

# **Housing Resource Network**

Of Berrien County



## **PLANNING TO END HOMELESSNESS IN THE NEXT DECADE**

**PRESENTED TO: THE HOUSING RESOURCE NETWORK (HRN) AND MICHIGAN  
STATE HOUSING DEVELOPMENT AUTHORITY (MSHDA)**

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## THE HOUSING RESOURCE NETWORK (HRN) FRAMEWORK

**Regardless of what Berrien County discusses about "homelessness," it can be solved; hence we should by no means yield to despondency.**

The Housing Resource Networks' overall vision is to ensure that there is an appropriate, affordable roof over the bed of everyone living in Berrien County, whether young or old, living alone or with families, sick or well.

### ON BEHALF OF THE HOUSING RESOURCE NETWORK

The development of this plan inevitably focuses on the outcome/result of ending homelessness. As the Federal, State, Counties, community leaders and stakeholder residents engage in key financial and process oriented discussions regarding homelessness in Berrien County, the Housing Resource Network, will continue to expand and modify this plan in order to maximize innovation, flexibility and accountability.

### The Housing Resource Network (HRN) Planning Process

**Step 1:** The Housing Resource Network of Berrien County developed their governance theory and structure *in December 2002* to assist in analyzing and filling the gaps of housing in what came to be known as the Continuum of Care. The HRN committed to developing a 10-Year plan by formulating and adopting operating principles (Appendix A). With this structure, they formed a central Executive Committee and three sub-committees (data, housing and education). This structure included over 30 plus community providers, developers, formerly homeless persons, city and county representatives and members of the community at large. The HRN charge was to provide input, develop networks and partner to solve the issues of the homeless population in Berrien County. Another structural commitment was asking members and leadership to submit Memorandum of Understandings (MOU) (Appendix B for sample). The HRN hired a consultant to write the plan and ensure all elements and parameters were not only met, but to add surplus value through policy recommendations.

**Step 2:** The HRN has an identified advisory group – the Barriers Busters. The Barrier Busters consist of sub-committees with team leaders (Appendix C). The HRN has identified affiliation and primary resources and key stakeholders (Appendix D). The HRN convened and organized a long term membership network which is focused on acquiring mainstream resources (Appendix E).

**Step 3:** The HRN defined the community's homeless problem by using the lens of HUD's definition. The HRN also focused on the definition and criteria of precariously housed.

**Step 4:** The HRN gathered data and research to guide the planning goals and action steps. For example; the HRN executed a Homeless Count in November 2005. The consultant studied over *forty-one* 10 year plans (Appendix F) and researched over 30 articles and website publications to compile information on innovative strategies.

Other critical sources of Berrien County information were the visioning session's (Appendix G for guiding format, participants and feedback). Housing survey data (Appendix H for survey form) was collected. The housing survey data revealed particular needs for Berrien County to pay close attention to in order to end

homelessness. The data from all three sources was primarily used as guiding products to form goals.

**Step 5:** The HRN strategies to end homelessness were formulated from four major categories: The HRN utilized a matrix to follow this approach (Appendix I).

**Step 6:** The HRN plan includes goals, action steps (strategies with specific activities) and parties responsible for executing them, costs and funding sources, timelines/benchmarks and performance metrics (Appendix J for template used by each sub-committee). Also included to strengthen the implementation plan was the identification of national and state financial (funding) resources (see Appendix K).

**Step 7:** The HRN will perform evaluations (observe progress using the identified metrics set in the goal sections) *every 3 months* (Appendix L for template). The method will be to review the monthly summary reports and measure the results against the incorporated logic model. The HRN formulated recommended policies. The policies are expressed or implied guidelines for behavior, decision making and thinking within the HRN.

**Step 8:** To begin the community leadership buy-in and momentum, the HRN drafted a resolution for Community Boards of Directors to adopt in order gain support for and endorse the developing plan (Appendix M for template draft of the template resolution).

**Step 9:** In order to ensure maximum transparency, visibility and build momentum, the HRN will perform key actions following the Homeless Summit October 24<sup>th</sup> and 25<sup>th</sup>, 2006. The HRN will:

1. Host 3 special press conferences where a County Commissioner and the County Administrator will announce the 10-year plan.
2. Leverage print, TV and radio media to maximize press coverage.
3. Encourage participating community members, stakeholders and organizations to actively promote the plan and to recruit volunteers to support strategies and implementation efforts.
4. Begin implementation the plan.



*\*The findings and views herein are those of the contractors and author and do not necessarily reflect the views or policies of MISHDA, United States Interagency Council on Homelessness, U.S. Department of Housing and Urban Development or the U.S. Government.*

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## EXECUTIVE SUMMARY

### HRN Mission and Vision

*The **MISSION** of the Housing Resource Network (HRN) is to actively work to prevent and end homelessness by developing and maintaining a system to coordinate our communities' resources and services for homelessness and precariously housed families and individuals. As a community group, the HRN helps communities create links to permanent housing with services to prevent and end homelessness.*

*The **VISION** is that every person that is "homeless" and/or family that is homeless in Berrien County will have a safe, affordable home by 2016.*

### The Housing Resource Network (HRN) Community Commitment

In response to national and statewide initiatives, all 83 counties in Michigan responded to a challenge to develop 10-year plans to end homelessness.

To deliver on the promise to end homelessness the HRN has a total of 67 public and private organizations participating in efforts to end homelessness. The HRN has 15 total community organizations/entities that have submitted their memorandum of understandings (MOU).

### OVERARCHING OUTCOMES FOR HOUSING RESOURCE NETWORK (BARRIER BUSTERS)

1. Develop county-wide housing service standards.
2. Increase supply of safe, affordable housing.
3. Initiate and implement transitional housing program.
4. Initiate and refine a centralized response system to identify consumer needs and ensure proper referral for immediate assistance.
5. Develop integrated strategies for consumer education, skill development and employment.
6. Implement Homeless Management Information System (HMIS) and broaden user participation and information sharing.
7. Initiate county-wide needs assessment and data analysis.

8. Increase services to people with addictions including follow-up and transitional housing.
9. Increase number of youth emergency and transitional housing units.

### PRIMARY ANTICIPATED CHALLENGES TO ACHIEVE OUTCOMES

- Awareness
- Needed Policy Changes
- Data Coordination Challenges
- Re-Allocation of Existing Structures
- Possible Funding Reductions

### ACTIONS

All HRN strategies to end homelessness fall into four major categories:

- Planning For Outcomes (data and evaluation)
- Prevention (close the front door)
- Intervention (open the back door)
- Infrastructure Improvement (availability and adequacy of services)

The HRN has also crafted policy recommendations (guidelines to behavior, decision making and thinking) to underscore the need to stay on target and strengthen evaluation efforts.

### EVALUATION

- The HRN separated goals, actions steps and implementation plans.
- The HRN will re-visit and refine the plan for prevention, intervention, outreach, service delivery and housing efficacy quarterly.
- The HRN will target supportive services coupled with permanent housing, combined with effective discharge from institutions.
- The HRN will move away from band-aid solutions towards permanent solutions and focusing on affordable housing.
- The HRN will assess system-wide efficiencies and outcomes.
- The HRN will refine long-range targets based on increasing levels of knowledge and sophistication.

## Berrien County Impact

**More than 293 people experience homelessness on any given night in the suburban cities, urban centers and rural towns of Berrien County according to our local one day homeless count on November 4, 2005 in Berrien County, MI. *\*It should be recognized that many other members of our community experience homelessness but are not included in this point in time count.***

Homelessness is ultimately caused by structural and personal factors. This can be in the form of reduced role in providing low income housing, income inadequacy, rising costs of renting, purchasing and/or maintaining decent housing and providing other basic needs, such as health care, child care and even food.<sup>1</sup>

Compounding the problem is unexpected events which trigger a downward spiral. For example, a person who experiences a loss of a job, injury or illness, loss of spouse, costly personal expenditure, etc.<sup>2</sup>

## Point in Time Count Critical Findings

Berrien County executed a point-in-time count in November, 2005. It was shown that 166 individuals met HUD's definition of homeless (over 55 percent of survey respondents in the point in time count). The HRN used the Department of Housing and Urban Development's (HUD) definition of homeless.

- Women and children make up the majority of homeless in Berrien County meeting HUD's definition.
- The majority of homeless are living either in under bridges, living on the street, in cars or in shelters.
- Women and children are demonstrating the predominant demographic contribution of precariously housed individuals.
- The largest group reported that they could not afford rent, became homeless due to unemployment, or stated challenges with alcohol and drugs.
- The largest group did not report a challenge; however, the next largest grouping demonstrates challenges with mental health, physical and substance abuse issues.
- Overall demographical representation shows that 293 persons are homeless in Berrien County, MI each day/night. The majority are women and children.

## Five Priority Gaps Identified In Berrien County Point in Time (PIT) Count

1. Housing Costs and Income (money to pay rent and availability of affordable family housing)
2. Unemployment (declining purchasing power of low-wage jobs)
3. Substance Abuse (alcohol & drugs)
4. Domestic Violence
5. Prison/Jail

## Housing Survey Critical Findings

- Majority of individuals that are homeless (residing in Berrien County) are female
- Majority of African Americans are homeless in Berrien County.
- An overwhelming number of homeless are unemployed.
- Most persons who are homeless did not have a disability.
- Majority of homeless are located in the Benton Harbor area.
- Most survey participants who are homeless are residing in the county shelter system.
- Majority of persons who are homeless noted that they did not have children.

### PRECARIOUSLY HOUSED (THE AT-RISK GROUP OF BECOMING LITERALLY HOMELESS)

- Largest part of survey respondents reported they are staying with relatives.
- Majority living in precariously housed situations are females.
- African Americans made up the largest percentage of precariously housed.
- An overwhelming majority of precariously housed individuals are unemployed.
- Largest number of precariously housed individuals is located in Benton Harbor.
- Most stated reason for being precariously housed: The person is unable to pay rent.
- Large number of children is at risk of becoming homeless.



### Community Visioning Sessions: Critical Feedback

- Affordable housing issues
- Transportation options/challenges
- Lack of employment options
- Information about housing
- Rise of substance abuse in Berrien County, MI
- Lack of discharge planning for seniors
- Lack of availability and affordability for seniors
- Lack of options for assisted living
- Lack of renters to keep the apartments clean
- Lack of rental properties

### Berrien County Must to Pay Strict Attention to These Causes/Predictors of Homelessness

- Poverty gaps and diminishing employment opportunities
- Housing affordability problems
- Challenges with mental illness, addiction, domestic violence (DV) and persons re-entering the community after incarceration
- Educational gaps
- Utilization of shelters/unmet need

### Policy Recommendations: *What will the HRN need to do to end homelessness?*

1. Build low-income housing (subsidized options) to meet the needs of homeless individuals, families and youth.
2. Implement Housing First Approaches (Rapid Re-Housing, Permanent Supportive Housing).
3. Propose ordinance that presents a clear definition of the “affordable” units whose inclusion in a development will meet ordinance requirements or trigger the availability of incentives.

4. Provide incentives for developers to build or renovate attractive, accessible properties; and help managers ensure good maintenance and repair.
5. Form funding collaborative; whose members will include representatives of city and county government.
6. Create one stop shop from funding collaborative and utilize innovative programs (targeting personal and structural) challenges as outlined in the plan.
7. Lead, collaborate and partner to offer comprehensive substance abuse services.
8. Uniformity of regulations/inspections across the local housing market.
9. Create targeted educational and training opportunities.
10. Promote wider awareness of the role of trauma in precipitating and extending homelessness for individuals and families.

### In Closing

- ***There is a role in ending homelessness for everyone who lives in Berrien County.*** Each of us needs to find a way, great or small, to contribute our time, money, or good thinking over the next decade. Without the basic building blocks (prevention and intervention), we are creating an environment where people are vulnerable to homelessness.
- ***Berrien County’s social fabrics need strengthening.*** If we don’t plan (fiscally) and prepare wisely (integrate community structures), we run the risk of disintegrating the very social fabrics of our community. The cost of not acting is high.
- ***Prevention and intervention is paramount.*** It is more effective, more humane and ultimately more fiscally prudent to invest in prevention and support that leads to self-sufficiency and independence among all residents.

#### Bibliography

- <sup>1</sup> Burt, M., Aron, L.Y., and Lee, E. (2001). *Helping America’s homeless: Emergency shelter or affordable housing?* Washington, D.C. The Urban Institute Press.
- <sup>2</sup> Baum, A.S. and Burnes, D.W. (1993). *A Nation in denial: The truth about homelessness.* Boulder, CO. Westview Press.

## I. BACKGROUND/CONTEXT

### History of Homelessness

Homelessness is often the result of interwoven systemic and personal problems. The primary cause of homelessness among families is the growing gap between housing costs and income. The Community Mental Health Act of 1963 set the stage for homelessness in the United States. Consequently, the number of homeless grew in the 1970's and 1980's, as housing and social service cuts increased.<sup>1</sup> Other factors such as real estate prices and neighborhood strain increased to move these people out of their areas.<sup>2</sup> Another critical force was reductions in single room occupancy (SROs) which was the main source of affordable housing.<sup>3</sup> Other populations were mixed in later, such as people losing their homes for economic reasons, those with addictions, the elderly and others. Public empathy ascended and in 1986, 5 million Americans joined across the country to raise money for homeless programs (May 25, 1986 Hands Across America).<sup>4</sup> In 1987, the McKinney Act authorized millions of dollars for housing and hunger relief.<sup>5</sup>

### Definitions

**A general definition of "homeless" is set forth in the federal Stewart B. McKinney Homeless Assistance Act (42 USC §11302). According to the McKinney Act, the term "homeless" or "homeless individual" or "homeless person" includes:**<sup>6</sup>

- (1) An individual who lacks a fixed, regular and adequate night time residence.
- (2) An individual who has a primary night time residence that is
  - (A) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional housing for the mentally ill).
  - (B) An institution that provides a temporary residence for individuals intended to be institutionalized.
  - (C) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

*Under the McKinney Act, the term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law or individuals who are "doubled up" with family or friends in overcrowded conditions. The federal definition points out the one thing that unifies all homeless persons, the lack of a fixed residence, but it does nothing to describe the diversity in the homeless population, the causes of homelessness nor the costs, both fiscal and social, of homelessness.*<sup>7</sup>

**The HUD definition of a chronically homeless person states, "an unaccompanied single adult with a disabling condition who has been continuously homeless for one year or who has experienced four or more episodes of homelessness within the last three years."**<sup>8</sup>

*This definition excludes families and homeless youth, even though many families and persons under the age of 18 may have experienced similar long-term homelessness.*<sup>9</sup>

**The U.S. Department of Health and Human Services/Health Resources and Services Administration, definition states: "A homeless person is an individual (without regard to whether the individual is a member of a family) without permanent housing who:"**<sup>10</sup>

1. Lives on the streets.
2. Stays in a shelter, mission, single room occupancy facility, transitional housing facility, abandoned building or vehicle, or any other unstable or nonpermanent situation.
3. Lives "doubled up," a term that refers to a situation where individuals are unable to maintain their housing and are forced to stay with a series of friends and/or extended family members.
4. Was previously homeless and is released from a prison or hospital without a stable housing situation to which he/she can return.

*It should be noted that this definition does not include persons who are precariously housed due to paying too high a percentage of their incomes for rent, nor those doubled up with family or friends because no other housing is available.*<sup>11</sup>

**The U.S. Department of Housing and Urban Development (HUD) definition of "Homeless" states that: "One or more individuals or families can be homeless if not in housing (either on the street, shelter, transitional housing and supportive housing) in the point in time count."**<sup>12</sup>

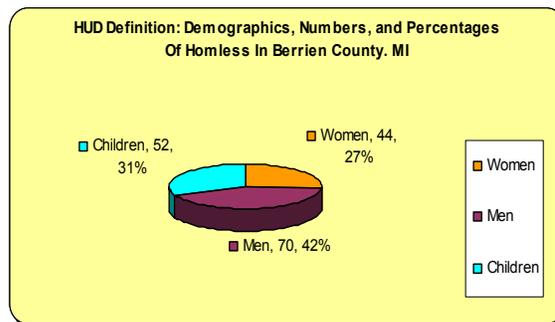
### Scope of Problem in Berrien County

The HRN defined "homeless" by applying HUD's definition. The rationale was that in the November point in time count (PIT), 166 people met HUD's definition of homeless. (Either on the street, shelter, transitional housing, supportive housing)

In terms of "**who**"

- 114 adults (44 women, 70 men)
- 52 children were counted as homeless

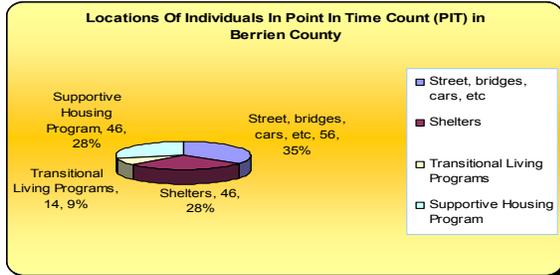
Women and children make up the majority of homeless in Berrien County meeting **HUD's definition.**



In terms of "**where**"

- 56 people were found on the street, abandoned buildings, under bridges, in cars, ravines, or camping)
- 46 people were at shelters (Emergency Shelter, Safe Shelter, Polly’s Place and Salvation Army)
- 14 people were identified in a Transitional Living Program

**The majority of homeless are living either in under bridges, living on the street, in cars or in shelters.**



- 8 percent stated they were homeless because they of being in prison and /or jail
- 7 percent noted they were homeless because of an argument with family and/or friends
- 6 percent noted being homeless because of a disability or multiple disabilities
- 4 percent stated they were homeless because of eviction/foreclosure
- 2 percent were homeless because of a building problem or their building was condemned
- 2 percent were homeless because of a divorce
- 2 percent were homeless because of a hospitalization or personal illness

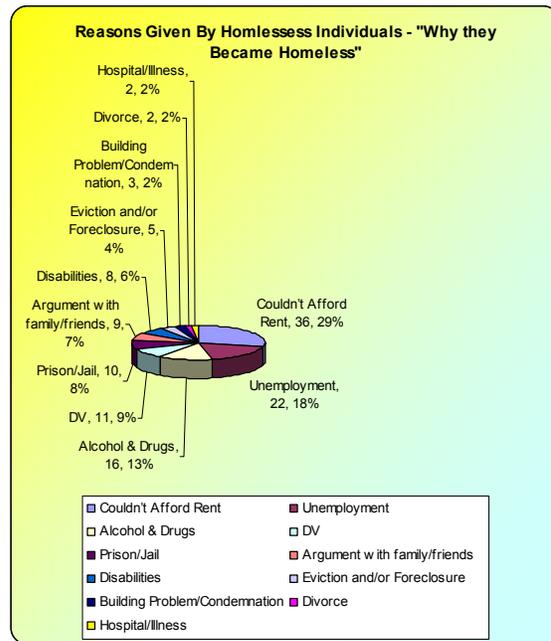
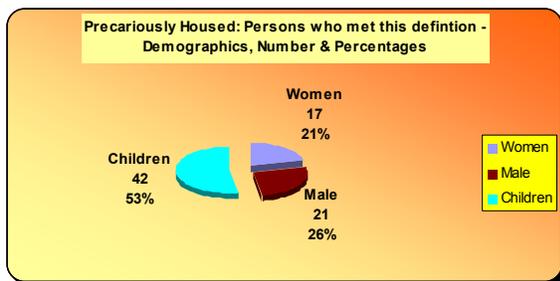


In terms of precariously housed, the data yielded that 28 percent of those surveyed identified that they are living with friends or relatives.

