

Cass County

*A Ten-Year Plan To End Homelessness
2006-2016*



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Our vision...

**By 2016, *everyone* in Cass County will be
enabled to live in a safe and decent home.**

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Thank you to the members of the Advisory Board for their willingness to be available for meetings, to answer questions, and to offer guidance and encouragement.

Advisory Board

Art Fenrick, Continuum of Care Chair (Term ended May 30, 2006)

Margaret Shultz, Continuum of Care Chair (Term began June 1, 2006)

Lloyd Hamilton, Human Services Coordinating Council Chair

Chris Kadulski, Department of Human Services Director

Kirt Carter, Community Mental Health Director

When research is being conducted, the question of whom to ask for information inevitably reveals the names of individuals who are absolutely indispensable to the creation and development of any strategic plan. With gratitude for their knowledge and willingness to share, a special thank you is given to the following.

Ruth Andrews, Staff, Cass County Human Services Coordinating Council

Judy Peterson, Southwest Michigan Community Action Agency

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Michelle Andrews, President, Village of Cassopolis
Bob Wagel, Chair, Cass County Commissioners
Terry Proctor, Administrator, Cass County
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EXECUTIVE SUMMARY

The United States Department of Housing and Urban Development (HUD), Michigan State Housing Development Authority (MSHDA), United States Interagency Council on Homelessness (ICH), and a multitude of other agencies and organizations have begun an unprecedented bipartisan movement (backed by new federal investment) to end homelessness in this country before the year 2016.

Cass County's human service providers and community leaders have made a commitment to join this state and national initiative because they know there are people right here who do not have a home. The *purpose* of this planning process is to uncover the reasons why they don't. The *mission* of this plan is to develop an effective system of homeless prevention through early discovery coupled with a coordinated response plan that provides the resources to obtain or maintain a decent home *and* offers the services needed for the achievement of long-term success and maximum self-sufficiency. Ultimately, the *vision* of this plan is "by 2016 *everyone* in Cass County will be enabled to live in a safe and decent home."

Developing this 10-year plan to end homelessness involved extensive investigation into the reasons for homelessness in Cass County, the study of local responses and proven response methods utilized in other communities, the pursuit of public participation and input, and the eventual development of strategies customized to meet the needs of Cass County residents.

Although poverty, a recognized national problem, is also a major cause of homelessness in Cass County, the economic change needed to reduce local poverty presents its own challenges including the lack of a skilled labor force, and the preponderance of seasonal and manufacturing jobs. In addition to poverty, another national problem shared by Cass County is the lack of safe and decent affordable housing; locally, the housing situation is fast approaching a crisis level.

Large scale responses developed to end homelessness in metropolitan areas do not necessarily relate to rural areas like Cass County with just over 51,000 people and a population density of 104 people per square mile. (Compare with Detroit's 6,856 people per square mile.) Despite geographic and social disparities however, the

common solution is prevention. Prevention is also recognized as the most economically efficient way to end homelessness.

Both HUD and MSHDA promote prevention methods and housing first principles. The housing first standard guides service providers to move people into housing first and to then prepare a coordinated, systematic response to meet other related needs. Maximum self-sufficiency with a permanent housing solution is the overall desired outcome.

In this plan, the housing first standard will become evident as will the focus on prevention and long-term solutions. The action plan begins with targeted prevention methods, focuses on permanent, safe, affordable housing, and ends with an appeal to legislators to consider policy changes that will enable the implementation of suggested service provision initiatives. And, at the very heart of this plan is a commitment to comprehensive coordination between dedicated service providers and community leaders.

The following goal statements provide a brief overview of Cass County's strategic plan. The final chapter provides a detailed action plan for each goal with objectives and specific projects to guide the process to successful fulfillment of the vision.

"By 2016, everyone in Cass County will be enabled to live in a safe and decent home."

Goal Statements

- *Implement strategies that will prevent homelessness before it occurs.*
- *Provide an adequate supply of affordable housing options in Cass County.*
- *Provide appropriate services to meet the unique needs of individuals.*
- *Improve connections to support services.*
- *Develop a pro-active plan with community partners to improve the quality of life for all residents of Cass County.*
- *Maximize the potential of data collection and analysis to improve the overall systematic delivery of services related to housing.*
- *Alleviate funding deficiencies and maximize available resources.*
- *Increase political support of efforts to end homelessness in Cass County.*

Throughout this plan, many of the focus elements appear in more than one section – the needs and responses are interdependent and cannot be isolated. Homelessness will not be answered by a single concept in a single moment. Each element impacts the other and the importance of *simultaneous*, systematic change is thus acknowledged.

AN OVERVIEW OF CASS COUNTY

Bright blue lakes and deep green rivers

provide the perfect complement to the natural prairies and rolling farmland of Cass County. Located between several large cities (including Chicago and Detroit), this agricultural county remains a quiet oasis of natural beauty.



There are a number of interesting and unique chapters in Cass County's history. Most significant among the "firsts" the "mosts" and the "biggests" is the phenomenal moral courage and fortitude of the first human residents.

Among the earliest inhabitants were several bands of Potawatomi Indians living in parts of southwestern Michigan including the area now known as Cass County. In the early 1800s Native American tribes, including the Potawatomi were ordered by the United States government to move west. Leopold Pokagon was the leader of a band of about 250 members who were able to purchase 1,000 acres of land in Silver Creek Township – a traditional hunting area – before the orders were given. When the army arrived to force the Potawatomi off the land, Pokagon led the band through a successful resistance and they were allowed to stay. The Pokagon Band of Potawatomi Indians (a federally recognized tribe) is still an active and integral part of the community with headquarters located in the City of Dowagiac. Representatives of the tribe regularly attend HSCC meetings and participate in collaborative efforts. The Pokagon Band provides comprehensive human service assistance, including an elder-housing development, to its tribal members.

In addition to being the home of the Pokagon Band of Potawatomi, Cass County also became home for many African Americans migrating north just prior to the Civil War. Henry Way, a Quaker preacher, brought a fugitive slave home to Cass County in 1836. Other Quakers, leaving the South to avoid the rising tensions, began providing aid and comfort to escaped slaves using two different routes of the Underground Railroad.¹ By

¹ *Between the villages of Cassopolis and Vandalia there is a historical marker near two main line "underground railroads," the 'Illinois' line from St. Louis, and the 'Quaker' line from the Ohio River.*

1860 there were more African Americans in Cass County than in any other county in Michigan except Wayne. According to one historian, these experiences were unlike others because the economic dependency that developed between the White and African American populations helped minimize racism, promoted cooperation, and created a community unique to the North.² These cooperative qualities and dignity of human spirit are still evident in Cass County today.

From the original four townships, Cass County has grown to fifteen townships, four villages, and one city encompassed within 508 square miles.³ (See list below)

- City of Dowagiac
 - Village of Cassopolis*
 - Village of Edwardsburg
 - Village of Marcellus
 - Village of Vandalia
 - Calvin Township
 - LaGrange Township
 - Milton Township
 - Penn Township
 - Silver Creek Township
 - Howard Township
 - Marcellus Township
 - Newberg Township
 - Pokagon Township
 - Volinia Township
 - Jefferson Township
 - Mason Township
 - Ontwa Township
 - Porter Township
 - Wayne Township
- *Serves as the county seat

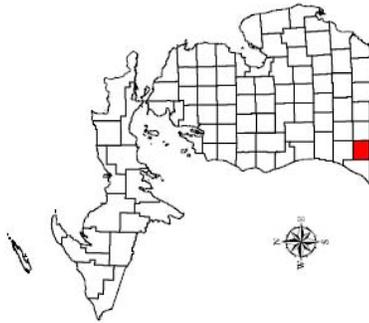
Over half of the 492 square miles of land is the active farmland of 808 farms. The population density chart below compares Cass County with the metropolitan areas of Detroit and Chicago.

