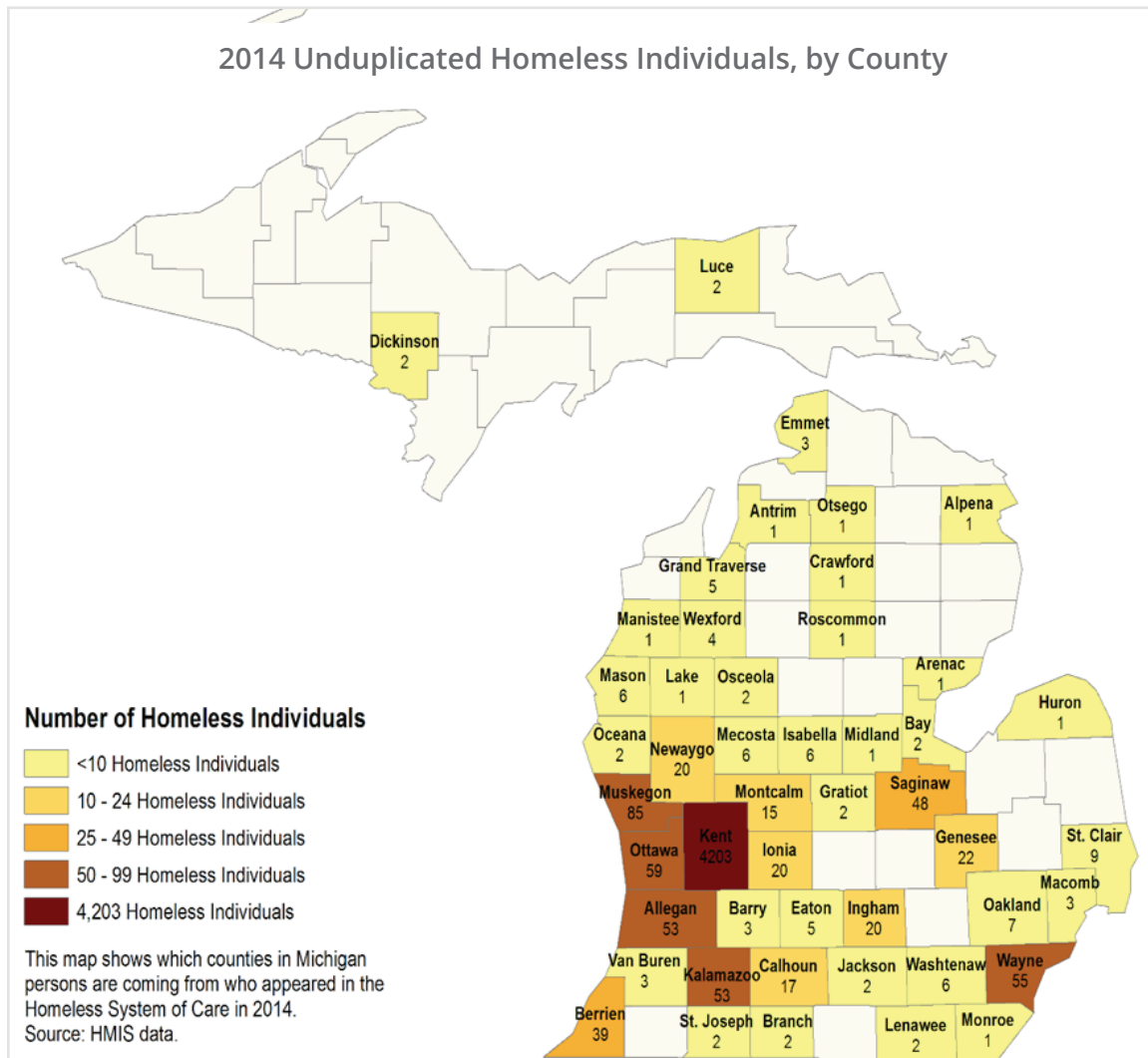
Figure 10



HMIS -- 2014 Homeless Individuals, by County of Origin

This map looks beyond Kent County and shows the county of origin for the last permanent address for homeless individuals served in Kent County (including Kent).