- 47 people affirmed they were living with friends
- 34 people stated they were living with relatives
- 23 households’ stated their current living situation was a result of unemployment or they could not afford rent, or mortgage
- 3 households identified that alcohol/drug abuse was a result of the current living situation
- 2 identified divorce, 2 were victims of domestic violence, 3 were in the current situation due to disabilities

**The largest group reported that they could not afford rent, became homeless due to unemployment, or stated challenges with alcohol and drugs.**

**Women and children are demonstrating the predominant demographic contribution of precariously housed individuals.**



In terms of **“why,”** respondents gave the following reasons for becoming homeless.

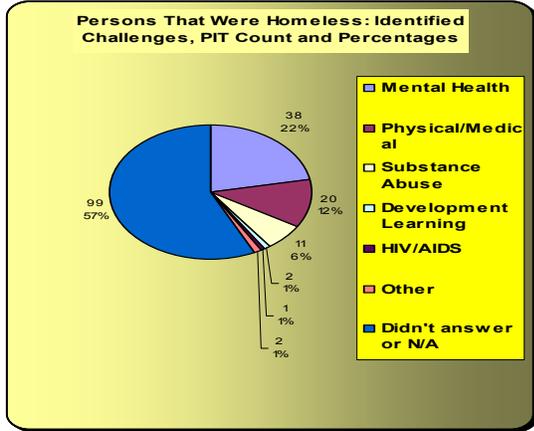
- 29 percent were homeless because they could not afford rent
- 18 percent were homeless due to being unemployed
- 13 percent stated they were homeless because of alcohol and drugs
- 9 percent stated they were homeless because of domestic violence

In terms of **“challenges,”** respondents with disabilities identified the following challenges.

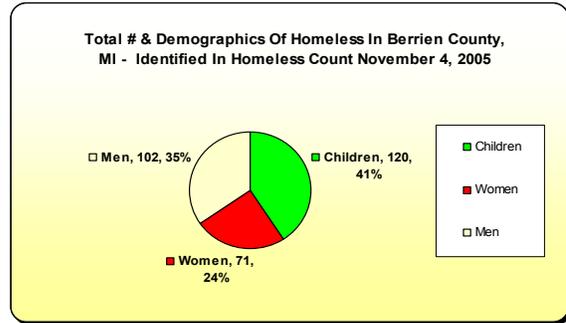
- 57 percent did not answer this particular question
- 22 percent identified mental health issues
- 12 percent respondents’ noted physical/medical problems
- 6 percent individuals stated issues with substance abuse

- 1 percent noted problems with developmental learning
- 1 percent person stated that the HIV/AIDS was their disability
- 1 percent persons illustrated other challenges associated with a disability

The largest group did not report a challenge; however, the next largest grouping demonstrates challenges with mental health, physical and substance abuse issues.



Overall demographical representation shows that 293 persons are homeless in Berrien County, MI each day/night. The majority are women and children.



### Significant Contributing Factors to Scope of Problem

- **Mainstream Services Hard to Use:** Most homeless people cannot complete the complex and lengthy Supplemental Security Income (SSI) application process without assistance.<sup>13</sup>
- **Decline in Public Assistance:** Accessibility of public aid is another starting place of rising homelessness.<sup>14</sup>

“Total counted persons” using no particular definition who were homeless.”

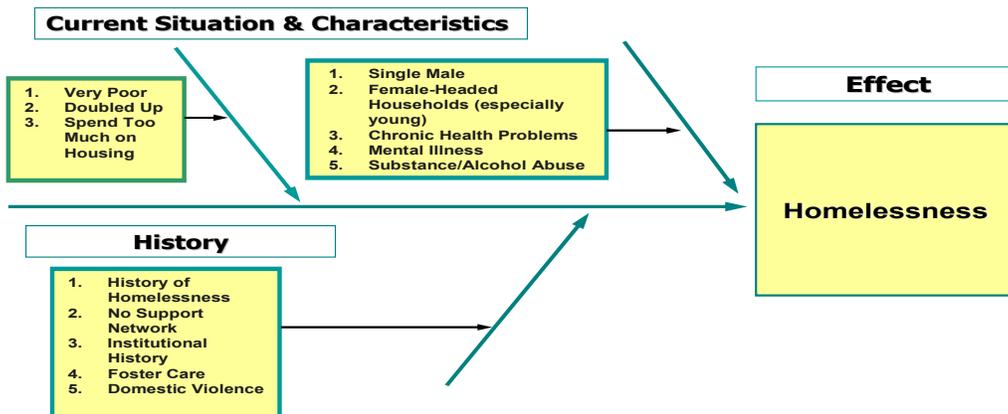
- 293 were counted as total homeless in Berrien County
- 173 were adults
- 120 were children
- 102 were male
- 71 were women

### Core Predictors

The pattern of a person’s homelessness discloses much information about how to intercede and ways to decrease or eradicate such episodes. National data reveals that certain core predictors should be targeted to end homelessness.<sup>15</sup>

Figure 1: Adapted from Burt’s model: Core Predictors of Homelessness (Characteristics and Key Factors)

### Core Predictors: Framework for Building an Effective Program/Service To End Homelessness



### Structural factors in Berrien County

- Berrien County Utilization of Shelters/Unmet Need

- **Berrien County has a total unmet need of 101 beds**, 163 in estimated need (Point-In-Time). The current inventory of beds as of 2006 is 62 for transitional housing, permanent supportive housing and emergency shelter beds. **\*\*The populations served included unaccompanied youth and persons in families with children.**
- The average wait for Section 8 vouchers in Michigan is 35 months and growing.<sup>16</sup>
- **Lack of Affordable Housing/Inadequate Income**
  - **A person earning minimum wage can only afford (at 30 percent) \$362.00 for rent.** The FMV one bedroom in Berrien County is \$465.00.<sup>17</sup>
  - **It will take (at the least) a salary of \$23,000 per year** to afford a 2 bedroom apartment at a fair market rent in Berrien County.
  - **It will take 72.5 hours of work a week (@ \$6.95 p/h)** to afford a two bedroom at FMR in Berrien County. 15,000 plus families of four live in poverty in Berrien County.<sup>18</sup>
  - The average payment to disabled person on Supplemental Security income is \$617.<sup>19</sup> **Persons who receive this benefit can only afford a \$185 dollar monthly rental payment** - a FMV one bedroom apartment in Berrien County is \$465.00.
  - Lack of affordable housing was identified as a major cause of homelessness in 19 plans/cities.<sup>20</sup>

**Personal Factors (Nationally/Berrien County)**

Once structural factors have created the conditions for homelessness, personal factors can indeed increase a person’s susceptibility to homelessness.

- **Mental Illness:** Nationally, mental illness & lack of supportive services were identified by 16 cities as a primary cause of homelessness.<sup>21</sup>
- **Substance Abuse and Addiction:** Nationally, substance abuse and addiction challenges were identified by 15 cities as a main cause of homelessness.<sup>22</sup>
- **Abuse and Neglect:** Nationally, domestic violence was identified as a primary cause of homelessness by 12 cities.<sup>23</sup>
- **Educational Gaps:** In Berrien County, 13-16 percent of adults over the age of 25 do not have a high school diploma or GED.<sup>24</sup> In the state of Michigan, 18 percent of adults, nearly one in five, are functionally illiterate. **As of 2006, Berrien County has a functional illiterate rate of 20 percent.**<sup>25</sup>

- **Low Wages/Unemployment:** Unemployment rate is very high in Benton Harbor as compared to the State average. The State unemployment average is 7 percent. **The City of Benton Harbor reported an annual average unemployment rate of 23.9 percent as of October 2003.**<sup>26</sup> Unemployment was identified as a main cause of homelessness by six cities.<sup>27</sup>

**Life Areas Effected By “Being” Homeless<sup>28</sup>**

- Health concerns are prevalent
- Family unit disintegrates
- Education achievement is effected negatively
- Lack of voting
- Not able to attain identification thus person who are homeless have difficulty moving out of homelessness

**Cost Implications/Key Findings**

Costs for persons who are “homeless” are very difficult to project due to systemic cross-walking or the revolving door effect. Encumbering this issue is the disproportionate amount of public funds to meet the need of any community.<sup>29</sup>

- The overall cost to the nation of sheltering homeless families is estimated to be between \$1.9 and \$2.2 billion annually, making prevention and solving the issue even more important.<sup>30</sup>
- Individuals experiencing homelessness are heavy users of costly public resources.<sup>31</sup> The New York plan calculated the expenditure to be \$40,000 per person/per year for the use of multiple systems.<sup>32</sup>
- Permanent supportive housing (PSH) marks reductions in shelter use, hospitalizations, length of stay per hospitalization and time incarcerated, resulting in a significant reduction in the cost of public services (\$16,282 per person per year)<sup>33</sup>
- Average cost of placing the children of a homeless family in foster care is \$47,608, while the average annual cost for a permanent housing subsidy and supportive services for a family of equal size is about \$9,000.<sup>34</sup>

**Innovative Effective Solutions to Prevent Homelessness<sup>35</sup>**

Ending homelessness becomes a two-pronged strategy to keep individuals and families from falling into homelessness and to help them exit homelessness as rapidly as possible.

- Financial Support for Housing Subsidies
- Outreach and Supportive Services Coupled with Supportive Permanent Housing
- Cash Assistance for Rent or Mortgage Arrears
- Swift Exit from Shelter
- Integrated/Centralized System
- Community Buy-In
- Collaboration
- Leadership and Direction

## Strategic Responses

Michigan has over 60 Continuum of Care bodies, all creating innovative solutions to ending homelessness in their communities.<sup>36</sup>

### *Housing Resource Network (HRN) Governance Structure*

- **Alysia Babcock** of Emergency Shelter Services **chairs** the bi-monthly general HRN Continuum of Care (CoC) meetings. Holly Pomranka of Residential Services of
- Southwestern Michigan serves in the capacity of CoC coordinator.
- The **Executive Committee** is the steering committee and is the driving force of the HRN subcommittees.
- Each of the 8 subcommittees has a defined scope and leader. The entire subcommittee structure forms the HRN Barrier Buster advisory group.
- The **sub-committees** report to the executive committee and are accountable to the general membership that meet on a bi-monthly basis.
- The entire sub-committee structure is grouped into what is known as the **Barrier Busters - HRN Advisory Board** (Appendix C).

## Memorandum of Understanding (MOU)

The MOU is a document that solidifies participation by community agencies/representatives. This document not only gives the HRN a bank of agencies and talents that each individual and agency can give to the group, but it allows the agencies to tell us their strengths and skill sets the individual and/or group. Lastly, it gives us contact information for each agency involved with the HRN (Appendix B).

## Internal Political Leadership

Debra Panozzo chairs the Executive Committee of the HRN. Ms. Panozzo is involved in the work of the HRN representing both the Volunteer Center for Berrien County as an employee of this agency and as a Berrien County Commissioner from the Stevensville area.

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- <sup>3</sup> Ibid
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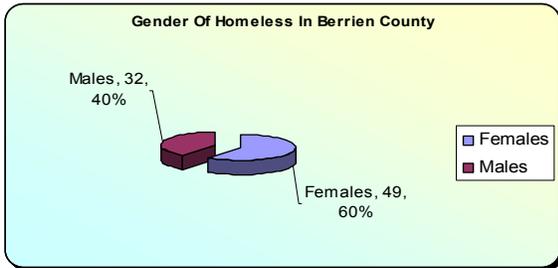
## II. PLANNING FOR OUTCOMES

### Visioning Sessions

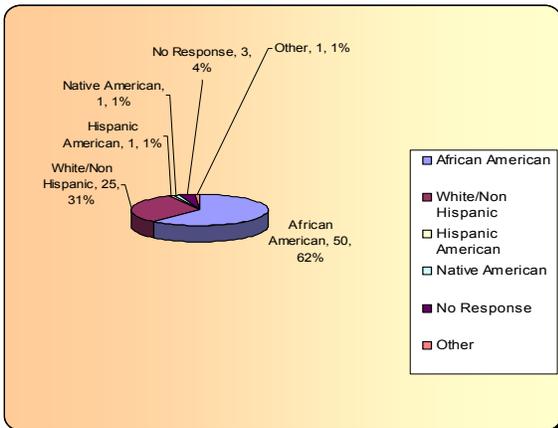
Community meetings were held to collect data from stakeholders. Key feedback session data was captured (See Appendix G).

### Housing Needs Survey Data: *Survey respondents meeting the HUD definition*

Majority of individuals that are homeless (residing in Berrien County) are female



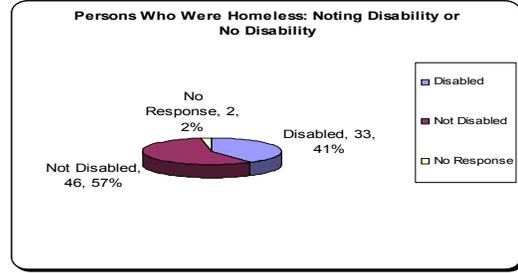
Majority of African Americans are homeless in Berrien County.



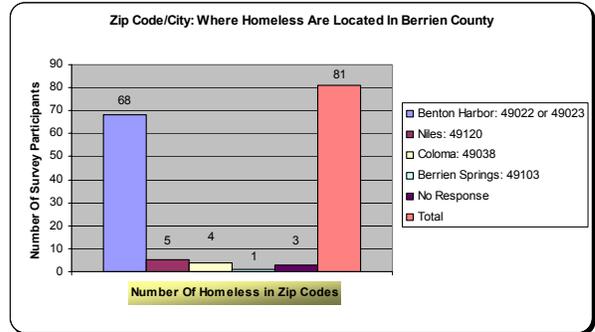
An overwhelming number of homeless are unemployed.



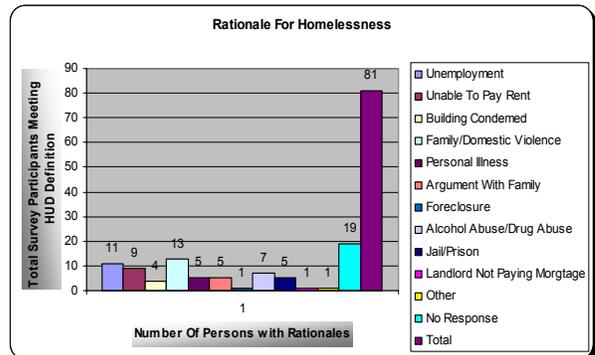
Most persons who are homeless did not have a disability.



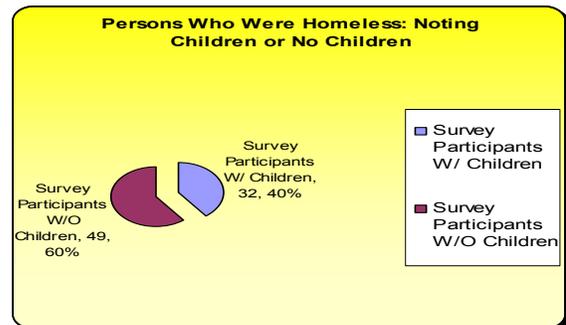
Majority of homeless are located in the Benton Harbor area.



Most survey participants who are homeless are residing in the county shelter system.