Population and Housing Density Comparisons (2000)				
	Population Density		Housing Density	
Detroit	6,856	People per square mile	Housing units per square mile	2,702
Chicago	12,604	People per square mile	Housing units per square mile	5,075
Cass County	104	People per square mile	Housing units per square mile	48

² http://www.swmidirectory.org/History_of_Cass_County.html

³ U.S. Census Bureau (2000)

Cass County, Michigan



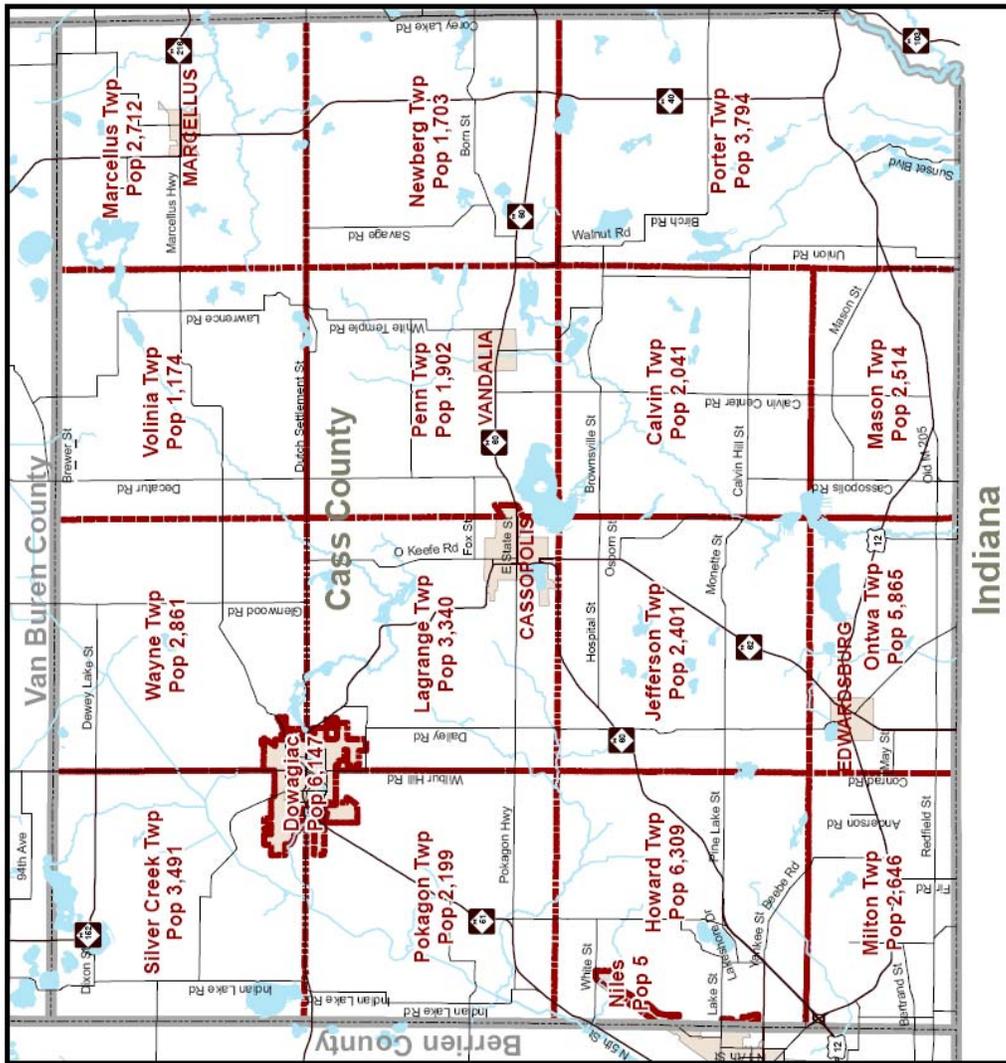
Municipalities

- City of Dowagiac
- Village of Cassopolis*
- Village of Edwardsburg
- Village of Marcellus
- Village of Vandalia
- Calvin Township
- Howard Township
- Jefferson Township
- LaGrange Township
- Marcellus Township
- Mason Township
- Milton Township
- Newberg Township
- Ontwa Township
- Penn Township
- Pokagon Township
- Porter Township
- Silver Creek Township
- Volinia Township
- Wayne Township

*Serves as the county seat



Minor Civil Division
Population 2000 Census



Base Map Source: MI Center for Geographic Information, Framework (V5a)
Data Source: 2000 US Census



Map Prepared September, 2006 by:
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Population

When assessing current and future program needs, knowing the makeup of the population and understanding the changes taking place are two important components. The population of Cass County has grown slowly since 1980, but with the increased popularity of rural and waterfront cottages as second or retirement homes, the county is anticipating a slightly faster rate of growth in the next few years.

Cass County Population Growth (1980-2000)			
	1980	1990	2000
Population	49,499	49,477	51,104
Households	17,236	18,239	19,676

The Annie E. Casey Foundation published a study in 2006 reflecting changes and new realities in rural populations. Two changes in particular are applicable to Cass County.

“Immigration and racial diversity has increased in rural places, and will likely continue to increase” *and* “places with high amenities (such as natural beauty and recreational opportunities) are attracting new migrants into rural areas.”⁴

Although there has not been a sharp increase recorded in the population yet, there are some indicators (see Housing Section beginning page 16) that Cass County will experience growth related to these two factors. The current distribution of population by category of race is shown below.

Cass County Population Distribution by Race (2000)

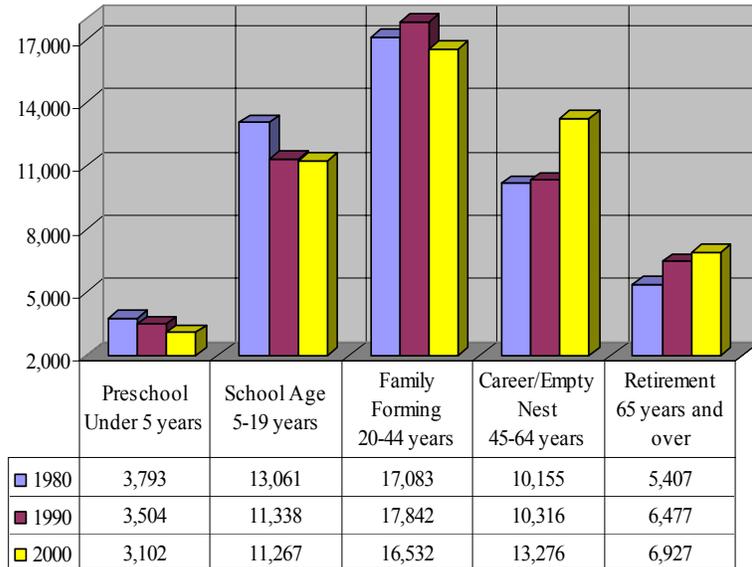
- White – 89.2%
- Black or African American – 6.1%
- Native American – 0.8%
- Asian – 0.5%
- Hispanic or Latino – 2.4%
- Other – 1.2%

⁴ <http://www.aecf.org/>

Age Distribution

The median age in Cass County was 38 years in 2000. The table below demonstrates the division of population by age cohort and a notable change in this demographic.

Over the last twenty years (since 1980) the number of individuals below the age of 45 years has declined. At the same time, the number of those over the age of 45 years has steadily increased. Although the greatest decrease in population was in the “Family Forming” cohort (age 20-44 years), this group still represents the largest overall percentage of the population. The group



with the greatest increase is the “Career/Empty Nest” cohort (age 45-64 years). Understanding the changes in this particular area of demographic study, coupled with the knowledge of client/consumer service usage, is a necessary and helpful tool for future program development.

Gender

In addition to the total population number, age group distribution, and category of race distribution, another important factor with an impact on planning is gender. How many men and how many women are there? In Cass County the gender distribution is almost exactly equal with 100 females to 99.9 males. However, there many more women than men using housing, shelter, and other human service programs.

“We have an over-abundance of single mothers with multiple children.”
*Answer to Question 6
 Why do we have homelessness here?⁵*

⁵ SWMPC Survey (June 2006)

Educational Achievement

The percentage of residents with a high school diploma in Cass County is equal to that of the nation as a whole; however, the percentage of those with a Bachelor’s degree or higher is approximately half that of the nation.