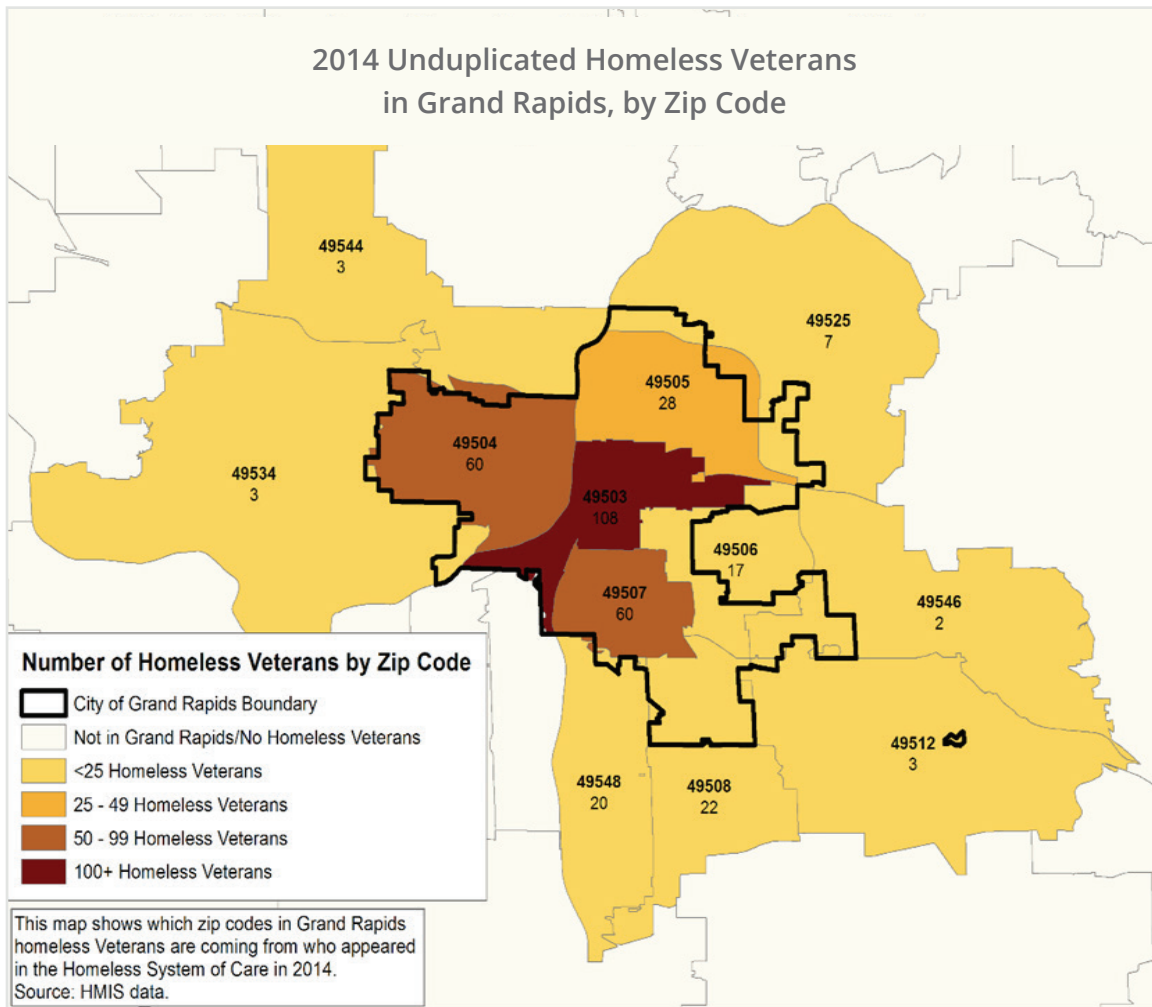
Figure 11



HMIS -- 2014 Homeless Veterans, by Grand Rapids Area Zip Codes

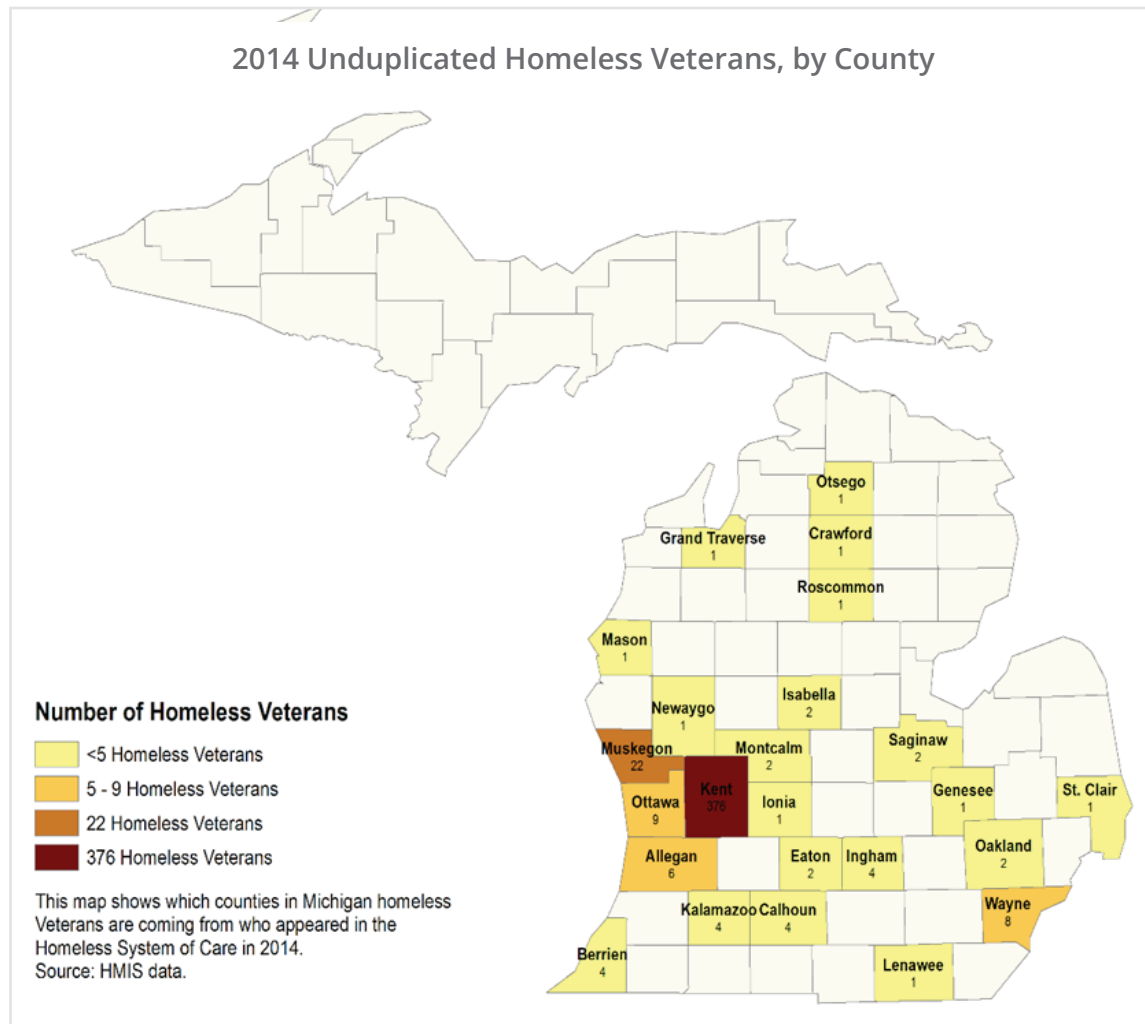
This map illustrates the prevalence of homeless veterans with the zip code of their last permanent address as a Grand Rapids Area zip code.

Figure 12



This map looks beyond Kent County and shows the state-wide residence of the last permanent address for homeless veterans in Kent County.

Figure 13



DATA ANALYSIS FOR PLANNING AND DECISION-MAKING: AN EXAMPLE

Looking at the distribution of HMIS data for homeless populations over the past two years, when the numbers of homeless adults and children in families is combined (children at 35% and adults at 27%), persons in families comprise 62% of the homeless population in Grand Rapids and Kent County. In absolute numbers, this represents approximately 5,000 persons per year – with over 3,500 served thus far for the 2015 year to date. When coupled with data related to Household Type (see Figure 14), Female Single Parent Households, by far, outweigh other family types.

Figure 14 **HMIS, Housing Type, 2013-2015**

Household type	2013 Total	2014 Total	2015 Total
Couple (Parent & Friend)	8	17	7
Female Single Parent	1317	1383	932
Foster Parent(s)	2		1
Grandparent(s) and Child	21	19	8
Male Single Parent	78	64	40
Non-custodial Caregiver(s)	1	2	0
Other	102	105	53
Single Parent	160	100	78
Two Parent Family	292	323	177

Understanding this data suggests that the community may want to focus its Rapid Re-Housing and permanent housing programs more actively on homeless families, which in turn could significantly decrease the overall homeless count. More specifically, based on the availability of data such as this, Grand Rapids Area planners can, conceivably, make the case that their Rapid Re-Housing and permanent housing programs might best be targeted toward single female-headed households with children age 10 and younger. While other variables and priorities might further alter this particular calculation, it is important to note that the CoC now has the technical capacity to dive into its HMIS data base to undertake this kind of analysis to explore similar questions and planning issues, as it sees fit.