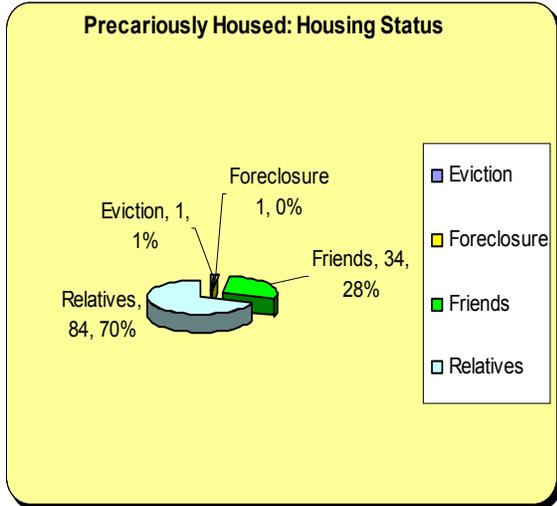


Majority of persons who are homeless noted that they did not have children.

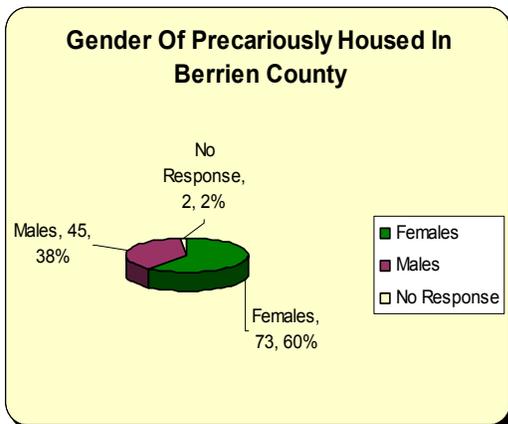


### Precariously Housed: At Risk Groups

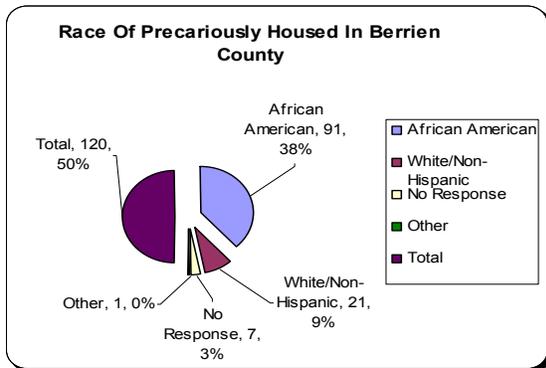
Largest part of survey respondents reported they are staying with relatives.



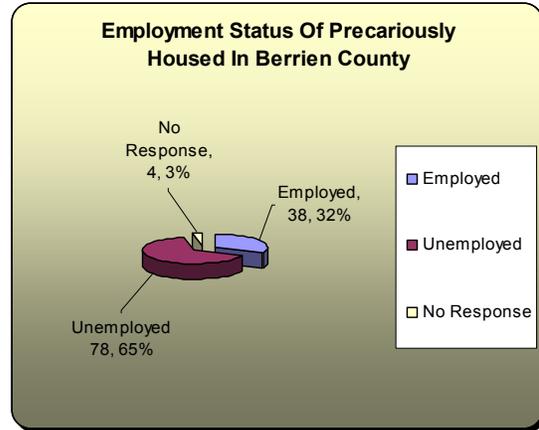
Majority living in precariously housed situations are females.



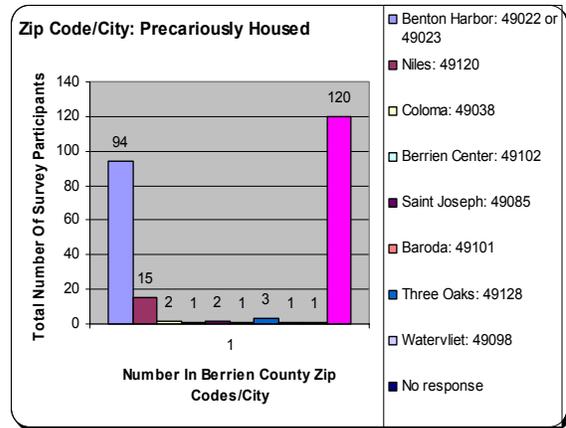
African Americans made up the largest percentage of precariously housed.



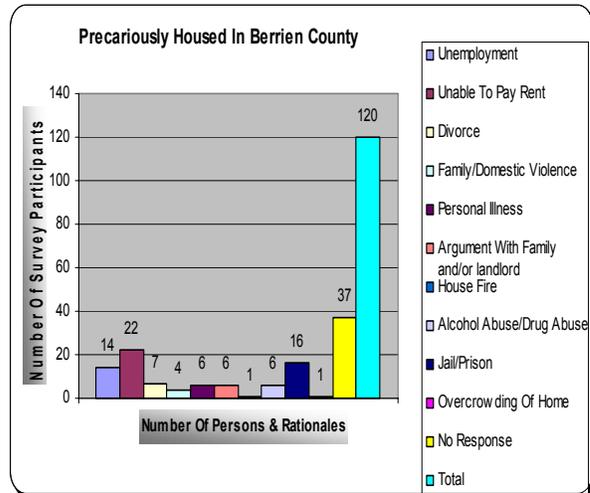
An overwhelming majority of precariously housed individuals are unemployed.



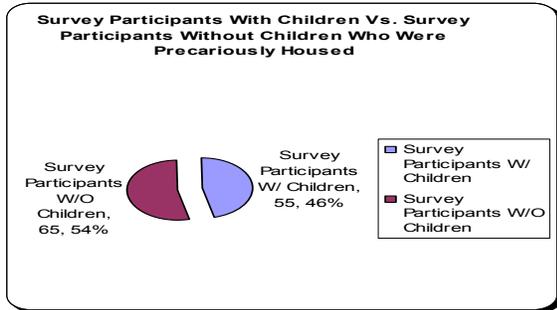
Largest number of precariously housed individuals is located in Benton Harbor.



Most stated reason for being precariously housed: The person is unable to pay rent.



Large number of children is at risk of becoming homeless.



**Resources and Organizational Partners**

The Housing Resource Network has incorporated resources in order to carry out the plan and strengthen its efforts over the long haul. Certainly, without organizational and community partnerships, homelessness will not be solved in Berrien County.

The following section outlines key organizational resources in each of the respective sub-committee focus areas (See Appendix B)

**Berrien Community Trend: Unmet Need**

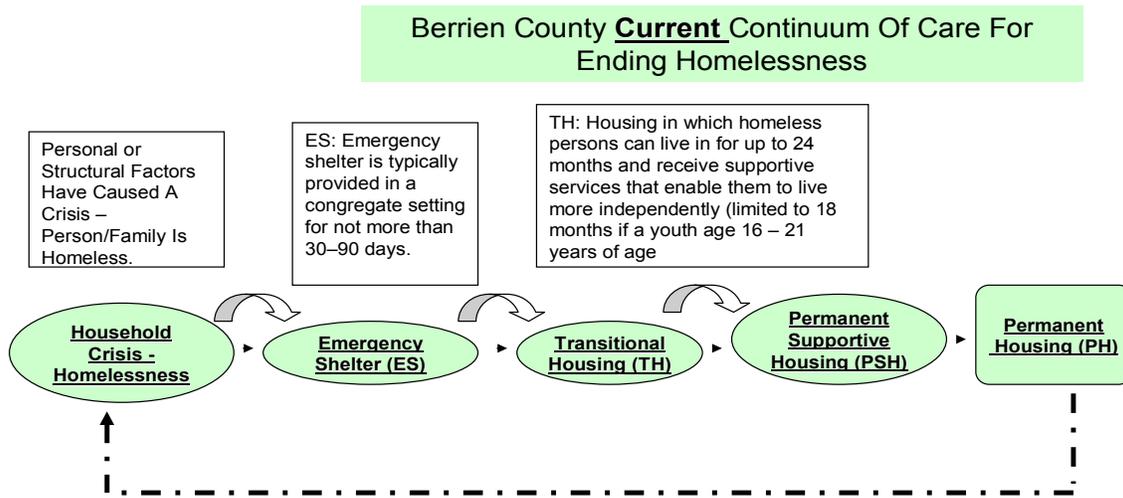
The 2006 Community Needs Assessment prepared by the Southwest Michigan Community Action Agency reported that unemployment is a problem because not enough jobs exist in Berrien County, MI. Over 63 percent surveyed gave this reason.<sup>1</sup> This percentage falls into alignment with national survey respondents. For example; the four most common rationales given (nationally):<sup>2</sup>

1. The community did not have jobs available (18 percent)
2. No affordable housing in that place (13 percent)
3. Evicted or asked to leave their housing (14 percent)
4. No services in the community (5 percent)

**Berrien County Shelter Continuum: Current Process & Future Method to End Homelessness**

The HRN analyzed service capacity, the lack of appropriate supported and permanent housing. The difference between the existing program and service approach (Figure 2) and the proposed HRN housing approach (Figure 3) are conceptually diagrammed below.

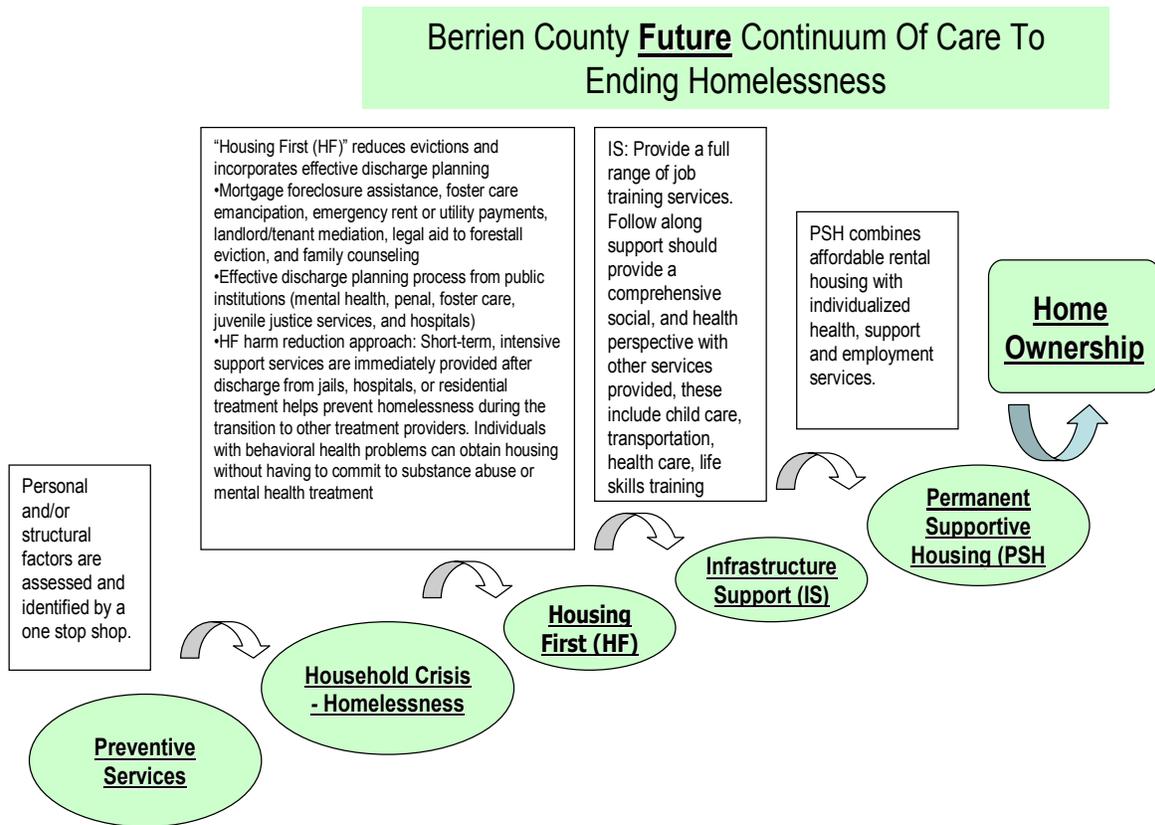
Figure 2: *Berrien County Shelter Continuum of Care*



Traditional housing models require homeless persons and/or families to successfully complete different “stages” of housing (such as emergency housing and transitional housing) in order to demonstrate housing “readiness”. In the traditional housing model, completion of each housing stage requires physical movement to new housing, causing disruption with each move.

The Housing Resource Network future model of ending homelessness shows a preventive and innovative continuum of care.

Figure 3: Future Berrien County Shelter Continuum of Care



The "Housing First" approach is the linchpin in process. It helps manage challenging people by taking a harm reduction approach. This method is focused on securing permanent housing, coupled with intensive supportive and treatment services, as quickly as possible for individuals and families after they have become homeless. It targets people who are at risk of homelessness because they are precariously housed, paying too high a percentage of income for rent, living in a volatile domestic environment, underemployed, plagued with alcohol or substance abuse or other illnesses, etc. **The aim of all preventive services/programs is to stabilize the household before homelessness.**

### Housing Resource Network (HRN) Gaps Analysis Chart

The analysis below demonstrates that the emergency shelter system in Berrien County *is able to accommodate only a small fraction* of the growing number of homeless families in need.

- First Column: This column provides a snapshot picture of where all the people in the point-in-time count actually were at the time of the count (January 25, 2005).
- Second Column: The numbers in second column represent the estimated need for the various types of shelter options – based on projected needs of persons, NOT where they are currently being served.
- Third Column: The third column is the number of existing beds serving the community in 2005.
- Fourth Column: The fourth column is the number of fully funded new beds not yet ready for

occupancy by June 1, 2005 but that is actively being completed and will be occupied by May 31, 2006.



Figure 4: Continuum of Care Housing Gaps Analysis Chart

		Current Location (Point-In-Time)	Estimated Need (Point-In-Time)	Current Inventory 2006	Under Development 2006	<u>Unmet Need/Gap</u>
<b>Individuals and Unaccompanied Youth</b>						
Beds	Emergency Shelter	34	31	50	0	-19
	Transitional Housing	14	24	22	0	2
	Permanent Supportive Housing	20	44	25	0	19
	Unsheltered/Street	31				
	<b>Total</b>	<b>99</b>	<b>99</b>	<b>97</b>	<b>0</b>	<b>2</b>
<b>Persons in Families with Children</b>						
Beds	Emergency Shelter	88	47	52	0	-5
	Transitional Housing	0	44	0	0	44
	Permanent Supportive Housing	28	72	10	0	62
	Unsheltered/Street	47				
	<b>Total</b>	<b>163</b>	<b>163</b>	<b>62</b>	<b>33</b>	<b><u>101</u></b>

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### III. GOALS – ACTION STEPS – IMPLEMENTATION PLAN

#### DATA

##### **Goal 1: Conduct homeless census annually**

###### Outcomes

1. Increase partnerships/volunteers
2. Accurately count of who the plan is serving
3. Utilize data to secure funding

###### Action Steps (Strategies and Interventions)

1. Training for volunteers to conduct interviews & train homeless to conduct survey.
2. Community stakeholders participation in homeless count (persons who are homeless, police, city, village, twp. officials)

###### Implementation Plan

- Timeline: 1-2 years
- Responsible Parties: Katie McIlwee
- Projected Cost(s) / Required Resources: \$500.00
- Funding Sources: In Kind
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

##### **Goal 2: Ensure a functional HMIS system**

###### Outcomes

1. Increase tools and resources necessary to evaluate if goal to end homelessness is being met
2. Increase in number of HMIS provider licenses from 20 to 35
3. Increase to 85 percent providers

###### Action Steps (Strategies and Interventions)

1. Research additional functionality available to the HMIS system in an effort to attract additional non-HUD/MSHDA funded Homeless Service Providers to participate in the HRN's HMIS
2. Discuss and collaborate with HMIS users ways to consolidate required reporting into one system to reduce data entry duplication of client data
3. Determine percent coverage of data being collecting in the HMIS with actual service coverage in the community based on formulas provided by HUD.
4. Seek to incorporate additional participation from service providers servicing the chronically homeless

###### Implementation Plan

October 7, 2006

- Timeline: 1-2 years
- Responsible Parties: Katie McIlwee
- Projected Cost(s) / Required Resources: Under Balance of State funding through Michigan Coalition against Homelessness
- Funding Sources: MCAH and MSHDA
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

#### HOUSING

##### **Goal 1: Secure additional vouchers**

###### Outcomes

1. Increase to a total of 100 permanent supportive housing (PSH) vouchers for homeless and homeless and disabled
2. Increase in number housing choice vouchers (HCV) from current level of 375 to 500
3. Increase from current self-sufficiency slots of 50 to 100

###### Action Steps (Strategies and Interventions)

1. Add Permanent Supportive Housing (PSH) vouchers by 10/year.
2. Add 20-25 Housing Choice Vouchers (HCV) per year
3. Increase family self-sufficiency slots and participants

###### Implementation Plan

- Timeline: 1-10 years
- Responsible Parties: RSSM, SMCAA, MSHDA, Augusta Lynn Development, Community Management Association, SMC, SMCAA, First Call For Help/211-1, Barrier Busters and HRN
- Projected Cost(s) / Required Resources: 450/Vouchers/Yr/Mo, 555/Voucher/Mo.5,000/Household
- Funding Sources: HUD, DCH and MSHDA
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

##### **Goal 2: Create and adopt for standardized model lease**

###### Outcomes

1. Increase favorable leases to Berrien County Renters
2. Increase development of safe, affordable housing

###### Action Steps (Strategies and Interventions)

1. Implement a model/standardized lease for use in Berrien County
2. Develop a consortium of agencies/organizations to provide training opportunities for credit, rental, homeownership

3. Increase accountability structure of lending institutions
4. Increase awareness of community members around predatory lending

**Implementation Plan**

- Timeline: 1-2 Yrs
- Responsible Parties: HRN to legislators, Landlord Association, County Board, Local Government, HRN and Harbor Shores
- Projected Cost(s) / Required Resources: Existing staff from HRN and partner agencies.
- Funding Sources: HRN Fundraising
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