Level of Education Comparison (2000)		
	Cass County	United States
High School diploma	80.4%	80.4%
Bachelor’s degree or higher	12.1%	24.4%

Cass County has four school districts complete within its boundaries and portions of nine other school districts are shared with the adjacent counties of Berrien, Van Buren, and St. Joseph. In 2004 there were 7,431 students enrolled in grades K-12. Sam Adams Elementary School in Cassopolis was awarded Blue Ribbon status for 2004-2005.⁶ This is currently the only school in the county with this distinction.

For those seeking a secondary education, Cass County is also the home of Southwestern Michigan College (SMC) a public community college with campuses located in the City of Dowagiac and the City of Niles. Although it is primarily a two-year college, some baccalaureate degrees can be earned on campus through a cooperative effort with several four-year colleges and universities. Residents of the county are also able to take classes at other universities in the area such as Western Michigan University in Kalamazoo County, Andrews University in Berrien County, and the University of Notre Dame and Indiana University both in South Bend, Indiana.

<p>“Inadequate education and skills...” <i>Answer to Question 6</i> <i>“Why do we have homelessness here?”⁷</i></p>
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Although there are a number of local secondary educational opportunities available, the cost is often cited as prohibitive; this is also true for vocational opportunities.

⁶ www.memspa.org/pdf/Newsletter-Key-2005-Feb.pdf
⁷ SWMPC (June 2006)

Income and Employment

Employment in the county is primarily in the manufacturing sector with a secondary emphasis in the areas of education, health and social services. Unemployment is low compared with many other Michigan counties. In April 2006, Cass County had an unemployment rate of 4.9% compared with Michigan at 7.2% and the nation at 4.6%.⁸ Even so, as seen in the chart below, every measurable category of income is less in Cass County than in the United States. For those who are employed, many of the jobs are low-wage, seasonal, and/or part-time. There are few opportunities for skilled, higher-paying jobs with benefits.

Although the percentage of families and individuals below poverty level is less than that of the United States, it is still an unacceptable number – note that the highest percentage of the population living in poverty are those age 18 years and under.

2000	Cass County	Michigan	United States
Median Household Income	\$41,264	\$44,667	\$50,046
Median Income males	\$36,357	\$42,962	\$37,057
Median Income females	\$25,623	\$29,256	\$27,194
Per Capita Income	\$19,474	\$22,168	\$21,587
Families Below Poverty Level	6.8%	7.4%	9.2%
Individuals Below Poverty Level	9.9%	12.4%	12.4%
Population under age 18 below poverty	13.6%	13.4%	16.1%

Because of the rural, agricultural environment, it might be presumed that the issue of low-paying, seasonal jobs is solely related to smaller municipalities, farms, and other agriculture-affiliated jobs.

This is not necessarily true. The Department of Housing and Urban

Development (HUD) rates communities as “Low and Moderate Income” based on income that is 80% or less than that of the community.¹⁰

“Unemployment or underemployment.”
 “Poverty is a universal problem.”
Survey Question 6
 “Why do we have homelessness here?”⁹

⁸ Office of Labor Market Information (April 2006)

⁹ SWMPC Survey (June 2006)

¹⁰ Low equals 50% or less, Moderate equals 80% or less)

Cass County’s “Low and Moderate Income” communities are listed below with the percent of their population rated as having a low or moderate income. The City of Dowagiac has the second largest population in the county; the Village of Vandalia has the smallest.

- Village of Cassopolis 54.3%
- City of Dowagiac 56.0%
- Village of Vandalia 55.1%

Housing

The 2000 Census reported 19,676 total households with an average of 2.56 persons per household. The homeownership rate in 2000 was 81.9%, a favorable comparison with Michigan’s 73%. The median value of the owner-occupied housing units was \$91,800; considerably lower compared with Michigan’s \$115,600 median value.

An early indicator that Cass County may begin to see a more rapid rate of growth than recorded previously is the rate of increase, and type, of housing units. In 2000, there were 23,884 housing units in the county. By 2003, the number of housing units had increased to 25,075 - an increase of 1,191 units in four years.¹¹ There were 221 more residential building permits issued in 2004.¹²

Another important housing statistic is the distribution of other housing types. As seen in the following table, as of the 2000 Census almost 13% of the housing in Cass County was considered seasonal or for occasional use. With the numerous lakes and rivers in the area and the popularity of waterfront property, this percentage is expected to increase, as are the housing values. Understanding and anticipating these kinds of demographic changes allows for advance preparation which may alleviate stresses to the infrastructure and the human services community.



¹¹ American Community Survey, U.S. Census Bureau

¹² <http://www.fedstats.gov/qf/states/26/26027.html>

The distribution of other housing types also provides an indication of the health and diversity of the housing market. In 2000, almost 5.8% of the housing units in Cass County were multi-unit structures compared with the Michigan’s 19%. Although not all multi-unit structures are apartments for rent, compared with the State, this statistic helps identify the local affordable housing deficit.

The percentage of mobile homes in the total housing market of the county and the state is also disparate, but with opposing ramifications. Mobile homes in Cass County constitute 10.7% of the total units compared with only 6.5% in the State of Michigan. It would appear that mobile homes may provide the current affordable housing in the county.

Municipal land use zoning can play an important part in the location and development of multi-unit dwellings and/or mobile home parks. The following table provides further information about housing in Cass County.

Snapshot of Housing in Cass County (2000)		
	Total	% of Total
Total Housing Units	23,884	100
Occupied housing units	19,676	82.4
Vacant housing units	4,208	17.6
Housing Units by Type		
Seasonal, recreational, or occasional use	3,031	12.7
Multi-unit (2-20 or more)	1,397	5.9
Mobile home	2,565	10.7
1-unit, detached	19,711	82.5
1, unit, attached	208	0.9
Owner/Renter Occupied		
Owner-occupied units	16,106	81.9
Renter-occupied units	3,570	18.1
Owner/Renter Vacancy		
Homeowner vacancy rate	n/a	1.6
Rental vacancy rate	n/a	6.6

Since 2003, Southwest Michigan Community Action Agency has conducted an annual “Community Needs Assessment” to gain a better understanding of their clients’ needs. In 2003, seniors over the age of 60 years were included in the survey; that year over 50% of respondents reported home ownership. In 2006, seniors were excluded and only 40% of survey respondents reported that they owned their home. This seems to indicate that younger families are having a more difficult time achieving home ownership. It is also possible that the lack of affordable housing provides the reason for young adults to leave the county and settle elsewhere. For a community to experience growth and economic health, the provision of affordable housing and employment opportunities for young adults is essential.

“High rent”
 “Not enough rentals”
 “Too expensive to own”
*Answers to SMCAA Needs
 Assessment regarding lack of
 affordable housing¹³*

As seen in the preceding “Snapshot of Housing” table, 18% of all housing units in Cass County are occupied by renter households. The median income for all households in the county was \$41,264 in 2000. The median income for renter households however, was only \$32,123. It is estimated that 34% of renters are unable to afford a two-bedroom unit in Cass County.

At minimum wage it would take *78 work hours per week* to afford the average price for a two-bedroom rental and *103 work hours per week* to afford an average three-bedroom rental! Families with more than two children would typically look for a three-bedroom home; considering the high cost of housing and the number of children reported to experience homelessness, it becomes clear why it is important to watch for “precariously housed” situations, as in overcrowded and/or substandard housing.



According to the SMCAA needs assessment, the number of clients renting apartments has shown a dramatic decline; from 18% to less than 5%. However, two categories showed an increase since 2005, those who rent a house or trailer, and those who live

¹³ SMCAA Client Needs Assessment (2006)

with others. The housing chart on the previous page indicates a 6.6% vacancy in rental units as recorded in the 2000 Census. With increasing rental unit vacancies and decreasing numbers of clients renting apartments, a possible explanation could be that the rent for an apartment is cost-prohibitive, thus forcing people to seek less-expensive alternatives.

Transportation

Rural communities often struggle with meeting public transportation needs. In fact, lack of transportation was cited as the second biggest barrier to employment in Cass County.¹⁴ Even for those with a vehicle, the distance between home and work can create a significant expense. The cost and availability of transportation creates one of the most significant tipping points to the success or failure of many people struggling to achieve self-sufficiency.

What does it cost to get to work?
Sometimes everything.

Without a vehicle how *do* those individuals who require human service assistance get to the places where assistance is available? The following map (end of section) shows the location of some of the major human service providers in Cass County in relation to population densities. For those who rely solely on public transportation, would it be possible to get to more than one place to apply for help in a day? What if the day included a doctor’s appointment, shopping for groceries, applying for utility or rent assistance, and a trip to the bank? Just one barrier can be enough to block the road to progress – and this may be “*the one barrier*” for many.

“Without transportation the process of obtaining assistance is cumbersome.”
Question 7
What else do you know that would make a difference?¹⁵

¹⁴ SMCAA Client Needs Assessment (2006)

¹⁵ SWMPC Survey (June 2006)

Transportation Systems

Highways - There are no interstate highways traversing Cass County. Among the major roadways are US-12, M-51, M-60, and M-62.

Public Transportation - Cass County Transportation Authority provides public transportation throughout the county. This transit system consists of eleven small buses providing demand-response and semi-fixed route service. The City of Dowagiac provides on-demand Dial-A-Ride services out of a historic train depot.

Rail Service - Amtrak provides travel to either Chicago or Detroit from the downtown Dowagiac historic train depot.

Non-motorized – With the exception of a few sidewalks in some villages and in the City of Dowagiac, non-motorized transportation between residential areas and employment centers is severely limited. There are recreational trails in the parks and plans for more interconnected trails (via rails to trails projects) however, there is still a lack of planned bicycle or pedestrian routes for non-recreational uses.

Cass County, Michigan

Location of Selected Human Service Providers with Distribution of Population Per Square Mile

Human Service Providers

Cassopolis

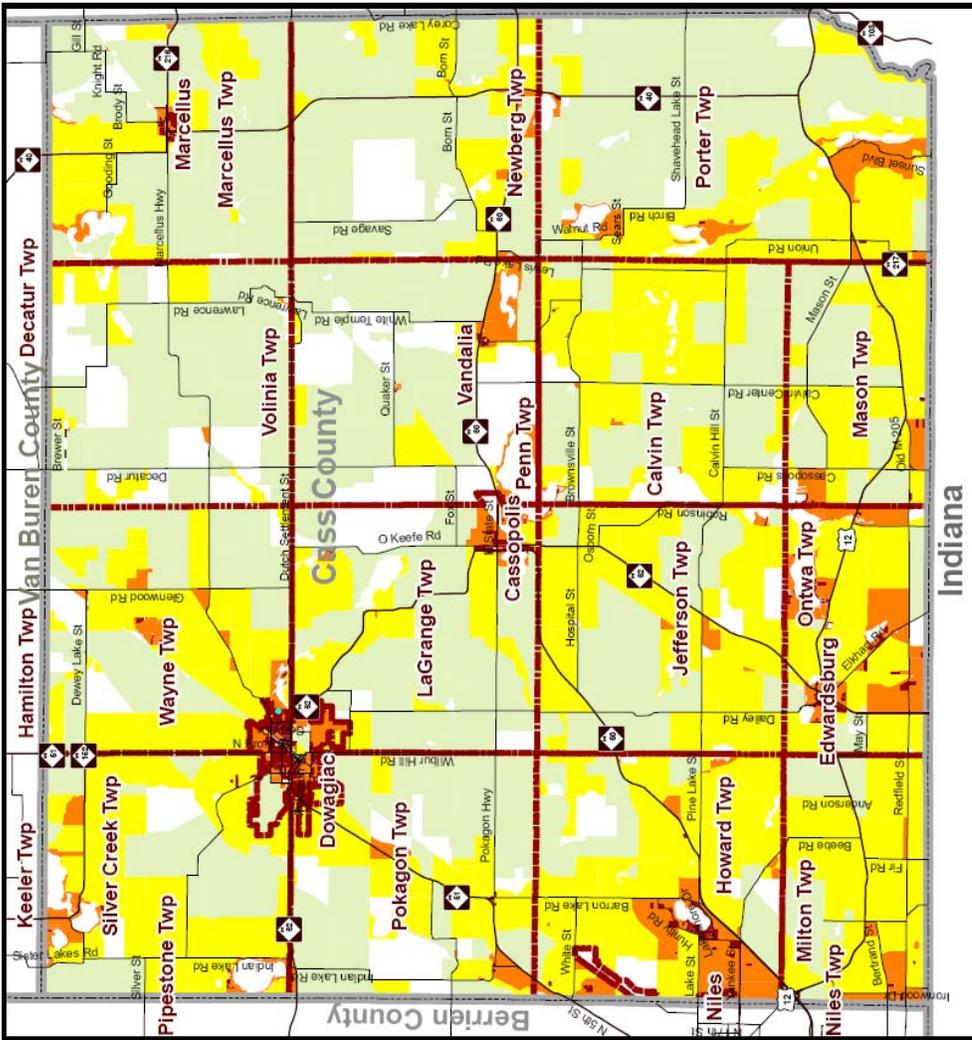
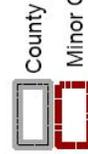
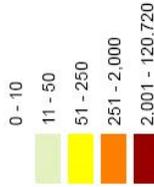
- * Public Health Department – Cassopolis Clinic
- * Department of Human Services
- * Southwest Michigan Community Action Agency
- * Cass County Counsel on Aging
- * Woodlands Behavioral Healthcare Network
- * Cassopolis Family Health Clinic

Dowagiac

- * Borgess Lee Memorial Hospital
- * Michigan Works! Service Center
- * Public Health Department - Dowagiac Clinic

Population Per Square Mile

By Census Block



Map Prepared September 2006 by:
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Base Map Source: MI Center for Geographic Information, Framework (V5a)
 Data Source: 2000 US Census



Health and Human Services

Cass County is committed to improving the overall quality of life for its citizens. There are a number of valuable health and human services provided by trained and caring staff. These services are coordinated by the Human Services Coordinating Council whose vision is “Safe Children and Healthy Families equals Strong Communities.” Among the human service providers serving the county are Southwest Michigan Community Action Agency, Woodlands Behavioral Health Care Network (Community Mental Health), the Department of Human Services, Council on Aging, Catholic Family Services, the Salvation Army, and several other faith-based groups including St. Vincent DePaul and Helping Hands. (See Appendix for complete list of service resources)

County residents can receive medical care at Borgess Lee Memorial Hospital in Dowagiac and doctors’ offices in Cassopolis, Marcellus and Edwardsburg. Outside of the county are Lakeland Regional Health System in Berrien County, Bronson Methodist Hospital and Borgess Health Alliance in Kalamazoo County, and Elkhart General Hospital, South Bend Memorial Hospital, and St. Joseph Regional Medical Center in Indiana.¹⁶

Plans have recently been finalized to add a senior housing complex and medical arts facility in the City of Dowagiac. The senior living facility will have 54 units and be in close proximity with the planned medical arts building (housing several physicians and the Van Buren-Cass Community Health Department) and the existing Borgess-Lee Memorial Hospital.

This combination of senior housing and health care in a downtown location is an excellent example of planning for the way people live. The anticipated outcome for residents of this facility may be fewer “at risk” situations caused by health and/or transportation issues.