**Goal 3: Enforcement of rental inspection and ordinances**

**Outcomes**

1. Increase accountability structure of inspections for rental property
2. Increase quality of rental property
3. Creation of a model ordinance being utilized
4. Ensure rentals are inspected by qualified inspectors
5. All inspectors have certification

**Action Steps (Strategies and Interventions)**

1. Develop a model ordinance for adoption by local communities
2. Centralize the inspection program to provide all communities with qualified inspectors
3. Provide education and certification for inspectors

**Implementation Plan**

- Timeline: 2-3 years
- Responsible Parties: County Planning Commission (CPC) and State
- Projected Cost(s) / Required Resources: Existing HRN staff and resources
- Funding Sources: Not identified
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

**Goal 4: Improve oversight and financial management of housing**

**Outcomes**

1. Adoption of legislation on a state level to regulate the lending industry, especially, to legislate against predatory lending
2. Creation and approval of a financial management program for renters in Berrien County, MI

**Action Steps (Strategies and Interventions)**

1. Create a consortium of local agencies and organizations to create a plan for standardized education in homeownership, credit counseling, renter rights/responsibilities, maintenance and financial management
2. Legislate against predatory lending; areas to be covered are mortgages, check cashing, refund anticipation loans

**Implementation Plan**

- Timeline: 1-2 years
- Responsible Parties: Consortium of banks, SMCAA, LMS, SMC, Credit Bureau, realtors, CWCC, USDA RD
- Projected Cost(s) / Required Resources: Existing HRN resources
- Funding Sources: Not identified
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

**Goal 5: Develop housing first approach**

**Outcomes**

1. Reduce evictions
2. Increase effective discharge planning
3. Decrease “ping-pong” effect (multiple service use to receive assistance prevention funds)
4. Increase the use of mainstream resources
5. Increase cross-systems technology and innovation in services design and delivery

**Action Steps (Strategies and Interventions)**

1. Map out mortgage foreclosure, foster care emancipation, emergency rent or utility payments, landlord/tenant mediation, legal aid to forestall eviction and family counseling.
2. Track and analyze discharge planning process from public institutions (mental health, penal, foster care, juvenile justice services and hospitals)
3. Research and analyze funding available within the community, State and Federal levels
4. Determination of best method/approaches to deliver services without requiring the client to travel long distances and use a lot of time
5. Development of a shared screening tool to determine eligibility for mainstream resources
6. Map out innovative process using community resources

**Implementation Plan**

- Timeline: 1-2 years
- Responsible Parties: Central Response Sub-Committee
- Projected Cost(s) / Required Resources: Existing HRN resources
- Funding Sources: Not identified
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

**Goal 6: Create safe and affordable housing stock**

**Outcomes**

1. Increase housing that does not require Berrien County residents to pay more than 30 percent of their gross income
2. Amendment of the Subdivision Act to Support processes of affordable housing
3. Increase rehabilitation of rental properties in Berrien County
4. Increase rehabilitation of single family homes
5. Creation of a land bank

**Action Steps (Strategies and Interventions)**

1. Research authorization of general fund bond issue in the amount of \$10,000 to promote affordable housing
2. Encourage zoning that supports inclusion versus exclusion
3. Amend the subdivision act to make it a more user friendly and expedient process – Legislation
4. Expand homeowner rehab program.
5. Introduce a rental rehab program which is affordable and user friendly for landlords
6. Discussion with County Treasurer on implementing land bank

**Implementation Plan**

- Timeline: 4-5 years
- Responsible Parties: MSU-E and City. P.C. SWMC, local legislators, home builder lobbyist, government affairs, Berrien County Community Development, Cornerstone Alliance, SMCAA and County Treasurer
- Projected Cost(s) / Required Resources: \$5,000, minimal. Annual Basis of Rehabilitation: \$900,000, (\$300,000 current), (\$300,000 Homeowner), (\$300,000 Rental)
- Funding Sources: MSHDA/HUD
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

**Goal 7: Develop permanent supportive housing**

**Outcomes**

1. Increase supportive housing option in Berrien County to reduce multiple antiquated housing and support service use
2. Decrease substance abuse and felonies recidivism
3. Decrease chronic homelessness recidivism
4. Decrease recidivism of hospital system recidivism

**Action Steps (Strategies and Interventions)**

1. Create a committee to study the implementation of this program
2. Research and develop plan for securing Medicare dollars under the B-3 Waivers and Federally Qualified Health Centers.
3. FQHC reimbursements for generating revenue
4. Develop a program of boarding houses that are smaller (5 or less bedrooms) on scattered sites for housing the chronically homeless

**Implementation Plan**

- Timeline: 5-6 years
- Responsible Parties: YWCA/MPRI/RSSSM/Riverwood Center
- Projected Cost(s) / Required Resources: Existing HRN resources
- Funding Sources: MSHDA
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

**COMMUNITY MOBILIZATION**

**Goal 1: Organize efforts, participation and execution of community events**

**Outcomes**

1. Increase to 5 fundraiser activities per year
2. Increase community awareness to 3 events per/year
3. Raise \$10,000 dollars for homeless and precariously housed
4. Develop 5 collaborative efforts
5. Increase clothing to persons, families and shelters in need

**Action Steps (Strategies and Interventions)**

1. Recruit school and community sponsors who will organize and implement local “Walks for Warmth”
2. Conduct school and community blanket drives in each school district in Berrien County, in which football game spectators donate a new blanket when attending local high school football games
3. Develop a form, contact media, gather and compile lists of area schools as well as contact people
4. Participate and strengthen staffing of the HRN Berrien County Youth Fair booth
5. Develop sign up sheets for each 3 hour shift and assure all shifts are assigned and provide

- direction to volunteers (marketing, interaction and information)
6. Provide financial incentives for HRN participants
  7. Set dates and publicize community events.  
Ensure logistics (walk routes, assignments for volunteers, blanket drive - collect and disperse blankets)
  8. Participate in Berrien County Intermediate School District's interschool distance learning video teleconference, the ASK program, by reading and talking with students about Paula Fox's Monkey Island, in order to stimulate thinking and intelligent discussion about youth homelessness
    - a. Sub-action: Set Date for video session, solicit HRN members to participate and receive feedback
  9. Develop calendar of events and strengthen efforts of participation and marketing of events: Safe Shelter's Candlelight Vigil, The Human Race, Soup Kitchen's serving opportunities, Homeless Awareness Week, Homeless Angels, annual Homeless Counts and Annual Community Awareness Day at Benton Harbor's Orchards Mall
    - a. Sub-action: take photos at events to add into power point and for board for community awareness days, develop media packets to promote events

**Implementation Plan**

- Timeline: 1-2 years
- Responsible Parties: Community Mobilization Sub-Committee
- Projected Cost(s) / Required Resources: Existing HRN resources
- Funding Sources: HRN Fundraising
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

***Goal 2: Build momentum, community buy-in and secure political capital***

**Outcomes**

1. Increase knowledge of HRN plan to community leaders
2. Increase political support (garner support)
3. Increasing community momentum of HRN plan to end homelessness

**Action Steps (Strategies and Interventions)**

1. Provide transportation for community leaders and elected officials to attend any and all HUD, MSHDA housing conferences to reinforce support.
2. Plan and organize all logistics
3. Secure monies and provide payment

**Implementation Plan**

- Timeline: 1-2 years
- Responsible Parties: Community Mobilization Sub-Committee
- Projected Cost(s) / Required Resources: 3,000
- Funding Sources: HRN Fundraising
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

**CENTRALIZED RESPONSE**

***Goal 1: Create process and system to pool funding***

**Outcomes**

1. Increase funding collaborative - multiple agencies with separate funding streams
2. Increase community momentum of HRN plan to end homelessness
3. Increases analysis/feasibility of busing clients from south county for development of one stop shop and/or mobile one stop shop

**Action Steps (Strategies and Interventions)**

1. Interweave plans for one stop shop and/or mobile one stop shop
2. List who has funding (gather data and numbers)
3. Begin discussion about sharing funding
4. Develop plan to pool funding
5. Invite key leaders to the table

**Implementation Plan**

- Timeline: 1-2 years
- Responsible Parties: All partner agencies receiving funding, centralized response sub-committee
- Projected Cost(s) / Required Resources: HRN existing resource
- Funding Sources: To be determined
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

***Goal 2: Creation of one-stop shop***

**Outcomes**

1. Increase use of housing services in one location
2. Decrease multiple agency use and funding streams
3. Increase response to homelessness
4. Reduce paperwork
5. Decrease precariously housed
6. Increase sharing of information that can assist systems in coordination

**Action Steps (Strategies and Interventions)**

1. Research and explore feasibility of “mobile” one stop shop - outstations linked electronically
2. Secure funding
3. Research process in order to be able to share info. between agencies and First Call for Help
4. Train and increase access to HMIS, First Call for Help-REFER
5. Determining staffing and licensing needs
6. Procurement: Planning and feasibility

- Timeline: **1-2 years**
- Responsible Parties: Education/Training sub-committee
- Projected Cost(s) / Required Resources: \$ 1,500
- Funding Sources: In-Kind
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

**Implementation Plan**

- Timeline: **1-2 years**
- Responsible Parties: All partner agencies, centralized response sub-committee
- Projected Cost(s) / Required Resources: HRN existing resource
- Funding Sources: To be determined
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

**SUBSTANCE ABUSE/ADDICTIONS**

**Goal 1: Promote integrated treatment models**

**Outcomes**

1. Implementation of treatment model for co-occurring disorders of persons that are experiencing homelessness
2. Increasing integration of systems (preventing individuals from falling between the cracks)
3. Improved communication and coordination among agencies
4. Adoption of assessments and data collection
5. Improve data collection and documentation of diagnoses; decrease duplication

**INTEGRATED STRATEGIES**

**Goal 1: Compile, package and distribute countywide resource guide**

**Outcomes**

1. Increase resources for individuals who may want/need to increase their literacy and skills
2. Increase educational opportunities
3. Increase awareness of skill programs that offer on-the-job training
4. Increased employee relations for homeless individuals and families
5. Increase mentoring connections

**Action Steps (Strategies and Interventions)**

1. Continue discussions and coordination between substance abuse providers and mental health providers via monthly collaborative meetings between service providers and adoption of welcoming policies
2. Continue to extend charter and consensus document signed
3. Implementation of the Comprehensive, Continuous Integrated System of Care (CCISC) model for designing systems change to treat persons with co-occurring psychiatric and substance disorders
4. Inter-agency staff trainings to be completed
5. Documentation of minutes to occur

**Action Steps (Strategies and Interventions)**

1. Brainstorm a list of companies that members have had experience with that are supportive of goal, also solicit/request company names from HRN members,
2. Develop list of companies that support on-the-job training, skill development and employee mentoring to HRN meeting – compile and capture all data and share at HRN meetings for review
3. Outreach and develop a list of categories to research countywide and collect data from county
  - a. Physically visit companies on list and ask for their support as well as names of other companies that they feel would support goal (make presentations)
4. Compile feedback and information and create a resource guide for distribution and place on-line
5. Use feedback to compile resource guide of companies

**Implementation Plan**

- Timeline: **2-3 years**
- Responsible Parties: Lakeshore Coordinating Council, Health Dept., Shoreline Consultation Services, Riverwood (CMHSP), Community Healing Centers
- Projected Cost(s) / Required Resources: Agency sharing of resources
- Funding Sources: Not identified
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

**Goal 2: Plan and develop substance abuse treatment center**

**Outcomes**

**Implementation Plan**

1. Increase of service provision in county (substance abuse treatment)
2. Increase data possession and reporting
3. Legal formation of 501(C) 3 designation
4. Increase substance abuse treatment options in region
5. Decrease out of county substance abuse placements

**Action Steps (Strategies and Interventions)**

1. Acquire data from all provider agencies
2. Research and apply for SAMSHA and/or other pertinent grants
3. Advocate with private donors, foundations
4. Investigate “buy a room”
5. Increase knowledge of accreditation and licensing requirements as well as best practice models and staffing required.
6. Acquire 501(C) 3
7. Procurement plan

**Implementation Plan**

- Timeline: 3-4 years
- Responsible Parties: Lakeshore Coordinating Council; Shoreline Consultation, Riverwood Center, Berrien County Health Department, Emergency Shelter and Inspiration House
- Projected Cost(s) / Required Resources: \$250,000 for operating cost, \$60,000 for staffing and staff/agency sharing of resources
- Funding Sources: Not identified
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties.
- **Oversight will be provided by:** CoC Chair of HRN

***Goal 3: Create supportive housing models using housing first approaches for individuals with co-occurring diagnoses***

**Outcomes**

1. Increased program implementation using innovative practices
2. Increased service provisions between housing services and Riverwood Center
3. Maximize resources between Riverwood & RSSM

**Action Steps (Strategies and Interventions)**

1. Support and develop chronic homeless initiatives which will house many individuals with above diagnoses
2. Develop and support receipt of 5 shelter plus care vouchers for substance abuse and co-occurring diagnoses
3. Develop and distribute 18 shelter plus care vouchers for chronic homeless and co-occurring disorders

**Implementation Plan**

- Timeline: 3-4 years
- Responsible Parties: Chronic homeless initiative workgroup, Emergency Shelter as lead agency, Lakeshore Coordinating Council, Riverwood, Residential Services of Southwest Michigan (RSSM)
- Projected Cost(s) / Required Resources: \$44,000
- Funding Sources: Interagency Service Team (IST), for support services, including shelter plus care vouchers. Collaboration of services between Lakeshore Coordinating Council, Shoreline Consulting, Riverwood, Residential Services of Southwest Michigan shelter plus care vouchers as supported by DCH and Riverwood Center supportive services
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

**YOUTH**

***Goal 1: Create innovative housing first for youth***

**Outcomes**

1. Create transitional housing service and program for youth (persons can live in for up to 18 months and receive supportive services that enable them to live more independently)
2. Increase permanent supportive housing for youth
3. Increase Involvement of agencies and community members on youth sub-committee

**Action Steps (Strategies and Interventions)**

1. Invite key players to the table for collaboration
2. Develop intervention/prevention model
3. Build a prevention model to use in schools with age appropriate youth
  - a. Produce and maintain resource guide for youth
4. Check licensing procedures/requirements
5. Develop business plans including: site acquisition, service delivery model, timeline an annual budget.
6. Locate adequate funding including building a plan for necessary fundraising
7. Develop a business plan including: site acquisition, service delivery model, timeline and annual budget
8. Locate adequate funding including procurement plan for necessary fundraising
9. Research and appoint/sign agreement with lead agency

**Implementation Plan**

- Timeline: 2-4 years
- Responsible Parties: Youth Committee and existing HRN membership

- Projected Cost(s) / Required Resources: \$500-\$1000 printing and supplies, \$1,000-5,000-printing, travel, supplies
- Funding Sources: HRN Fundraising, grants by local/state/federal government
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

1. All interested parties involved and meeting researching non-traditional forms of transportation (churches, volunteers, etc.)
2. Devising a schedule for non traditional methods of transportation
3. Research non-profit owned transportation method (i.e.: donated vehicle, cost of insurance, fuel, maintenance, etc)

### DOMESTIC VIOLENCE (DV)

#### Goal 1: Create safe housing

##### Outcomes

1. Complete survey and acquire data around DV
2. 80% participation
3. Plan in place and implemented
4. 50% of schools participate in education

##### Action Steps (Strategies and Interventions)

1. Bring all interested parties together to enhance knowledge and community awareness
2. Collaboration of input for plan and information
3. Develop a plan of action through a collaborative effort of many agencies and the community
4. Conduct consumer survey to acquire baseline
5. Provide education to students within school system

##### Implementation Plan

- Timeline: 1-2 years
- Responsible Parties: DV sub-committee, Gail/Becky and existing HRN membership
- Projected Cost(s) / Required Resources: None identified
- Funding Sources: Not identified
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

#### Goal 2: Promote safe transportation

##### Outcomes

1. Increase means for victims of DV to get to and from jobs, medical appointments and other establishments in a timely manner (schedule in place)
2. 80% participation rate
3. Compiled list of available transportation

##### Action Steps (Strategies and Interventions)

##### Implementation Plan

- Timeline: 2-3 years
- Responsible Parties: DV sub-committee and existing HRN membership
- Projected Cost(s) / Required Resources: None identified
- Funding Sources: Not identified
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

#### Goal 3: Create transitional and emergency units

##### Outcomes

1. Survey finding and results show the need for units
2. Research and secured building and funding (rehabilitate building complete - procurement)
3. Secured vouchers and criteria in place to utilize

##### Action Steps (Strategies and Interventions)

1. Survey what is available for DV survivors
2. Apply for funding for rehabilitation of building and locating building
3. Apply for housing choice vouchers and funding for supportive services
4. Develop criteria and selection process