¹⁶ <http://www.casscountymi.org/>

HOMELESSNESS IN CASS COUNTY

The number of homeless in Cass County has remained relatively consistent for the last five years. The greatest number of homeless was reported in 2002 – a total of 217. A little more than half of those were children and 36 were reported as “unaccompanied youth.” In 2005 the total number of homeless was reported to be 174 persons and 54% were children. Why? For the last several years the largest single group reported to live at or below poverty level has consistently been children and wherever it occurs, homelessness is inextricably linked to poverty.¹⁷

In 2005, victims of domestic violence represented 20% of the homeless and have represented between 16-32% of the homeless every year. These victims are primarily women with children. Child welfare agencies across the country report that *frequently encountered* families have three common characteristics, extremely low income, emotional fragility, and a lack of social support.¹⁸

Cass County Homeless Counts (Conducted by the Housing Continuum of Care)					
	2000	2001	2002	2003	2005
Total Individuals	120	126	217	174	174
Total HUD/Percent of Total	25/20%	54/43%	28/13%	46/26%	56/32%
Total Situations	56	58	100	81	84
<i>(Each category below is reported by percent of the totals above)</i>					
	2000	2001	2002	2003	2005
% Children	36	38	50	47	54
% Employed	28	14	19	35	4
% Addictions	50	39	31	34	21
% Mental Illness	27	23	22	17	11
% Domestic Violence	32	19	16	17	20
% Developmental Disability	*	5	6	9	4
% Veteran	3	6	2	5	0

¹⁷ Aron and Fitchen, First, et al. (1996)

¹⁸ Families Frequently Encountered by Child Protection Services: A Report on Chronic Child Abuse and Neglect, L. A. Loman www.iarstl.org/papers/FEfamiliesChronicCAN.pdf

Issues

Why do we have homelessness here? (*Question Six*)¹⁹ If we don't know the answer to this question, how will we know what to do? Service providers in the county were asked to respond to a seven-question survey that required some quantitative and some qualitative responses. The qualitative responses to *Question Six* provided great insight into the need for short-term as well as long-term solutions. Short-term solutions can be defined as those requiring agency involvement for less than one year, often much less. Long-term solutions might include agency involvement that lasts a lifetime. Long-term solutions also imply deep, broad-based, societal changes involving wide scale policy and attitude adjustments. The responses below are excerpts of answers given by service providers to *Question Six*: (Please note that many of these responses refer to behavioral causes that lead to homelessness while others reflect overall regional economic problems.)

The following issues could be addressed with short term solutions:

- People do not know how to budget their money resulting in bad credit
- People have critical situations (overwhelming circumstances) occur, such as illness, for which they have no resources to fall back on
- Evictions and foreclosures (that could have been prevented)
- Family conflict/domestic violence
- Unemployment or underemployment (see also long term)
- Childcare needs which can prevent employment
- Transportation needs which can prevent employment
- Addictions (see also long term)

¹⁹ See Appendix for complete SWMPC survey

The following are examples of issues requiring longer-term solutions:

- Poverty
- Lack of affordable housing/high cost of living
- Over abundance of single mothers with multiple children
- Inadequate education and job skills
- Drugs and alcohol addictions
- Lack of employment
- Criminal history
- Lack of preventive resources

Through the study of this survey and other reports, certain characteristics have been summarized and identified as common to those who have, are currently, or are about to experience homelessness. The lists above include some behavioral characteristics of individuals, some issues of society in general, and some issues that are specifically local. Many of these characteristics are silent or hidden; identification is possible only when the individual seeks assistance. Committee members and providers have identified several local issues that create barriers to independence, self-sufficiency, and economic success for many of the population. The issues below are those that seem to surface repeatedly and were therefore chosen to guide the process for the development of the goals and action plan.

“We are applying a band-aid”
Answer to Survey Question 2
“How does the program work?”²⁰

- Inadequate supply of safe, affordable housing
- Living in substandard housing limits access to housing assistance to move into adequate housing.
- Zoning and policy issues affect the availability of affordable housing

²⁰ *SWMPC Survey (June 2006)*

- Lack of transportation (Distance to services, employment, education, especially for youth)
- Lack of job skills training and inadequate education
- Limited access to assistance for some “at risk” groups if there are not many cases
- Complicated process for obtaining assistance
- Prohibitive policy issues that block access to funding sources
- Limited options for institutional discharge (includes corrections and mental health)

The issues are clear – but who is affected and how are they affected? The following pages provide information clarifying “at risk” characteristics and subsequent ramifications as they relate to Cass County.

Renters and Marginal Homeowners²¹

In the last 10 to 20 years, housing values have soared in many areas across America - often far beyond the personal income growth rate. The rise in housing value has created a crisis-level gap between the availability of affordable, housing and the demand. By definition, to be considered affordable total housing costs should not exceed 30% of annual income.

“Overwhelming circumstances”
Answer to Survey Question 6
 “Why do we have homelessness here?”²²

Homeownership has become out of reach for most people who are working for minimum wages. This loss of affordable housing has led to high rent burdens, overcrowding, and substandard housing. Housing assistance can make the difference between stable housing, precarious housing, or no housing at all; however, demand for housing assistance far exceeds the supply.²³

²¹ *Marginal homeowners are those nearing foreclosure and/or are paying more than 30% of their income for mortgage.*

²² *SWMPC Survey (June 2006)*

²³ *Michigan Coalition Against Homelessness www.mihomeless.org*

As previously mentioned in the housing overview of Cass County, affordability translates into 78 work hours per week, at minimum wage, to afford a two-bedroom apartment. In 1999, 11.2% of renters paid over half of their household income for rent and an estimated 34% of renters were unable to afford a two-bedroom unit.

Temporary Assistance to Needy Families (TANF) provides voucher-to-vendor short-term crisis assistance. The voucher can be used to pay rent when there is a court-ordered eviction or to pay for utilities if there is a minor child and the family meets the TANF definition of 200% poverty. SMCAA currently expends all funds during the program year.

To be considered: What other assistance is available for renters? Short or long term? Is bad credit part of the problem? How can it be fixed?

Bad Credit Rating

A person does not have to live below poverty level, or be unemployed, to have bad credit. Many who are under-employed, or have suffered catastrophic events, can find themselves behind in payments and suffering the consequences of a bad credit rating. A bad credit score further complicates the situation for those already struggling to make ends meet. Finance charges are higher because of the increased risk factor; if evicted, other rental properties are harder to get into and homeownership is also a lot harder to maintain or achieve. “If a client is applying for any subsidized housing and has a bad credit history i.e. evictions, judgments, and non payment of utility bills, their application for housing can be denied.”²⁴ Even paying the utility bill is more difficult when a customer does not qualify for the budget plan because of poor payment history; a checking or savings account in good standing is often required.

SMCAA offers several financial counseling classes and seminars to educate and assist individuals who have the desire to improve their credit rating. These classes are available in Berrien, Cass, and Van Buren Counties.

To be considered: What methods could be employed to prevent an “overwhelming circumstance” from turning into an economic slide resulting in a damaged or ruined

²⁴ SMCAA staff

credit rating? Would requiring a financial management class in high school help? Would requiring financial management classes as a condition of assistance help?

Domestic Violence Victims

In 2001 almost half of all women and children experiencing homelessness in the United States were fleeing domestic violence. Shelters provide immediate safety to battered women, and often their children. For these victims, shelters can be the first stop on the road to gaining control over their lives. The provision of safe emergency shelter is a necessary first step in meeting the needs of anyone fleeing domestic violence. In the absence of cash assistance, women who experience domestic violence may be at increased risk of homelessness or be compelled to live with a former or current abuser in order to prevent homelessness.

A sizable portion of the welfare population experiences domestic violence at any given time. In states that have looked at domestic violence and welfare recipients, most report that approximately 50-60% of current recipients say that they have experienced violence from a current or former male partner.²⁵ Thus, without significant housing support, many welfare recipients are at risk of homelessness or continued violence.

For families living in poverty and experiencing abusive or violent behavior, the options are seriously limited. Welfare programs must make every effort to assist victims of domestic violence and to recognize the tremendous barrier to employment that domestic violence presents. Long term efforts to address homelessness must include *increasing the supply of affordable housing*, ensuring adequate wages and income supports, and providing necessary supportive services.²⁶

Cass County shares domestic violence shelter beds (7) and transitional housing units (2 units with a total of 8 beds) with St. Joseph and Van Buren counties. These three counties have a combined total population of 189,789. “Nearly one-third of American women (31%) report being physically or sexually abused by a husband or boyfriend at some point in their lives, according to a 1998 Commonwealth Fund survey.”²⁷ The

²⁵ *Institute for Women's Policy Research (1997)*

²⁶ <http://www.nationalhomeless.org/publications/facts/domestic.PDF>

²⁷ <http://www.endabuse.org/resources/facts/>

current level of available assistance for the above-mentioned counties would not even meet the need for 1% of the population. Emergency funding such as hotel vouchers is also inadequate.