##### Implementation Plan

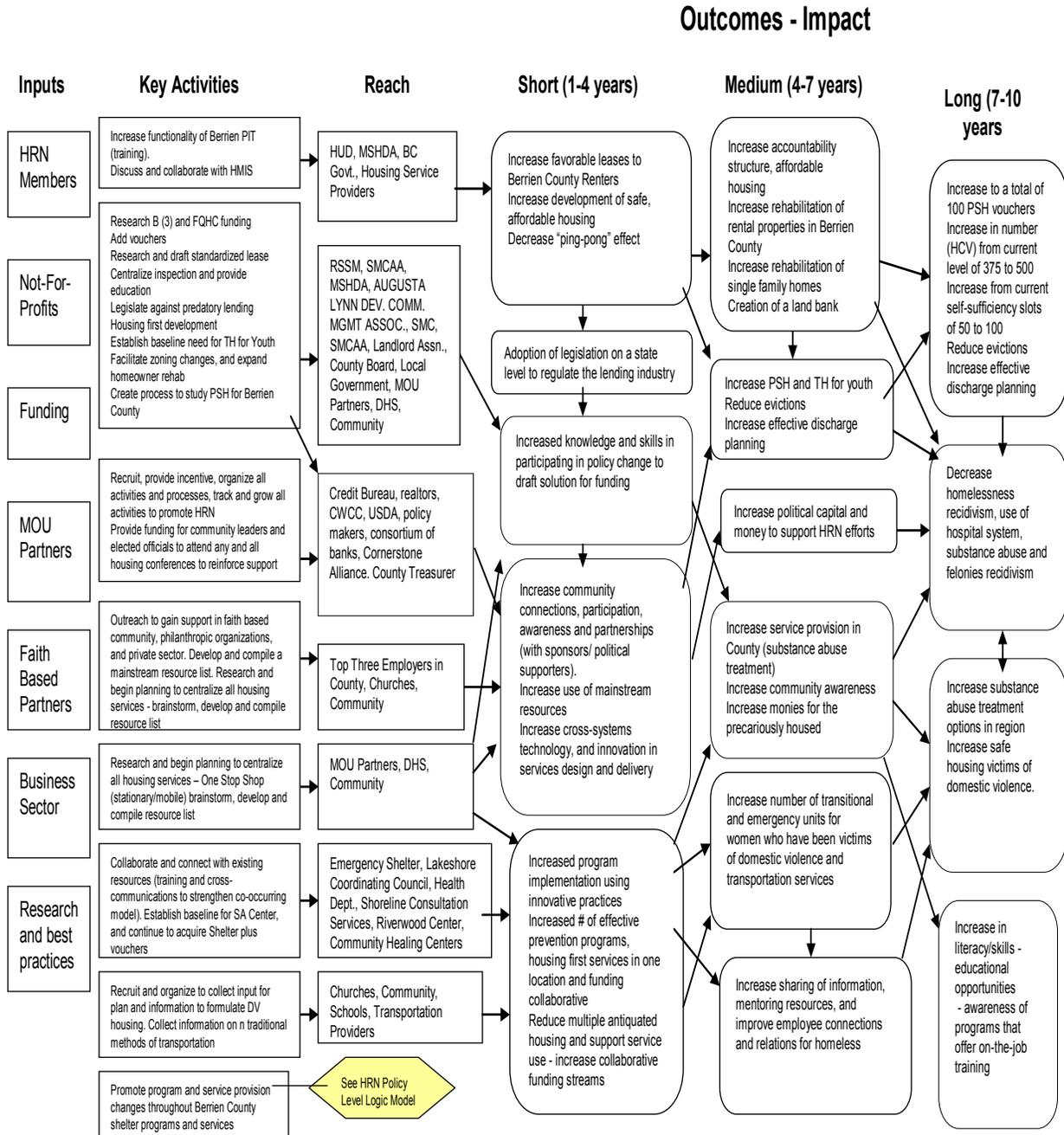
- Timeline: 1-2 years
- Responsible Parties: DV subcommittee and existing HRN membership
- Projected Cost(s) / Required Resources: None identified
- Funding Sources: Not identified
- **Periodic Evaluation:** Quarterly monitoring - one page summary of outcomes will be generated by responsible parties
- **Oversight will be provided by:** CoC Chair of HRN

## IV. EVALUATION PLAN

The HRN was outcome (result oriented) driven not output driven (activity oriented).

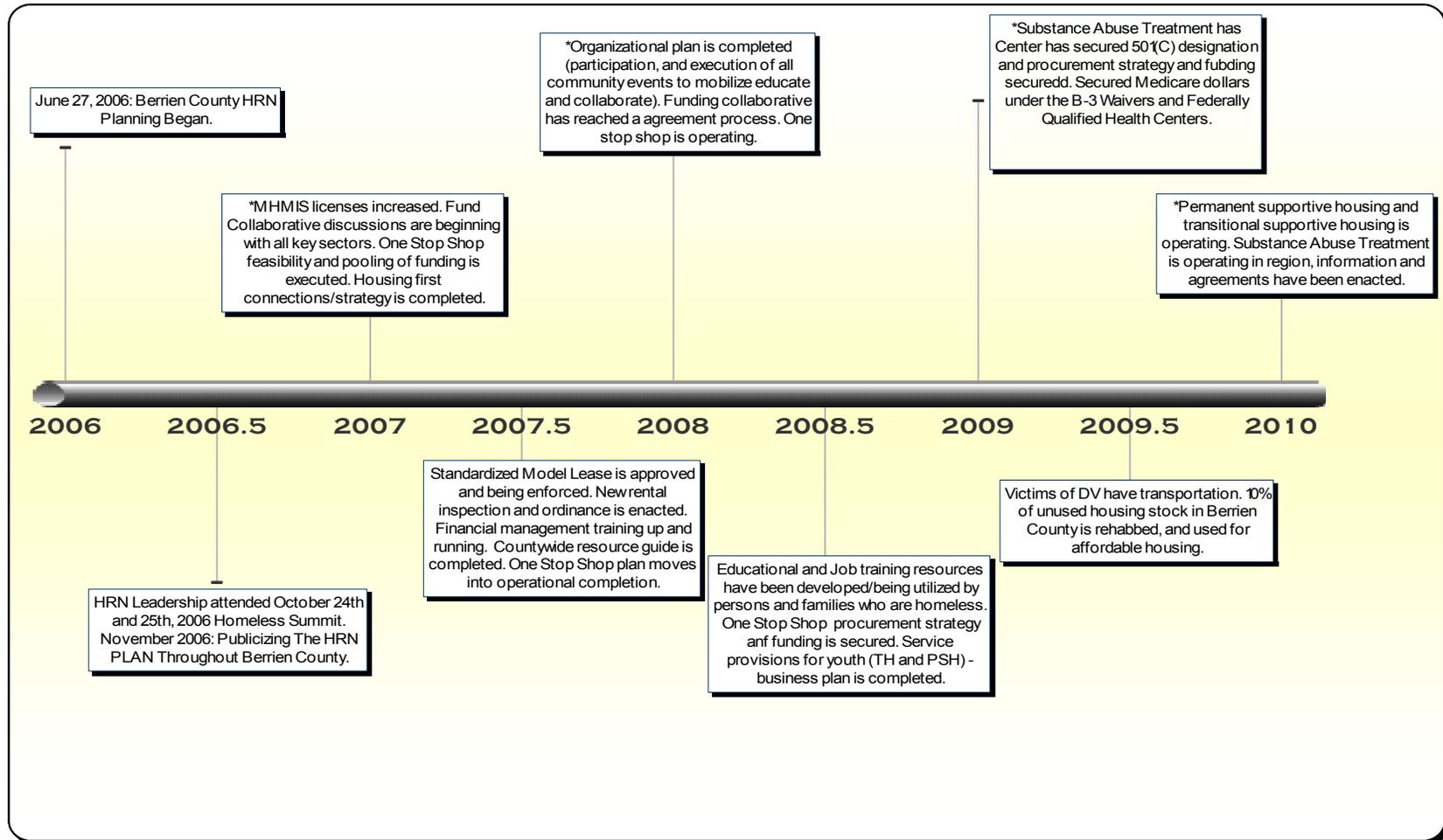
Figure 5: Overall Evaluation (logic model) of Goals – Action Steps – Implementation Plan for the Housing Resource Network

## Berrien County Level Logic Model: Ending Homelessness



## Housing Resource Network (HRN) Timeline

Figure 6: The Housing Resource Network Timeline: Critical Priorities/Milestones



**\*Annual milestones to be achieved**

- Annual homeless count is conducted
- 10 PSH vouchers for homeless and homeless and disabled p/y, 12 HCV p/y, 5 self-sufficiency slots p/y
- 10 fundraising activities, collaborative activities (community events, presentations and conferences)

## Leadership and Implementation of Housing Resource Network (HRN) Plan

### The HRN Leadership Seeks To:

1. Build stronger partnerships among developers, service providers and government investors.
2. Demonstrate savings in public systems from reduced use of services including hospital emergency rooms, homeless shelters and acute psychiatric services.
3. Enhance the quality of life for both those who are housed and homeless.
4. Increase resources to address other homeless sub-populations, including youth and families.
5. Foster innovation and advance systems reforms that in turn drive the creation and operation of more, high-quality supportive housing.

### Current and Future Leadership Strategies

In September 2006, the HRN built momentum and secured community support by acquiring # letters of support and from political leaders in Berrien County (Appendix P). The HRN also secured # resolutions from numerous Boards of Directors (Appendix P).

### Future Leadership Strategies

The HRN will recruit 10 influential members of the diverse communities of Berrien County to join in its efforts. The role of these members will be to:

- Provide policy guidance and coordination of countywide activities
- Secure funding for future one stop shop operation and assure successful implementation
- Build and sustain broad public participation in ending homelessness
- Encourage and sustain partnerships through incentives and targeted funding opportunities
- Educate and influence policy makers at the local, state and federal levels

## Implementing Our Communities' Ten-Year Plan to End Homelessness

The Housing Resource Network leadership will be attending the Homelessness Summit October 24 – 25, 2006 in Lansing, Michigan. We are inviting community leaders and elected officials also to attend. The Michigan Housing Development Authority (MSHDA) and the Department of Human Services (DHS) are sponsoring this event to celebrate the completion of the initial round of planning and kick off the next important phase of action and implementation. The Campaign to End Homelessness - Homelessness Summit will bring together federal, state and local officials as well as national and local experts to keynote and facilitate working sessions as we come together to advance our action agenda. This Summit will serve as a basis for defining community-specific priorities and resource allocation.

October 7, 2006

*MSHDA, plans to distribute over \$16 million to new initiatives focused on family homelessness, domestic violence, chronic homelessness and homeless youth in fiscal year 2007, linked to strategies articulated in approved local ten-year plans. Details on these initiatives will be discussed at the Homelessness Summit in October.*

## V. POLICY RECOMMENDATIONS

### What will the HRN need to do to end homelessness in Berrien County, MI?

1. **Build low-income housing (subsidized options) to meet the needs of homeless individuals, families and youth.**

*Rationale: We must end homelessness, not manage it. If we subsidize housing persons who are homeless will become and stay housed.*

2. **Implement Housing First Approaches (Rapid Re-Housing, Permanent Supportive Housing).**

*Rationale: We must supply adequate housing resources, homelessness can be averted, but without supportive services homelessness cannot be solved.*

3. **Propose ordinance that presents a clear definition of the "affordable" units whose inclusion in a development will meet ordinance requirements or trigger the availability of incentives.**

*Rationale: We must work with the housing community to formulate affordable housing strategies. We should work to raise the "asset wealth" of people. It's not enough to simply work on increasing wages or attract higher-paying jobs.*

4. **Incentivize developers to build or renovate attractive, accessible properties; and help managers ensure good maintenance and repair.**

*Rationale: We must work with developers and balance the scales regarding inclusionary zoning ordinances. These ordinances add extra costs to housing development, which is hindering the ability of housing development to keep up with market demand.*

5. **Form funding collaborative; whose members will include representatives of city and county government.**

*Rationale: We must bridge the gap between multiple, antiquated and inflexible federal regulation. We must overcome unintended overlaps, gaps, omissions and barriers in efforts to serve our "hardest to serve" populations.*

6. **Create one stop shop from funding collaborative and utilize innovative programs (targeting personal and structural) challenges as outlined in the plan.**

*Rationale: We must support a comprehensive system - access to mainstream services that are at a co-location of human services staff.*

7. **Lead, collaborate and partner to offer comprehensive substance abuse services.**

*Rationale: We must commit and partner to transform the myriad of publicly funded programs that provide services, housing and income supports to persons experiencing substance abuse.*

8. **Uniformity of regulations/inspections across the local housing market.**

Figure 7: The HRN implied guidelines for behavior, decision making and thinking

*Rationale: We must increase accountability within the housing arenas. This will improve favorable leases to Berrien County renters.*

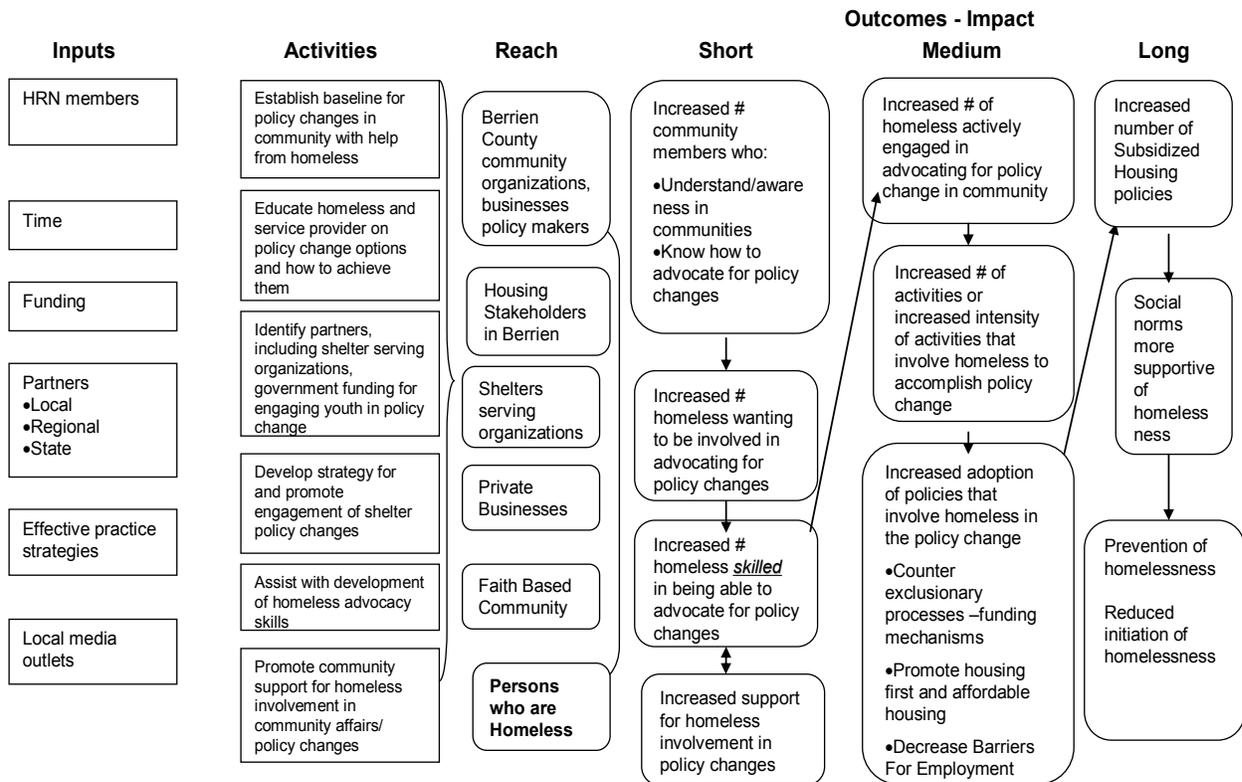
9. **Create targeted educational and training opportunities.**

*Rationale: We must provide more education and training- essential elements in preparing parents for better paying jobs to support their families.*

10. **Promote wider awareness of the role of trauma in precipitating and extending homelessness for individuals and families.**

*Rationale: We must be vigilant in innovation and stay informed of activities in other communities, encourage ongoing stakeholder and community input.*

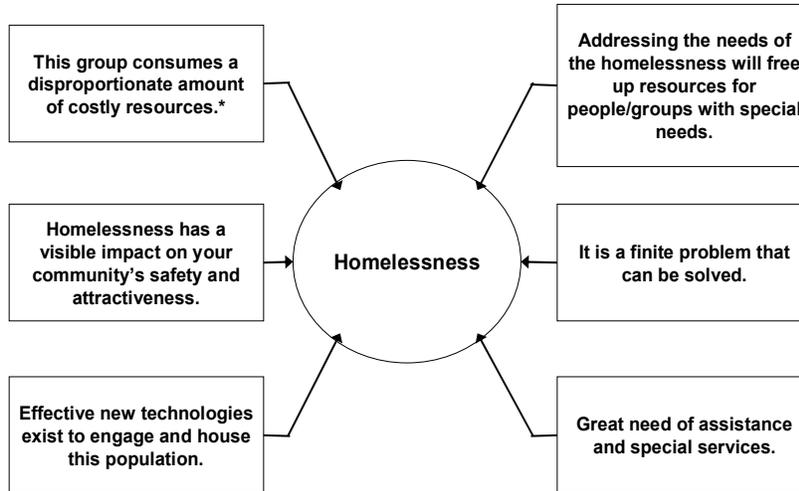
### HRN Component Logic Model: Advocating For Policy Change



## THE HOUSING RESOURCE NETWORK (HRN) CLOSING STATEMENT

The Berrien County Plan to End Homelessness provides a critical planning framework and policy recommendations to resolve the problem of homelessness in Berrien County, MI. The next figure below summarizes **why we plan** on ending homelessness in Berrien County.