To be considered: How can service providers meet the need for safety and anonymity while seeking financial assistance to increase available shelter? What collaborative partnerships make sense while considering all circumstances?

Women and Children

In 2000, 23.4% of households reported a female as head of the house. In 2003, 12.4% of all births in the county were to teenage mothers. As shown previously, the median income for females is substantially less than that for males. It is not difficult to see why the likelihood of living in poverty is much greater for women and children.



The Cass County Rural Homeless Initiative was initially a pilot program with two transitional units. In this model, the household is housed in a 90-day shelter and the service providers are contacted to “wrap” the family with needed services.²⁸ The program has been successful and currently has three leased units serving women, families with children and (with restrictions) some single females 18 years and older. Services include emergency food, housing assistance, motel vouchers, referrals, and rent.

To be considered: How will this program continue to grow? Are neighboring counties seeking funding for similar methods? Is this an opportunity for partnering?

Children and Youth

What happens to children who are homeless? What is meant by the term “homeless children and youth”? The McKinney-Vento Act defines “homeless children and

²⁸ *Cass County Housing Continuum of Care (2006)*

youth” as individuals who lack a fixed, regular, and adequate nighttime residence.²⁹
The term includes children and youth who are:

- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up)
- Living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations
- Living in emergency or transitional shelters
- Abandoned in hospitals, or are awaiting foster care placement
- Children and youth who have a primary night-time residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- Migratory children who qualify as homeless because they are living in circumstances described above

It is obvious that being homeless is a difficult situation to be in. What is not always so obvious however, is the student who is getting behind or falling completely off the learning track. It is no surprise then that approximately half of the adults (nationwide) seen at Emergency Shelter Services do not have a diploma or a GED. How can children and youth experiencing homelessness be identified?

Poverty is a recognized “at risk” characteristic - one possible early indicator of poverty could be determined by looking at the children eligible to receive reduced cost or free lunches in school – in Cass County 42.8% are eligible. Other methods that may be used to identify homeless or precariously housed youth include:

- Following attendance records. (Irregular attendance is a one of the greatest predictors of an eventual school dropout.)

²⁹ <http://www.ed.gov/programs/homeless/guidance.PDF>

- Noting the frequency of school transfers. (Children experiencing homelessness often transfer schools two or more times in a school year.)
- Appearance in shelters with parents
- Police records and crime/delinquency reporting

The McKinney-Vento Act requires all public school districts to appoint a “*Homeless Liaison*” to identify and serve homeless children. There is one regional director serving Berrien, Cass, and Van Buren Counties and there is an appointed liaison for each district within each of those counties.

Catholic Family Services administer a Homeless Youth grant funded through Michigan Department of Human Services. This grant provides intense case management for 18 months which includes limited financial assistance. Homeless, or nearly homeless, youth ages 16-21 years are eligible.



To be considered: How do youth find out about available programs? How can service providers identify youth in need? What assistance programs are available to keep homeless youth on the educational achievement track? What is done to alleviate the stigma? Is there a follow-up (tracking) mechanism for school-age children when they leave a shelter or other assisted housing situation?

Migrant/Seasonal Farm Workers

The State of Michigan produces 38 agricultural crops ranked 10th or higher in the nation. These crops have a production value of over \$2.1 billion annually. Every year thousands of migrant farm workers come to Michigan to do the hand labor involved for many of these crops. The housing provided for the farm workers is inspected and must be licensed to ensure there are no safety violations. Michigan Agriculture (a division of the Department of Labor and Economic Growth) posts job openings and housing availability on its website as part of the Migrant and Seasonal Farm Worker Program. The website also lists the names of farms with licensed and approved housing, the

number of housing units available, and the total capacity of those units. In 2005, Cass County had 86 licensed housing units with a capacity of 535 (6.2 persons per unit).³⁰

SMCAA administers a Federal Community Services Block Grant that provides vouchers for utilities, first month's rent, eviction prevention, and other emergency needs of migrant workers.³¹

The Telamon Corporation's work in Michigan is focused primarily on meeting the needs of migrant and seasonal farm workers who work in the state's agricultural industry and experience many housing, employment and family health difficulties. With Telamon's help, farm workers in Michigan who qualify for either the National Farmworker Jobs Program or the Farmworker Youth Program can learn and work toward more self-sufficient employment. A variety of counseling and supportive services supplement educational opportunities as well as occupational training. Telamon's Head Start program provides comprehensive child development services to migrant and seasonal farm workers with children who are two weeks through five years of age.

Housing programs operated by Telamon are multi-faceted and varied, depending on specific populations targeted. Project emphases may include new construction, group home building, mortgage or maintenance counseling, construction skills training, weatherizing or emergency repairs or technical assistance to agencies that want to get involved in local housing assistance programs. Housing counseling services to farm workers are also supported by the Department of Labor.³²



*Farm Labor Housing*³³

³⁰ <http://www.michaglabor.org/> 2005 Licensed Migrant Labor Housing Sites by County

³¹ SMCAA

³² <http://www.telamon.org/InYourState/mi/mi.asp>

³³ http://www.michigan.gov/mda/1,1607,7-125-1567_4839-12254--,00.html

To be considered: How many farm laborers actually arrive in the county needing housing and what can be done for workers who arrive and find no housing available? Is there a grievance procedure to address inadequate housing?

Veterans and/or Single Men

In 2002, one-third (33%) of the nation's adult homeless male population and nearly one-quarter (23%) of all homeless adults had served their country in the armed services. Many veterans are at risk due to poverty, lack of support from family and friends, and precarious living conditions in overcrowded or substandard housing. Almost all homeless veterans (97%) are male and the vast majority of them are single. In Cass County, the civilian veteran population over the age of 18 years constituted 15% of the total population in 2000.³⁴

The number of veterans reported to be homeless in the county dropped from a high of six in 2001 to zero in 2005. There is no clear explanation for this reduction. It is known however, that it was *not* because of an increase in shelter beds for this population. Prior to August 2006, there were no shelter beds for single men; in August, the Rural Housing Initiative program agreed to include single men on a limited basis.



The mission of the Michigan Association of County Veterans Counselors is to assist veterans and their families in obtaining any and all county, state, and federal benefits to which they are entitled. This service is best provided through a local veteran's office where the veterans programs and assistance is consolidated into an easily accessible one-stop shop location. Cass County has a local veteran's office and counselor to assist veterans with disability and other claims, and to utilize and coordinate emergency assistance from the Michigan Veterans' Trust Fund and County Veterans' Relief Fund. These offices are an integral part of the community and its human

³⁴ U.S. Census Bureau (2000)

services network, and can also refer veterans to other appropriate programs, as well as represent veterans to the community.³⁵

To be considered: With no shelters available for single men, how are male homeless veterans identified and assisted?

Seniors

Because of the interest in the baby boomer generation and the so-called aging of America, there have been a number of studies and surveys to determine the current and future lifestyle patterns of seniors. An increased lifespan and generally improved retirement financial planning are two hallmarks of this group.

In Cass County, 13.6% of the population is over the age of 65 years; of those, 41% report having a disability. The last point-in-time homeless count in Cass County did not record any individuals over the age of 65 years. However, an at-risk group to watch in the future may be seniors without adequate health care coverage or financial means.

Although the exact age of the grandparents is not specified, the 2000 Census reported that in Cass County, 45% of the grandparents living in a household with grandchildren, are designated as the primary caregiver. This fact may be an alert to a number of issues such as economic hardship for the parents or even absent parents. This may also be a sign of a precariously housed situation, also known as doubled-up – a known at-risk indicator for homelessness.

Cass County has an active and well-supported Council on Aging (COA). The COA has actively partnered in a number of human service provision initiatives. Their mission, as a community-supported human service agency and as a vital part in the aging network, is to assist older adults and those responsible for their well-being, thereby preserving their dignity and enhancing the quality of their lives by providing in-home care, information, support services, and enrichment activities.³⁶

³⁵ <http://72.9.241.98/~macvcnet/index.html>

³⁶ <http://www.casscoa.org/>

To be considered: Are there specific programs to prevent foreclosure or eviction of seniors? How many seniors are known to have gaps in health care provision?

Health Related Issues

Approximately 39 million Americans did not have health care in 2000.³⁷ In 2004, over 10% of all Cass County residents had no health insurance of any kind and, of those living in poverty, almost one third had no health insurance of any kind. In 2006, 24% of SMCAA clients reported they had no health insurance. Of those who do have health insurance only 12% receive this benefit from their employers, the rest receive coverage from Medicare or Medicaid.³⁸ For most, the amount of coverage would not be enough to get through a serious illness.³⁹

“Medical problems” was given as the number one barrier to success.
~ SMCAA Client Needs Assessment

Without health care, any illness or sudden disability could lead to loss of employment, depletion of savings, and eventually foreclosure or eviction. As previously mentioned in *Women and Children*, 12.4% of all births in the county were to teenage mothers – in addition to the widespread lack of health insurance, there are no Obstetric/Gynecologists in Cass County. It seems especially difficult then for women in the county to receive adequate prenatal care. This may begin to show long-term effects on the overall health and well-being of mother and child, physically and economically.

“A job with benefits” was the number one item needed for success.
SMCAA Client Needs Assessment

Other health issues that may impact the ability of individuals to maintain self-sufficiency include:

- Physical disabilities
- Mental disabilities
- HIV - housing assistance programs are available (privacy issues can sometimes make identification difficult and therefore hard to inform)

³⁷ U.S. Census Bureau (2000)

³⁸ SMCAA Needs Assessment Survey (2006)

³⁹ Primary Health Care Profile (2006)

- Addiction Disorders – limitations on housing availability
- Mental Illness – limitations on housing availability

To be considered: Are there partnerships between health care providers and homeless assistance providers that provide data and cross-referencing capabilities?

Criminal Convictions

Upon discharge from a corrections facility, a condition of parole/probation is to show evidence of adequate and permanent housing arrangements. With limitations on the availability of assistance to convicted felons (for example, felons are not eligible for subsidized housing), the choices are few. Policies that promote a discriminatory climate can ultimately punish an ex-offender due to a county’s lack of resources. Without personal resources, ex-offenders are often released into a situation where failure and ultimately recidivism can be predicted. It is counter-productive to put parolees in a position where survival is based on the ability to manipulate others.

The most effective and resource-efficient solution might be to provide vouchers to offenders exiting jail/prison, and to eliminate restrictions to felons in subsidized housing. Last year six homeless inmates were released from the Cass County Jail. The cost of providing a halfway house is estimated at \$60,000, based on \$10,000 per offender. The cost of providing six homeless offenders with a 3-month housing voucher would be \$8,442, based on fair market rent for a one bedroom apartment of \$469. A pilot program to address housing for parolees is described in the Prevention section of the Action Plan.

“Ex-offenders...tend to go back to the people and places they associated with before being arrested.”
*Question 4
 Is there a story?⁴⁰*

To be considered: If subsidized housing in a halfway house, as described above, is more cost-efficient than jail and could show a reduction in recidivism, what barrier remains preventing this type of program from being implemented?

⁴⁰ *SWMPC Survey (2006)*

Solutions

Putting aside current restrictions and limitations, providers and committee members discussed optimal solutions for the issues described in the preceding chapter. Through those discussions, several innovative ideas emerged. At times solutions seemed simple, basic even, except for funding and time. (Funding and time are often interchangeable – with funding, more time becomes available with more manpower; with more manpower, more funding sources can be explored and pursued.) However, through ingenuity and commitment, the innovative ideas evolved into realistic concepts. The concepts are woven into the action plan along with other projects that reveal a renewed resolve to work with, and improve, existing strategies. Although some ideas may sound familiar and be similar to established methods, each has a twist unique to Cass County – if for no other reason than it has never been tried here before.

The following sections provide an in-depth review of the proposed concepts (organized by goal focus area) designed to end homelessness in Cass County in ten years.

Prevention

*“The most economically efficient way to end homelessness is to prevent its occurrence.”*⁴¹ The following project ideas represent the design path chosen to prevent specific situations from turning into homelessness. It is anticipated that future prevention methods will develop through the success of these initial projects.

Overall response mechanism – As part of the overall response to the prevention-based goal, Housing Continuum of Care (CoC) members will select a subcommittee to develop a Housing First standard that will appropriately serve Cass County. When this defining standard (guideline) has been developed, the next step will be to identify characteristics that indicate at-risk situations. To accomplish this, an intern/student will be sought to conduct a comprehensive study. When these characteristics are identified, it will be possible to create a response system that will alert providers when to pursue additional information for further assistance eligibility assessment. This overall response mechanism will expedite intervention services that may prevent temporary difficult circumstances from spiraling into greater adversity and distress.

⁴¹ (National Alliance to End Homelessness, Toolkit)

Discharge Planning Pilot Program - Having an adequate housing arrangement is a vital element of discharge planning contributing to the success or failure of individuals leaving correctional institutions. Unfortunately, at this time certain regulatory policies severely limit the housing options for inmates nearing their discharge date who have limited resources or have lost their support system. Cass County is proposing a pilot program that may provide a solution for some of these inmates. The discharge planning pilot program would involve inmates in good standing only. These inmates could qualify for a non-secure custody option for the last four months of their sentence. The program would include intensive day reporting which means qualifying offenders are placed in non-secure custody at a day reporting center eight hours per day. An initial assessment would be performed and a 120-day contract developed and signed. The contract requirements include a mentor, (correspondent with suggested mentoring program) job, housing, drug testing/treatment, education and other assistance as needed. Employers cooperating with the plan would pay minimum wages into an escrow fund held by “New Hope”, the sheriff’s office, or other similar institution. Offenders being discharged without housing arrangements would receive housing vouchers (paid for by grant funding) to provide for housing. Contract violations result in immediate return to secure custody. Successful cooperation results in smooth transition to probationary status.

Other measures to assist with discharge planning include the preparation of “discharge kits” to be distributed by the jail to those who need them. The “New Hope” program will lead this initiative working with the Discharge Planning Committee and the local faith community. The packets will contain items such as toiletries, a clothing voucher from Helping Hands and/or St. Vincent DePaul, Cass Transit pass, food coupons, and a phone card.

As suggested in other sections, the Discharge Planning Committee also plans to have a one-on-one mentor for every client participating with the committee.

Housing for Domestic Violence Victims - One of the goals of this 10-year plan is to develop and implement service program responses to meet the needs of a diverse and changing population in the county. One of the groups most in need is domestic violence victims. There is a severe shortage of shelter space as well as emergency and

transitional housing vouchers for victims of domestic violence. Housing First principles are critical in situations where victims are fleeing domestic abuse. Providers in southwest Michigan are interested in developing a regional approach to maximize resources and facilitate faster and smoother service provision to these individuals. Under discussion is a collaborative effort for Cass, Van Buren, and St. Joseph Counties.

The following paragraph reiterates the need for additional domestic violence victim housing and was prepared through joint efforts of Cass and Van Buren County service providers working with domestic violence victims.

Moving victims into safe housing quickly, with the aid of tools to assist a household with limited income and resources, is an attractive alternative for any area that has no immediate domestic violence shelter. The Housing First model, for some domestic violence victims trying to move into violence-free living, is the only viable alternative, especially for those whose support network has vanished because of the abuse. Individuals in Cass, St. Joseph, and Van Buren counties only have one shelter – clearly inadequate to meet the need. Without the support of housing vouchers or other supportive housing services, many survivors of domestic violence with a history of long-term victimization would not be able to live independently, if at all, in this region. Safe housing, whether through shelters or other assisted accommodations, throughout a region could increase the level of safety and anonymity. Inter-county cooperation and sharing of resources would greatly enhance the availability of safe shelter homes and other necessary service options.⁴²

The time needed to organize this type of collaboration is too often outside the scope of available funding opportunity timelines and criteria. However, because of the desire to meet this need, providers continuously seek partnerships and other creative solutions.