### Why Should Berrien County Focus On Ending Homelessness?



### **Dramatic Changes in Berrien County's Structural and Individual Approach must occur together - Planning for Outcomes, Prevention, Intervention and Infrastructure Improvement is Paramount.**

- The more comprehensive and sustained these strategies are, the more they are likely to contribute to developing a system to end homelessness.
- If we don't plan (fiscally) and prepare wisely (improve community structures), we run the risk of disintegrating the very social fabrics of our community. Budget requests for the next fiscal year are showing deep cuts to social programs.
- The cost of homelessness goes well beyond the number; it breaks down the very essence of our society, the family unit.
- Housing needs to be accompanied by supportive services, at least temporarily, but such services without a housing component cannot end homelessness.
- When assistance is restricted to those who are homeless tonight, not much can be done to prevent homelessness tomorrow. Virtually all federal programs related to homelessness focus on serving people who are already homeless.
- Housing created or renovated needs to be within reasonable price ranges.
- Community members need training to attain living-wage jobs. We need to ensure we are providing quality schooling to develop individuals' capacity to hold good jobs.
- Only policies that expand the availability of affordable housing to people with below poverty incomes will guarantee stable homes for persons and families who are homeless.

## **APPENDICES**

### **APPENDIX A**

**OPERATING PRINCIPLES**

Adopted 12-11-02  
*Revised 2-8-06*

**Article I – Name**

The Housing Resource Network of Berrien County

**Article II- Mission**

The Housing Resource Network of Berrien County is a community group, which actively works to prevent and end homelessness by developing and maintaining a system to coordinate our community's resources and services for homelessness and precariously housed families and individuals.

**Article III- Purpose**

- A. The Housing Resource Network of Berrien County (hereafter referred to as the HRN) serving as a committee of the Community Collaborative body shall coordinate the preparation of an annual Continuum of Care strategy for Berrien County.
- B. The HRN shall be responsible for the determination of funding priorities for HUD and MSHDA homeless service grants and other funding sources as appropriate.
- C. The HRN shall support, promote and participate in the collection of data utilizing the Homeless Management Information System. The data will be collected by member agencies and used to better understand homelessness, identify potential unmet needs, educate the community and as a tool to advocate for additional resources and community support to meet HRN goals.
- D. The HRN shall pursue funding opportunities to support the achievement of its mission and goals.

**Article IV- Membership**

- A. The membership of the HRN shall be open to all interested community members or organization. It is the expectation of the HRN that all housing provider agencies will participate in the HRN process.
- B. The HRN shall have representation from those who are homeless, have experience homelessness, or provide services/housing to homeless individuals.
- C. Members must annually submit a memorandum of understanding of the interest and support of the HRN activities and are due in December of each year.

**Article V- Officers and Staff**

- A. The HRN shall have a Chairperson and a Co-Chairperson who shall serve staggered two-year terms. Each elected individuals first year will serve as Co-Chairperson to the current Chairperson. Their second year the individual will serve as Chairperson.
- B. The members of the HRN shall elect a Co-Chairperson each year. This election will take place at the full HRN membership meeting each December. The term of service will begin immediately.
- C. The Chairperson shall coordinate HRN bi-monthly meetings. The Chair or in his/her absence, the Co Chairperson will coordinate the bi-monthly activities for those meetings.
- D. The HRN Coordinator will serve as paid staff to the HRN Executive Committee and provide support, as needed, to the HRN Chairperson and Co-Chairperson. Full responsibilities are outlined in the Coordinator's job description. The job description will be reviewed by the executive committee annually.

**Article VI- Executive Committee**

- A. The Executive Committee shall provide guidance on overall policy issues; oversight of sub-committees, including their creation and dissolution; the review and approval of sub-committee goals and objectives and oversight of the development of the Continuum of Care plan.
- B. The Executive Committee shall review and analyze input derived from HRN planning activities. This information shall be utilized to develop annual goals and objectives that will be presented to the full membership for approval.
- C. Executive Committee membership shall be open to former and current Co-Chairs of the HRN and/or agencies whose participation is unanimously supported by current committee members.
- D. Executive Committee members shall elect a Chairperson every two years. This election will take place each year in November. The Chairperson shall chair Executive Committee meetings, set agendas and generally coordinate the activities of the Committee.
- E. The Executive Committee shall be governed by the following voting and decision making guidelines:
  - \* Each member/ agency of the Executive Committee shall have a maximum of one vote.
  - \* Every attempt will be made to arrive at decisions through a consensus-based process. If the Committee is unable to reach consensus the issue can either be put on hold for discussion at a later date or a motion may be made to call for a vote.
  - \* In the event a vote is called for, a quorum of the committee must be present. At least 4 members present constitute a quorum. A simple majority of votes cast shall carry a motion.
  - \* Members must be present at three quarters of the Executive Committee meetings in order to retain voting privileges. Members will notify the Chair or Coordinator prior to a meeting if they are unable to attend. After four excused or unexcused absences in one year, the member will be sent a letter thanking them for their service. Executive Committee members will always retain the right to consider extenuating circumstances and rule accordingly.

**Article VII- Sub Committees**

- A. The following sub-committees shall be recognized as part of the HRN organization and planning structure and charged with the creative implementation of the various components of the Barrier Busters Plan:
  - a. Education
  - b. Data Collection
  - c. Housing
  - d. Youth
  - e. Addictions
  - f. Centralized Response System
  - g. Emergency Services
  - h. Integrated Strategies-Employment, Education, Skills
- B. Each sub-committee shall have a lead person selected by the committee members or appointed by the Executive Committee. The lead person shall be generally responsible for the formation and dissemination of agenda items, minutes and the preparation of summary reports to the HRN. Written reports must be submitted after every meeting and oral reports must be presented bi monthly to HRN general meetings.
- C. Sub-Committees can be added or deleted as needed and circumstances dictate.

**Article VIII- Resignation**

Executive Committee and Sub-Committee members may resign their committee membership by submitting a written resignation to the chair of their committee, except for the Executive Committee Chair. The Executive Committee Chair shall submit a written resignation to the HRN Chair or Co-Chair. In case any chair resigns, it is up to the committee members to choose a new chairperson. The Chair and Co-Chair shall submit a written resignation to the Executive Committee.

**Article IX -Meetings**

- A. HRN full membership meetings will be held once every two months on the second Wednesday of the month. All meetings will begin promptly at 9 a.m. and dismiss no later than 11 a.m.
- B. HRN Sub-Committee meetings will be held in the alternate months and as needed and as scheduled by the sub-committee. (See article IX-A above).
- C. Executive Committee meetings will be held monthly and as needed.

**Article X- Voting and Decision Making-General Membership**

- A. Each organization/individual with current membership shall be entitled to one vote on general business issues that are presented to the HRN. Current membership is defined by submittal of Memorandum of Understanding to the continuum of care coordinator.
- B. Those organizations or governmental units having multiple memberships shall be entitled to one vote per organization or governmental unit when voting on MSHDA and HUD funding.
- C. Members must attend both the Gaps Analysis meeting (annual meeting for the review of unmet needs and their prioritization) and three quarters of the HRN general membership meetings each year in order to vote on the HUD and MSHDA funding priorities. Members are requested to participate in the HRN and attend at least 80 percent of the general meetings.

**Article XI- Amendment and Adoption of Operation Principles**

Proposed alterations, amendments or additions to these Operating Principles may be initiated by any member of the Executive Committee. Proposed alterations, amendments, or additions shall be presented in writing to Executive Committee members at least two weeks prior to the next regularly scheduled meeting or special meeting at which the changes are to be considered. Changes to the Operating Principles shall require a two-thirds majority vote of all possible voting members.

**APPENDIX B**

**MEMORANDUM OF UNDERSTANDING (MOU) FORM AND ENTITIES**

**BERRIEN COUNTY HOUSING RESOURCE NETWORK - Collaborative Memorandum of Understanding**

AGENCY/ORGANIZATION NAME & ADDRESS  Phone: Fax: E-mail:	PERSONNEL ASSIGNED Voting Member: Email: Phone: First Alternate: Email: Phone: Second Alternate: Phone: Email:	
Organizational Mission		
Role Description - What we are willing to contribute to the mission of the HRN	1. 2. 3.	
Responsibilities		
Assignment/Committee	Person Assigned	Time to Complete
Agency Time Commitment	Time Estimate	Time Actual
Immediate Interests in the work of the HRN (by Agency)		
Recommendations to the HRN (by Agency)		
Signatures		
	Agency/Organization Director	Assigned Personnel

**Entities That Have Submitted (Current) Memorandum of Understandings (MOU)**

- |   |   |
|---|---|
| 1. Department of Human Services<br>2. Berrien County McKinney-Vento Project (BC ISD)<br>3. Berrien County Health Department<br>4. Berrien Mental Health Authority<br>5. Catholic Family Services<br>6. Child & Family Services of SW Michigan<br>7. Community Aids Resource and Education Service | 8. Emergency Shelter Services<br>9. Nehemiah Community Development Corporation of Benton Harbor<br>10. Residential Services of Southwestern Michigan<br>11. Safe Shelter Inc<br>12. The Salvation Army<br>13. Southwest Michigan Community Action Agency<br>14. Volunteer Center of SW Michigan<br>15. Berrien County Planning Department |
|---|---|

**APPENDIX C**  
SUB-COMMITTEE TEAM LEADERS/FOCUS

1. **Data:** Katie McIlwee, Team Leader
  - a. Responsible for the Homeless Count as well as assisting the HMIS administrator.
2. **Housing - (Permanent Supportive Housing (PSH), Transitional Housing (TH) and Affordable Housing):** Judy Peterson/Alysia Babcock, Co-Team Leaders
  - a. Responsible for researching the housing needs in the area.
3. **Community Mobilization:** Katie L. Hoese, Team Leader
  - a. Responsible for the implementation of awareness activities in the community and education of different service providers to the HRN.
4. **Centralized Response:** Pam Gabriel, Team Leader
  - a. Responsible for setting up a county-wide centralized response system.
5. **Substance Abuse/Addictions:** Carrie Sutton, Team Leader
  - a. Responsible for increasing services to people with substance abuse addictions.
6. **Integrated Strategies (Employment, Education, Skills):** Pam Mcvay, Team Leader
  - a. Responsible for developing integrated strategies for consumer education, skill development and employment.
7. **Youth:** Co-Team Leader: Holly Pomranka/ Charles Motton, Co-Team Leaders
  - a. Responsible for working with issues surrounding youth homelessness.
8. **Domestic Violence:** Becky Carter, Team Leader
  - a. Responsible for increasing services to individuals that have domestic violence issues.

## **APPENDIX D**

### **HOUSING RESOURCE NETWORK (HRN) AFFILIATIONS & DESIGNATIONS**

*State Agencies:*

Department of Human Services

Senator Jelinek's office  
 Congressmen Upton's office  
 State Representative Proos' office  
 Michigan Works  
 USDA Rural Development  
 Local government agencies:  
 Berrien County Commission  
 Berrien County Health Department  
 Berrien County Planning Department  
 Riverwood Community Mental Health  
 Berrien County Intermediate School District (BCISD)

**Public Housing Authorities (PHAs):**  
 Benton Harbor Housing

**Nonprofit organizations:**

**(Includes Faith-Based organizations):**  
 Emergency Shelter Services  
 Community Connections  
 Southwest Michigan CAA  
 Safe Shelter  
 Salvation Army  
 Polly's Place  
 Residential Services of Southwest Michigan (RSSM)  
 C.A.R.E.S.  
 Child and Family Services of Southwest Michigan  
 Peter's House  
 Inspiration House  
 Citizens for Progressive Change  
 Our Lifeline  
 Catholic Family Services

Well of Grace  
 Fair Housing Association  
**Businesses / Business Associations:**  
 Chemical Bank  
 Southwest Michigan Builders Michigan Association of Realtors  
 Home Builders' Association  
 5/3 Bank  
**Homeless / Formerly Homeless Persons:**  
 Homeless Angels  
**Other**  
 Berrien County Sheriff  
 Benton Harbor Police  
 Corrections Center  
 United Way of Southwestern Michigan

**The HRN is utilizing the Michigan Statewide Homeless Management Information System (MSHMIS). The current HRN MSHMIS participating Agencies:**

1. Southwest Michigan Community Action Agency
  2. Berrien County Emergency Shelter Services
  3. Berrien County And the Berrien County ISD
- \*Source: [www.mihomeless.org/hmis](http://www.mihomeless.org/hmis)

**Primary Supports/Resources**

1. **The Emergency Shelter:** This shelter provides emergency shelter to families and single women. It has been offering shelter in the county since 1979 and can assist 40 people at a time. The shelter also offers educational opportunities through the McKinney-Vento program and follow-up case management to track shelter clients when they leave to re-enter the community. *The Emergency Shelter is a primary referring agency and will provide case management for the households that they refer to the program.*
2. **Southwest Michigan Community Action Agency (SMCAA):** SMCAA has been in existence since 1986 and has provided housing opportunities since its inception. SMCAA is also the Housing Choice Voucher (Section 8) agent for Berrien County. The SMCAA is no longer the HCV agent. Currently, SMCAA has access to ten Housing Choice Vouchers for the disabled. Largest social service agency outside government in the county.
3. **Residential Services of Southwest Michigan (RSSM):** RSSM provides transitional housing (TH) and permanent supportive housing (PSH) in Berrien County. Another support is the supportive housing program that offers forty-five units to the community. This supports persons that are homeless with a mental illness. The PATH Program also supports the homeless with a mental illness by providing first months rent and/or security deposit
4. **The Salvation Army:** This organization operates a men's shelter in Benton Harbor. The Salvation Army has been operating the shelter for over 20 years. In the period October 1, 2004 through Sept. 6, 2005 246 men were served at the shelter. When a single male exiting the prison system does not have a place to go, the Salvation Army assists by taking in the individual.
5. **Department of Human Services:** DHS is the primary social service provider agency in Berrien County. They case manage many of the participants by providing food assistance, FIP grants where indicated, child care assistance, referral to Work First programs and other DHS programs.
6. **Riverwood Center:** This agency is the community mental health service provider in Berrien County. Riverwood provides necessary supports and services that promote community inclusion and participation, independence and/or productivity when identified in the individual plan of service as one or more goals developed during person-centered planning. They also have PATH program funds.
7. **Berrien County Health Department:** The health department is the primary substance abuse counseling agency in the county. Program participants who are in need of substance abuse counseling or services will be referred to the health department.

- The Health Department's Substance Abuse Treatment Services (SATS) provides assessment/evaluation services for individuals, families and community agencies; individual/family counseling; and a variety of specially focused counseling groups. There is also a women's treatment group, including an Intensive Outpatient Program (IOP), with a specialized children's component. SATS conducts a variety of treatment and education groups for the Michigan Department of Corrections and specialized treatment groups for the Berrien County Drug Court. Other resources for substance Abuse include:
- a. Peter's House located in Benton Harbor, that provides substance abuse services for men's substance abuse.
  - b. Inspirational House: Located in Benton Harbor, MI. This program provides substance abuse services for women.
8. **School District Homeless Liaison:** Berrien County is fortunate to have an active McKinney-Vento program through the Intermediate School District. The staff person assigned to the Interagency Service Team (IST) will be primarily responsible for assuring that the children of those in the program are receiving all the educational supports needed.
  9. **Michigan Works!:** As the employment and training agency in the county, Michigan Works will assist in job search and training opportunities for participants in the program. The agency was incorporated in 1995 as a non-profit. Michigan Works will provide job training under the Work First and WIA adult programs to the TH households.
  10. **Safe Shelter:** The Safe Shelter is the primary provider of domestic assault services in Berrien County and also operates a shelter for victims of domestic violence. The shelter can serve 24 people (adults and children). The Safe Shelter is one of the referring agencies and also case manages the victims of domestic violence who enter the Berrien County transitional housing (TH) program.
  11. **Polly's Place:** This program is dedicated to providing financial support, consultation, education, resources, evaluation and research in domestic violence, family violence, related abuse and teen pregnancy
  12. **Prisoner Re-Entry Program:** This program is one of the pilot programs in the State of Michigan. It assists those who are released from prison in re-acclimating to the community. The individuals are closely case manage the released prisoners to include necessary counseling, substance abuse treatment, job training and identifying housing opportunities. They will refer participants to the program and provide case management.

**APPENDIX E**

**HOUSING RESOURCE NETWORK (HRN) MEMBERSHIP  
 (ORGANIZATION AND SUB-COMMITTEE PARTICIPATION DESIGNATION)**

*Individual/Agencies that have attended at least one or more HRN general meeting*

Alysia Babcock  
Emergency Shelter (Barrier Busters, Housing Sub-Committee, Chronic Homeless Initiative, Substance Abuse Sub-Committee, Executive Committee, Centralized Response Sub-Committee)

Alina Baltazar  
Polly's Place

Buzz Calvert  
Berrien County ISD (Executive Committee, Barrier Busters, community mobilization)

Rita Cotterman  
Child & Family Services (Community Mobilization Sub-Committee)

Lisa Gonzales-Kramer  
United Way (Barrier Busters, Centralized Response Sub-Committee)

Susan Holcomb  
Berrien County Health Department

Rose Hunt Redd  
Citizens for Progressive Change (Substance Abuse Sub-Committee)

Jennifer Lenhardt  
Residential Services of SW MI (Integrated Strategies Sub-Committee, Housing Sub-Committee)

Tracy Madden  
Community Connections

Katie McIlwee  
Berrien County Planning Department (Executive Committee, Barrier Busters, Housing Sub-Committee, Chronic Homeless Initiative, Data Sub-Committee)

Yvette Moore  
Residential Services of Southwest Michigan (Emergency Service Providers, Data Sub-Committee)

Judy Peterson  
Southwestern Michigan Community Action Agency (Executive Committee, Housing Sub-Committee, Barrier Busters, Chronic Homeless Initiative, Emergency Service Providers)

Amber Shustha-Chambers  
Catholic Family Services (Youth Sub-Committee)

Chris Siebenmark  
Senator Ron Jelinek's office (Chronic Homeless Initiative)

Yvonne Vidt  
Southwestern Michigan Community Action Agency (Emergency Service Providers)

Laura Walters  
USDA-Rural Development

Linda Butler  
Safe Shelter

Greg Shushman  
Benton Harbor Hope VI Project

Mary Crayton  
Benton Harbor Hope VI Project

Richard Baisch  
Catholic Family Services

Allison Glenn  
Safe Shelter Services

Rebecca Carter  
Safe Shelter (Emergency Services, Housing Sub-Committee, Domestic Violence Sub-Committee)

Shawna Baum  
Legal Aid of Western Michigan

Rojelio Castillo  
Berrien County Probation (Chronic Homeless Initiative)

Desiree Dunomes  
CARES (Substance Abuse Sub-Committee)

Pam Gabriel  
Berrien County Department of Human Services (Executive Committee, Barrier Busters, Centralized Response Sub-Committee, Emergency Services Providers, Chronic Homeless Initiative)

Sherron Weeks Wilder  
Forgotton Men Ministries

Phil Hickmon- Riverwood Community Mental Health Service Provider

Jim Kehrer  
Michigan Works (Executive Committee, Integrated Services Sub-Committee, Barrier Busters, Community Mobilization Sub-Committee)

Jessica McGuire  
Southwestern Michigan Community Action Agency  
Debra Panozzo  
Berrien County Commissioner/Volunteer Center- (Executive Committee, Barrier Busters)

Lisa Campbell  
Inspiration House (Chronic Homeless Initiative, Substance Abuse Sub-Committee)

Barbara Green  
Inspiration House (Chronic Homeless Initiative, Substance Abuse Sub-Committee)

Peggy Pertner  
Michigan State Housing Development Authority

Renee Gammieri  
Southwestern Michigan Community Action Agency

Danny Gray  
Salvation Army

Jeremy Gullede  
Peters House (Nehemiah Corporation, Housing Sub-Committee, Substance Abuse Sub-Committee)

David Markel  
Residential Services of Southwest Michigan (Executive Committee)

Phyllis Senesi  
Catholic Family Services (Youth Sub-Committee)

Pastor Diving Ayivor  
Three Angels Ministry (Emergency Services Providers)

Charles Motton II  
Catholic Family Services (Youth Sub-Committee)

Willie Mitchell

Kathy Brown  
Peters House

Holly Pomranka  
Residential Services of Southwest Michigan (Executive Committee, Barrier Busters, Data Sub-Committee, Chronic Homeless Initiative, Housing Sub-Committee, Youth Sub-Committee)

Robert Miller  
Southwestern Michigan Community Action Agency

Jennifer Eva  
Southwestern Michigan Community Action Agency

Deidre Cleve  
Catholic Family Services

Katie Hoesle  
Residential Services of Southwest Michigan

Carrie Sutton  
Riverwood Community Mental Health Service Provider (Chronic Homeless Initiative, Substance Abuse Sub-Committee, Barrier Busters)

Pam McVay  
Lake Michigan College (Integrated Strategies)

Nancy Murton  
Tri County Head Start

Millie Woods  
Lake Michigan College

Peg Schaffer-  
Michigan Prison Re Entry Program

Susan Withrow  
Augusta Lynn Development

Carole Clark  
Augusta Lynn Development

Molly Bopp  
Community Management Associates

Katie Bopp  
Community Management Associates  
Gail Ward Jones  
Safe Shelter

Pat Maye

Donnie Jones  
Our Life Line Inc

Joann Lee  
Citizen

Willie Johnson  
Citizen

Jenny Miner  
YWCA of Berrien County

Fred Cox  
YWCA of Berrien County

Sally Smith  
Polly's Place

**APPENDIX F**

INNOVATIVE PLANS REVIEWED FOR INNOVATIVE GOALS, ACTION STEPS AND IMPLEMENTATION PLANS

Source: *United States Interagency Council on Homelessness, 2006*

Major studies used to strengthen the HRN plan included:

- The “Hunger and Homelessness Survey: A Status Report on Hunger and Homelessness in America’s Cities”
  - The Annual Report sponsored by the U.S. Conference of Mayors.
  - The National Alliance to End Homelessness (NAEH) 10-Year Plan
  - 2006 U.S. Department of Housing and Urban Development (HUD) strategic plan
  - Michigan State Housing Development Authority’s (MSHDA) strategic plan
  - The United States Interagency Council on Homelessness (ICH) Initiative Strategies
- 
- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Albany County, New York</li> <li>2. Anchorage, Alaska</li> <li>3. Asheville, North Carolina</li> <li>4. Baltimore, Maryland</li> <li>5. Burlington, Vermont</li> <li>6. Cedar Rapids, Iowa</li> <li>7. Chattanooga, Tennessee</li> <li>8. Charleston, South Carolina</li> <li>9. Charlotte, North Carolina</li> <li>10. Chicago, Illinois</li> <li>11. Cleveland Ohio</li> <li>12. Columbus, Ohio,</li> <li>13. Contra Costa County, California</li> <li>14. Corpus Christi, Texas</li> <li>15. Denver, Colorado</li> <li>16. Detroit, Michigan</li> <li>17. Gainesville/Alachua County, Florida</li> <li>18. Indianapolis, Indiana</li> <li>19. Knoxville and Knox County, Tennessee</li> <li>20. Montgomery County, Maryland</li> <li>21. Memphis, (Shelby County)Tennessee</li> <li>22. Nashville, Tennessee</li> </ol> | <ol style="list-style-type: none"> <li>23. New Haven, Connecticut</li> <li>24. New York City, New York</li> <li>25. Louisville, Kentucky</li> <li>26. Philadelphia, Pennsylvania</li> <li>27. Phoenix (Maricopa County), Arizona</li> <li>28. Portland, Oregon</li> <li>29. Providence, Rhode Island</li> <li>30. Quincy/Boston, Massachusetts</li> <li>31. Raleigh, North Carolina</li> <li>32. Trenton (Mercer County), New Jersey</li> <li>33. San Francisco, California</li> <li>34. Santa Monica, California</li> <li>35. Scranton/Lackawanna County, Pennsylvania</li> <li>36. Seattle, Washington</li> <li>37. State of Kentucky</li> <li>38. State of Maine</li> <li>39. State of Minnesota</li> <li>40. Salt Lake City, Utah</li> <li>41. Washington, DC</li> </ol> |
|--|--|

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**APPENDIX G**  
VISIONING SESSION GUIDING FORMAT

The Housing Resource Network (HRN) focused on the entire community and their feedback regarding ending homelessness. This also included asking and building community support for the plan, engaging community leaders and conducting four visioning sessions to begin to strengthen the formulation of the plan in the month of June, 2006.

- ✚ Community Meeting Site #1: Coloma/Watervliet, June 21st, 9am North Berrien Senior Center. Host: Bob Wooley, County Commissioner.
- ✚ Community Meeting Site #2: Niles, Thursday, June 22nd 6pm. Ferry Street School, Host: Lisa Busby, Director/Ferry Street.
- ✚ Community Meeting Site #3: Bridgman: Friday, June 23rd 10am @ Lake Township Hall, host: Andy Vavra, County Commissioner.
- ✚ Community Meeting Site #4: St. Joe/Benton Harbor: Tuesday June 27th, 9 A.M., Berrien County Administration Offices, Board Commissioners Room 1st Floor. Host: Bill Wolf, Berrien County Administrator.

The focus questions are below and are as follows:

- 1) What are the barriers to Housing?
- 2) Does the community want to/desire to invest in a long-term plan for reducing/preventing homelessness?
- 3) What challenges will be encountered were encountered?
- 4) What opportunities will be used?
- 5) Do you think any new will include efforts to reduce local resistance by including community members?
- 6) How can we strengthen our communities' use of data to bolster our case for making the investment to end homelessness?

These visioning sessions focused on *a paradigm shift*. The old paradigm is that homeless individuals should be cared for more by charitable, often religious, organizations rather than by mainstream public agencies. The old paradigm relies heavily on emergency shelters, transitional housing and sobriety-based programs. The old paradigm does not plan, or expect, to end homelessness. Some critical elements that underscored the visioning sessions of the HRN are as follows;

1. *Working together, turns a paradigm shift's promise into a reality*
2. *Setting a clear goal of ending homelessness*
3. *Committing to a community-wide level of organization*
4. *Having leadership and an effective organizational structure*
5. *Having significant resources from mainstream public agencies that go well beyond homeless-specific funding sources*

## COMMUNITY VISIONING SESSION PARTICIPANTS

Judy Lammers

Area Agency of Aging

October 7, 2006

[34]

Olivia Megna First Call for Help	Riverwood Center	Cecil Derringer Resident
Yvonne Vidt SMCAA	Nancy Murton Tri County Head Start	Linda Thomson Resident, Stevensville
Barbara Green Inspiration House	Pam Gabriel Department of Human Services	Pete Jorgensen II Resident/Developer
Judy Peterson SMCAA	Cindy Gabriel Resident	Thad Rieder Cornerstone Alliance
Art Fenrick SMCAA	Andy Varva County Commissioner	Chris Siebenmark Ron Jelineks Office
Tonya Toole North Berrien Senior Center	Deb Panazzo County Commissioner	Dick Stauffer Lincoln Charter Township
Bob Wooley County Commissioner	John Proos State Representative	Jeanette Leahy County Commissioner
Sherry Gopp Resident and Emergency Shelter	Yvette Moore RSSM	Amber Shustha Chambers Catholic Family Services
Alysia Babcock Emergency Shelter	Teri Kirchoff First Call for Help	Nancy Murton Tri County Head Start
Holly Pomranka RSSM of SW MI	Lee Reed Resident, Stevensville MI	
Lisa Busby Ferry Street Resource Center	Bill Myers Resident	
Carrie Sutton	Virginia Withrow Resident	

**The *bolded italicized* issues were noted multiple times in multiple sessions.**

1. In depth survey about the housing needs in the Berrien County/Niles area.
2. ***Lack of Affordability***
3. ***Transportation Challenges***
4. ***Lack of Employment***
5. Lack of information about housing in Berrien County.
6. Rise of Substance Abuse in Berrien County, MI
7. Lack of discharge planning for senior.
8. Lack of availability and affordability for seniors.
9. Lack of options for Assisted Living.
10. Lack of renters to keep the apartments clean.
11. Lack off rental properties. *Implication: housing in the area is homeownership.*

12. Not In My Back Yard (NIMBY)
13. Cost of housing is becoming an issue. *Implication: Middle and low income households can not afford to live in this area of the county*

**Solutions Posed**

1. Educate the community. Provide personal stories to humanize, educate on critical issues through media.
2. Market housing options. Utilize local radio, paper and table tops in restaurants.
3. Network and collaborate. Contact all local housing authorities and ask them what the problems are that they see regarding housing.
4. New construction. Ensure that housing units being built is located near grocery and places of employment.
5. Centralize housing codes. There needs to be a county-wide consensus.

**APPENDIX H**  
HOUSING NEEDS SURVEY

1. Where are you staying or living (please circle if appropriate)

With friends  
Foster care/residential

with relatives  
treatment facility

in a car  
shelter migrant camp

under a bridge  
own home/apartment

Camping  
other \_\_\_\_\_

- What city or zip code are you living in now?
- What city or zip code were you living in before?

2. What is your first and last name or initials of first and last name? (John smith or J.S)

---

3. What is your date of birth

4. What is your gender? Male Female

5. What is your age?

6. What is your race/ethnicity?

7. How long have you been homeless this time?

8. How many times have you been homeless before this time?

9. When you became homeless, why did you leave your home?

Divorce  
Family or personal illness  
Family/domestic violence

unemployment  
alcohol/drug abuse  
prison/jail

unable to pay rent  
physical or mental disabilities  
welfare time limits

argument with family/friends

10. Are you living alone? Yes No

11. How many people live with you?  
What are their ages?

12. Are you employed? (Please circle) Yes No

13. Are you disabled? Yes No

14. If yes, what is your disability?

Physical/Medical  
Substance Abuse

Mental Health  
Development Learning

HIV/AIDS  
Other

15. Which of the following services are you currently receiving?

Emergency Shelter  
Transitional Housing  
Job Training/Placement  
Case Management  
Substance Abuse Treatment  
Food

Temporary Assistance to Needy Families (TANF)  
Supplemental Security Insurance (SSI)  
Supplemental Security Disability Insurance (SSDI)  
Transportation  
Clothing  
Child Care

Other \_\_\_\_\_

Do you wish to share your story? Use back of page

Thank you very much for your time and cooperation that will help you and the community.

## APPENDIX I

### THE ESSENTIALS OF A PLAN TO END HOMELESSNESS IN OUR COMMUNITY

<p><b>Plan for Outcomes</b> (Prevent homelessness and help homeless people more effectively by changing the mix of assistance provided)</p>	<p><b>Close the Front Door</b> (Prevention efforts within mainstream services)</p>	<p><b>Open the Back Door</b> (Housing First Approach: Permanent Supportive Housing)</p>	<p><b>Build the Infrastructure</b> (Increase supply of <u>affordable housing</u>; increase adequacy of <u>incomes</u>; increase availability and adequacy of services)</p>	
<p><b><u>I. Collect Data</u></b> There's an HMIS that can be analyzed to assess:</p> <ol style="list-style-type: none"> <li>The number of homeless people</li> <li>How long people are homeless</li> <li>What their needs are</li> <li>What the causes of homelessness are</li> <li>How people interact with mainstream systems of care</li> <li>The effectiveness of interventions</li> </ol>	<p><b><u>II. Plan Focused on Outcomes</u></b></p> <ol style="list-style-type: none"> <li>A set of strategies focused on ending homelessness</li> <li>A wide range of players (government programs, elected officials, homeless providers, etc.) has made funding and implementation commitments to these strategies</li> </ol>	<p><b><u>Emergency Prevention</u></b> In place, an <b><i>emergency</i></b> homelessness prevention program that includes:</p> <ul style="list-style-type: none"> <li>Rent</li> <li>Mortgage</li> <li>Utility assistance</li> <li>Case management</li> <li>Landlord/lender intervention</li> <li>Other strategies to prevent eviction and homelessness</li> </ul> <p><b><u>Systems Prevention</u></b></p> <ol style="list-style-type: none"> <li>Mainstream programs (mental health, substance abuse, TANF, child welfare, etc.) that provide care and services to low-income people consistently assess and respond to their housing needs.</li> <li>There is placement in stable housing for all people being released from public institutions.</li> </ol>	<p><b><u>Outreach</u></b> In place, an outreach and engagement system designed to reduce barriers and encourage homeless people so that they enter appropriate housing (including safe havens) linked with appropriate services.</p> <p><b><u>Shorten Homelessness</u></b> The shelter and transitional housing system in your community is organized to reduce or minimize the length of time people remain homeless and the number of times they become homeless. Outcome measures will be key to this effort.</p> <p><b><u>Rapid Re-housing</u></b> Skilled housing search and housing placement services are available to rapidly re-house all people losing their housing or who are homeless and who want permanent housing.</p>	<p><b><u>Permanent Housing</u></b></p> <ol style="list-style-type: none"> <li>There is a sufficient supply of permanent supportive housing to meet the needs of all chronically homeless people.</li> <li>The community is implementing a plan to fully address the permanent housing needs of extremely low-income people.</li> </ol> <p><b><u>Incomes</u></b> When it is necessary, in order to obtain housing, community assists homeless people to secure enough income to afford rent by rapidly linking them with employment and/or benefits. It also connects them to opportunities for increasing their incomes after housing placement (opportunities provided primarily by mainstream programs.)</p> <p><b><u>Services</u></b> When households are re-housed, they have rapid access to funded services and mainstream programs provide the bulk of these services.</p>

**APPENDIX J**  
**TEMPLATE**

HRN – GOAL, ACTION STEPS, IMPLEMENTATION PLAN					
					Revised DATE: _____
Section A – Describe your goal and identify which need(s) it addresses.					
<b>GOAL</b>					
<b>Which need(s) does this Goal address?</b>					
<b>How this is Goal linked to the HRN’s Ten-Year Plan?</b>					
ACTION STEPS		IMPLEMENTATION PLAN			
Section B – Descriptively list the action you plan to take to ensure you will be able to progress toward your goal. Action steps are strategies and interventions which should be scientifically based where possible and <i>include professional development, technology, communication and community involvement initiatives as applicable.</i>		Section C – For each of the Action Steps you list, give timeline, person(s) responsible, projected cost(s)/required resources, funding sources and evaluation strategy. (For evaluation strategy, define how you will evaluate the action step.)			
		Timeline	Person(s) Responsible	Projected Cost(s) / Required Resources	Funding Sources
Action Step					
Action Step					
Action Step					
Action Step					

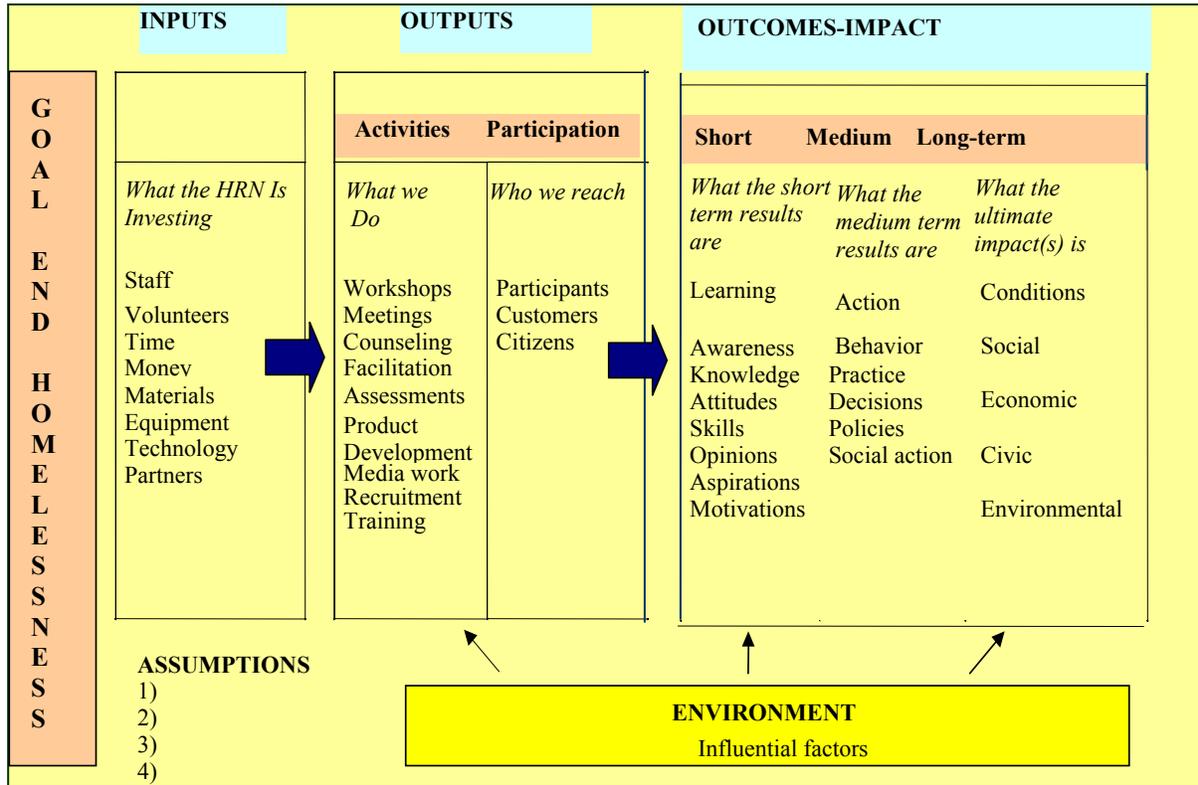
**APPENDIX K**  
**FINANCIAL (FUNDING) RESOURCES IDENTIFIED**

1. Community Development Block Grant (CDBG), HOME and Housing Opportunities for Persons with AIDS (HOPWA) programs, governed by the U.S. Department of Housing and Urban Development's (HUD) Consolidated Plan.
2. The Department of the Treasury provides low-income housing tax credits through the Internal Revenue Services.
3. Public housing authorities control the use of public housing and the Section 8 Housing Choice Voucher program.
4. State and local housing finance agencies and housing trust funds are additional sources of revenue for affordable housing.
5. Among federal resources that are currently available to pay for supportive services in housing are those administered by the U.S. Department of Health and Human Services. These resources include targeted programs—such as Health Care for the Homeless (HCH) and Projects for Assistance in Transition from Homelessness (PATH)—and such mainstream programs as Medicaid and block grants to states that support the provision of mental health services, substance abuse treatment and social services.

Source: Homelessness and HUD Financing For FY 2007/08. Retrieved from: 2006 U.S. Department of Housing and Urban Development (HUD), 2006. <http://www.hud.gov> on July 19, 2006.

10 YEAR PLAN FUNDING OPPORTUNITIES					
Title	Source	Description	\$\$	Match	Available
Emergency Shelter Grant	HUD: \$2.8 mil MSHDA: \$4.2 mil	ESG funds may be used for operating costs, essential services, homeless prevention activities and/or Continuum of Care (CoC) coordinating expenses.		No Match Required	Annually
Rural Homeless Initiative	MSHDA: \$.73 mil	Funding for initiating Emergency Shelter response utilizing leased rental units.		No Match Required	No funding for new programming.
Homeless Facility Grants	MSHDA	Homeless Facilities Grants are available to facilities that serve homeless persons through acquisition, rehabilitation and/or new construction projects	\$100,000 max.	1:1	Year Round
Homeless Assist. Grants (HAG)	HUD	<b>Supportive Housing Program</b> (Acquisition, rehab, new construction, operating, leasing, support services, administrative. Supports TH and PSH programs as well as Support Service Only. Must have disability for PSH.) <b>Shelter Plus Care</b> (leasing assistance for disabled homeless population). <b>Section 8 Mod. Rehab</b>		Acquisition, rehab, new construction: 50 percent Support Services: 20 percent Operating: 25 percent Leasing Assistance: 0 percent	Annual Competition
Homeless Assist. Grants (HAG)	MSHDA – Balance of State (BOS)	MSHDA utilizes dollars that CoCs choose not to compete for on their own and submits a statewide application containing various project applications.	See Below	See Above.	Annual Competition
HAG	BOS – MDHS (2005)	Rapid Rehousing – leasing assistance and dollars for Housing Resource Spec.	\$1.7 mil./2 yrs. Renewable	Leasing – None Staffing – 20 percent	RFP to be issued Fall, 2006.
HAG	BOS – MDHS (2006)	Transition in Place – TH scattered site leasing assistance targeting families and individuals.	\$829,853/2 yrs. Renewable	Leasing – None Admin - None	Not yet awarded. If successful, RFP will be issued in Fall, 2007
HAG	BOS – MDCH (2006)	Chronic Homeless Initiative – PSH scattered site leasing assistance for Chronically Homeless only.	\$486,864/2 yrs. Renewable	Leasing – None	Not yet awarded. If successful, RFP will be issued in Fall, 2007
HAG	BOS – MDCH (2006)	Leasing Assistance Program – PSH scattered site leasing assistance. Must have a disability.	\$507,427/2 yrs. Renewable	Leasing – None	Not yet awarded. If successful, RFP will be issued in Fall, 2007
Title	Source	Description	\$\$	Match	Available
MSHDA & Partners	MSHDA & HOME	D.V. Housing Initiative: expansion of \$4 mil program established in urban areas of the state in 2006.	\$2.0 mil	TBD	Fall, 2006
MSHDA	MSHDA & HOME	Homeless Youth Housing Initiative: PSH and/or rental assistance for homeless youth.	\$2.5 to \$3.0 mil	TBD	Fall, 2006
MSHDA	MSHDA & HOME	Families and Children Housing Initiative: PSH and/or rental assistance.	\$7.5 mil	TBD	Fall, 2006
MSHDA	MSHDA	Chronic Homeless Initiative: expansion of \$10 mil. Program established in urban areas of the state in 2006.	\$2.0 mil	20 percent	Fall, 2006
MSHDA	HUD	HARP: Housing Choice Vouchers are targeted to persons and families who are homeless more than 28 days. Will be expanded statewide eventually.	N/A	N/A	Currently piloted in 23 communities.

**APPENDIX L**  
LOGIC MODEL



Benefits of the model above: The HRN logic model brings detail to broad goals and demonstrates the ‘chain of events that link inputs to results. It also builds understanding and consensus, identifies gaps in logic and uncertain assumptions. Thirdly, it signals what to evaluate and when. It summarizes the complexity of the plan so the HRN can communicate with externals. Lastly, it does answer the question; is the HRN doing the right thing?

Limitations the model above: It indeed represents reality, but it’s not reality, programs are not linear. It focuses on expected outcomes and the challenge becomes fundamental acknowledgment that there is one way that an outcome can be achieved - many factors influence outcomes.

KEY

- GOAL = IMPACT
- IMPACT = LONG-TERM OUTCOME
- OBJECTIVES (PARTICIPANT FOCUSED) = OUTCOMES
- ACTIVITIES = OUTPUTS (OUTPUTS MAY SIGNIFY “TANGIBLE” ACCOMPLISHMENTS AS A RESULT OF ACTIVITIES).

**APPENDIX M**  
RESOLUTION  
OF THE  
“ORGANIZATION IN SUPPORT OF HRN PLAN”  
BOARD OF DIRECTORS

WHEREAS, everyday there are men, women and children in Berrien County who do not have a place they can call home; and

WHEREAS, we should not ignore homeless people in our community; and

WHEREAS, it is more cost effective to prevent homelessness than to treat people who have already become homeless; and

WHEREAS, the Continuums of Care in Berrien County in cooperation with local Community Collaborative and other agencies and organizations have developed plans to end homelessness; and

WHEREAS, these plans focuses on treating the causes of homelessness and providing opportunities for unprecedented collaboration between the private, public and non-profit sectors; and

WHEREAS, the (*Organizations Board of Directors*) is dedicated to ending homelessness in this community.

**NOW THEREFORE BE IT RESOLVED**, that this *Board* endorses and supports the 10 year plan by the Housing Resource Network of Southwest Michigan’s Plan to End Homelessness in the next Decade.

Adopted by the Organizations *Board of Directors* \_\_\_\_\_

Organizational Executive Assistant/Secretary Signature: \_\_\_\_\_

## APPENDIX N

### GLOSSARY OF RELEVANT TERMS /ACRONYMS

**Affordable Housing:** For housing to be considered affordable, a household should pay not more than 30 percent of its gross income for housing costs.

**Asset Wealth:** Assets mean economic security, mobility and opportunity. Some variables used to measure asset wealth are as follows; home ownership, educational attainment, bank assets, credit worthiness, insurance/asset protection and personal net worth.

**Discharge Planning:** A significant percentage of homeless individuals report recent discharge from incarceration, hospitalization, residential health care, or treatment facilities. Successful discharge planning begins long before the end of someone's stay in such an institution and includes connection to housing and supportive services to assist the person in gaining/ maintaining stability. Integrated services both within and outside of institutions are necessary to assure effective discharge planning.

**Continuum of Care:** A network of services designed to help homeless persons make the transition to maximum independence and self-sufficiency. The Continuum of Care is the U.S. Department of Housing and Urban Development's proposed model for addressing homelessness.

**Emergency Shelter:** A bed specifically dedicated to the provision of safe and decent short term/crisis shelter, with the intent to assist the consumer in returning to permanent housing, or into transitional housing, as quickly as possible. Emergency shelter is typically provided in a congregate setting for not more than 30–90 days.

**Homeless Management Information System (HMIS):** HMIS is an integrated computerized information system that collects data on homeless persons, their needs and characteristics and the services they use. HUD requires that communities receiving funds under the Continuum of Care grant have an HMIS. The Michigan Statewide Homeless Management Information System (MSHMIS) is a coordinated, statewide system that was implemented across ALL of Michigan's Continuum of Care systems beginning in the winter of 2004.

**Housing First Model:** A model that is focused on securing permanent housing, coupled with intensive supportive and treatment services, as quickly as possible for individuals and families after they have become homeless. In contrast, the more traditional housing model requires homeless persons to successfully complete different "stages" of housing (such as emergency housing and transitional housing) in order to demonstrate housing "readiness". In the traditional housing model, completion of each housing stage requires physical movement to new housing, causing disruption with each move.

**Mainstream Services:** Services that are publicly funded programs providing services, housing and/or financial assistance to poor persons, regardless of whether they are homeless. Examples include "welfare" (Temporary Assistance to Needy Families, or TANF), Medicaid (health care), Food Stamps and Veterans' Assistance. Because of a variety of barriers, homeless persons generally do not take full advantage of these programs. In addition, many of these programs do not comprehensively address the needs of homeless persons.

**Low-Income Housing:** Housing that is affordable to those who are at or below 30 percent of the median income for the area in which they live. This is housing for very impoverished persons, many of whom are reliant on Supplemental Security Income (SSI) or temporary assistance through the Department of Social Services as their only income.

**Permanent Housing:** Housing that can be occupied for an indefinite period, as long as the tenant complies with lease requirements. One type of permanent housing is permanent supportive housing, which is permanent housing accompanied by ongoing supportive and treatment services. Many persons with disabilities require permanent supportive housing in order to remain stably housed.

**Permanent Supportive Housing:** A bed specifically dedicated to the provision of permanent housing linked with long-term supportive services for homeless persons with qualifying disabilities. Permanent supportive housing can come in a variety of forms. Some programs are "scattered site," meaning a client or agency leases apartments in the community and the program subsidizes the rent. Others develop a dwelling or apartment building where supportive services are available on site. Some programs require that clients utilize services as a condition for remaining in the program while others provide, but do not require, participation in services. For many, the need for supportive services is reduced over time, as households gain stability. Individuals in permanent supported housing are more likely to become self-sufficient if they are given the opportunity to develop the skills needed to obtain and retain employment. This method has proven to be a flexible, cost-effective solution to homelessness that, at sufficient scale, can reduce gridlock within the mental health system, relieve overcrowded hospital emergency rooms and community shelters, prevent homeless children from becoming homeless adults and serve as a foundation for a recovery-oriented behavioral healthcare system. Permanent supportive housing combines affordable rental housing with individualized health, support and employment services. People living in supportive housing have their own apartments, enter into rental agreements and pay their own rent, just as in other rental housing. The difference is that they can access, at their option, support services – such as the help of a case manager, help in building independent living skills and connections to community treatment and employment services, designed to address their individual needs. The primary purpose is to assist the individual or family to live independently in the community and to meet the obligations of tenancy. The length of stay is up to the individual or family, there is no time limitation as long as the tenant is in lease compliance.

**Point in Time (PIT):** A count of homeless people conducted during a 24-hour period, or sometimes over several days, reflecting the level of homelessness at a particular moment. Because point-in-time studies give just a "snapshot" picture of homelessness, they only count those who are homeless at a particular time.

**Poverty:** The set minimum amount of income that a family needs for food, clothing, transportation, shelter and other necessities. In the U.S., this level is determined by the Department of Health and Human Services. Federal Poverty Level varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Families and persons are classified as below poverty if their total family income or unrelated individual income was less than the poverty threshold specified for the applicable family size, age of householder and number of related children under 18 present (see table below for poverty level thresholds).

**Precariously Housed:** People who are precariously housed *are in danger (the at-risk group) of becoming literally homeless* because they have no place of their own to live or their current housing situation is tenuous. This group includes, among others, people who are doubled up, those who are living for short periods of time with friends or relatives and thus lack a fixed, regular nighttime residence. Some examples of this occurring are when families receive a utility arrearage (shut off notice), an eviction (court ordered) and foreclosure notice.

**Rapid Re-Housing:** Programs in which trained staff helps locate and secure housing for homeless persons in order to prevent or reduce their stay in emergency shelter. Staffs work with private and public property owners to overcome homeless persons' barriers to housing, i.e. substance abuse addiction, criminal histories, prior evictions, bad credit, etc. The program also ensures that supportive services and assistance are in place so that individuals achieve housing stability. The purpose of this program is to divert emergency room visits, avoid hospitalizations and shorten lengths of stay at hospitals.

**Section 8 Housing Program (now called the Housing Choice Voucher Program):** Housing assistance secured from a local housing authority or other authorized provider, in the form of direct payments to landlords, that low-income people can use to rent apartments and homes on the private market.

**Single Room Occupancy (SRO):** Permanent housing providing an individual a single room in which to live. These units may contain food preparation or sanitary facilities, or these may be shared with others.

**Social Security Disability Insurance:** A federally-funded wage-replacement program, administered by the Social Security Administration, for those who have a disability meeting Social Security rules and who have paid FICA taxes. SSDI is financed with Social Security taxes paid by workers, employers and self-employed persons. SSDI benefits are payable to disabled workers, widows, widowers and children or adults disabled since childhood who are otherwise eligible.

**Substance Abuse Treatment:** Treatment for substance use disorders available to any and all who need it, immediately or soon after they request it. The need for treatment "on demand" is based on the premise that there is only a short window of opportunity after an individual with substance abuse problems has agreed to accept treatment. If treatment is not made available soon after this decision has been made, the individual may change his or her mind, or give up and the opportunity for rehabilitation will be lost.

**Supplemental Security Income:** A Federal income supplement program funded by general tax revenues and designed to help aged, blind and disabled people, who have little or no income. It pays monthly benefits to people who are disabled, blind or at least 65 years old and who have limited income and resources. The program provides cash to meet basic needs for food, clothing and shelter. Once an individual has established eligibility for SSI, they are automatically eligible for Medicaid.

**Comprehensive, Continuous Integrated System of Care:** A coordinated network of services organized to address an individual's needs. The emphasis is on a system of different complementary parts that have integrated decision making in key areas such as assessment, referral, placement, tracking and monitoring, service planning, transitioning into another level of care, appropriate service mixes and discharge. Other characteristics include: "Wrap-around" services addressing all aspects of client need Informal as well as agency provided services, Flexible funding for service, Surrogate family support/mentoring

**Transitional Housing:** A bed specifically dedicated to the provision of safe and decent interim housing, with the intent to engage the consumer in support services that assist a return to permanent housing of one's own choosing and that facilitate resolution of self-identified barriers to housing stability. One type of supportive housing used to facilitate movement of homeless individuals and families to permanent housing. Housing in which homeless persons can live in for up to 24 months and receive supportive services that enable them to live more independently (limited to 18 months if a youth age 16 – 21 years of age).

**U.S. Department of Housing and Urban Development (HUD):** A cabinet-level agency of the federal government whose mission is to increase homeownership, support community development and increase access to affordable housing free from discrimination. HUD is the primary federal funder of low-income housing for homeless persons.

## APPENDIX O LOCATION OF BERRIEN COUNTY



### PRIMARY BERRIEN COUNTY CITIES



## **APPENDIX P**

**RESOLUTIONS/LETTERS OF SUPPORT TO BE INSERTED AND BINDING IN FINAL PLAN**