⁴² *Interview with Domestic Violence Service Providers*

Affordable Housing

Like many rural communities across the country, there is a serious shortage of safe and affordable housing stock in the communities of Cass County. Acknowledging that solving this lack of affordable housing is important to ending homelessness in the county, it is recommended that a comprehensive affordable housing guide be prepared for the purpose of public education, municipal master planning, and to assist communities with the development of inclusive zoning ordinances. This guide can demonstrate logical, feasible methods to successfully incorporate affordable housing into almost any neighborhood.

Specific methodology is being studied and designed to combine proven best practices and affordable housing plan elements with customized, innovative approaches to resolving the barriers currently preventing the provision of adequate housing options in Cass County. Many issues have been identified and further research and study is being sought to clarify areas in need of improvement or complete overhaul. Elements of the affordable housing plan will include:

- Discussion of planning and zoning issues at the county and local level that promote or obstruct development of supportive and/or affordable housing for homeless and low-income households
- Models of successful planning and zoning implementation strategies that resulted in positive community growth – for all income levels
- Models of affordable housing options – artistic renderings of future concepts and photographs of existing examples
- Documentation of the need for transitional housing, including the use of vouchers rather than new construction design that would create a concentration of Permanent Supportive Housing (PSH) in one area
- Evidence of the need for, and effectiveness of, affordable housing available near employment centers
- Evidence of the effectiveness of the Housing First model – rapid re-housing and permanent housing
- Evidence of the successful use of Housing Choice Vouchers (HCV) for homeless families and youth

- Evidence of the need for additional Housing Choice Vouchers in Cass County
- Suggested solutions to increase the availability and quality of the affordable housing stock such as:
 - Homeowner rehabilitation to address substandard housing stock
 - Rental rehabilitation to address substandard housing stock
 - Acquisition, Development & Resale (ADR) and Homeowner Purchase & Rehabilitation (HPR) to create new affordable housing
 - Providing incentives to developers of affordable housing
 - Utilizing new programs as they become available
- An action plan that includes working with developers in the county to determine feasibility and to understand the cost benefits of developing affordable housing⁴³

Many groups have recognized that affordable housing issues have an impact on the mission of their own particular organization. Looking to engage in collaborative partnerships, Cass County will seek opportunities to work with and support efforts of those committed to developing workable affordable housing plans that encompass a wide range of “quality of life” issues.

One such group advocating “smart growth” and quality affordable housing is the Michigan Land Use Institute. In one of several articles related to the subject of affordable housing zoning, Nate Scramlin offers

“Mortgage payments are often less than many people pay in rent. People would be able to deduct property taxes from Michigan income taxes and have some equity in their homes.”⁴⁴

several methods used by local governments to increase the supply and desirability of affordable housing in their communities.⁴⁵ These best practice models can be studied and applied as appropriate.

In a study prepared for the Michigan Economic and Environmental Roundtable and supported by the W.K. Kellogg Foundation and the Frey Foundation, the “2001

⁴³ CoC Planning Update (2006)

⁴⁴ EITC Counselor

⁴⁵ <http://mlui.org/growthmanagement/fullarticle.asp?fileid=17080>

Michigan Land Resource Project” study projected that if current land use patterns continue, by 2040 Michigan’s built or developed areas will constitute 17% of our land compared to the present 9%. This land use workgroup is focusing on strategies that help enhance housing affordability in a community. The workgroup is also promoting development in ways that include balancing affordable housing with other land uses and placing housing and jobs in close proximity, increasing urban density, and using regional collaboration and innovative regulatory approaches.⁴⁶

The proposed affordable housing plan, and subsequent municipal adoption, is one of the most important components in the overall plan to end homelessness. In addition, the housing plan has the potential to create a very positive impact on the economic climate of the county and the southwest Michigan region.

Program Development

For every standardized response to issues described as “common” there is an individual’s unique need begging for an answer.

Mentoring Program – Cass County is studying the possibility of long-term mentoring - a new twist to an established concept. Similar in nature to programs such as foster grandparents and Big Brother/Big Sister, this mentoring program would be volunteer-based and of long-term duration. Providers envision a one-on-one relationship that would involve regular visits and activities over the course of at least one year and preferably two years. These visits and activities would cover life-skill education elements in a structured program developed by a committee of service providers. The volunteer would be the connection between services and the mentee. Volunteers would be screened and trained and both mentor and mentee would be monitored for progress. It would be desirable to offer expense reimbursement to volunteers and funding will be sought to do so.

“I think having a service coordinator is the missing link. You need someone to connect people to services; you don’t need to offer all the services yourself.”

~Tanya Tull, *Beyond Shelter*⁴⁷

⁴⁶ www.michigan.gov/documents/mshda_plans5_landuse_136182_7.html

⁴⁷ <http://www.beyondshelter.org>

The mentoring program was originally conceived to assist single mothers working through the process of getting assistance and then moving through the development of life-skills to ultimate self-sufficiency. It was quickly recognized that the same concept would be applicable to many others receiving services and assistance. For instance, the mentoring program, once established, could provide the necessary life-skills bridge for youth aging out of foster care who are not ready, or able, to establish adult self-sufficiency. Domestic violence victims could benefit from the relationship and association with a trained mentor capable of guiding them through the process of recovery and renewal. Those being discharged from institutions represent yet another population with potential benefit from a trained mentor.

With an interested, capable volunteer base and consistent leadership supported by human service agencies, this mentoring program concept may provide “the missing link” mentioned previously by Tanya Tull of *Beyond Shelter*.

Other service needs under consideration for improved programming, or innovative program pilots, include, but are not limited to:

- Transportation
- Employment services
- Mental Health services
- Treatment services
- Landlord/Tenant mediation
- Parenting assistance
- Substance abuse services
- Life skills training
- Benefit attainment services
- Childcare assistance
- Case management
- Legal service
- Budgeting and credit counseling
- HIV/AIDS services

Service System Coordination

The process of obtaining assistance is often difficult – how can we make it better for providers and recipients? Experience has shown that combining housing and services produces results greater than either affordable housing or the provision of social services can achieve on their own.⁴⁹

“We should give them an advocate to see them through the process.”
Question 7
*What else do you know that would make a difference?*⁴⁸

Visionaries are discussing the convenience and cost benefit for providers and consumers that could be manifested in a number of ways by the installation of a one-stop-shop. Transportation is a major consideration. Creating a central location would simplify public transit and contribute to a more effective and efficient system that would meet the transportation needs for a greater number of persons – with less expense. Information sharing and collaborative efforts would be simplified. Some travel time for agency staff attending meetings could be reduced. For the consumer, the stress and time related to the process of obtaining assistance from multiple locations would be greatly reduced.

Successful models will be studied and amended to meet the needs and overall environment in Cass County. Methods to be considered include cross-training, interagency agreements regarding shared information and referral systems, interagency management information systems, resource pooling (joint funding), application and criteria assessment uniformity, and the formation of interdisciplinary teams that are able to address diverse needs of clients in an integrated way.

One-Stop-Shop - Cass County is considering options for the one-stop-shop model. One option is to house single representatives of service agencies within the Department of Human Services (DHS) building in Cassopolis. To move forward with this one-stop-shop concept, further feasibility studies are necessary. Preliminary discussions have been positive. Several desirable features have been discussed such as the reduced frustration of transportation difficulty, the ease of communication between service providers, and a possible reduction in the anxiety and stigma related to DHS denial since the next step may be “just down the hall”.

⁴⁸ *SWMPC Survey (June 2006)*

⁴⁹ *Family-Based Housing and Family Economic Success (December 2004)*

Another option invites service providers and other affiliated agencies and organizations to occupy a “Human Services Park.” Similar to an Industrial Park, the park could be owned by the county and tenants would lease space. Currently, the Department of Human Services, the Law and Courts Building, the County Jail, the Sheriff’s Department, and a satellite office of Woodlands Behavioral Healthcare Network are all in close proximity.⁵⁰ There is vacant land (no residences or industrial buildings) surrounding each building. Looking to the future, this option appears to be quite feasible and desirable.

A different type of option is the *virtual* single point of entry. In a 2005 HUD publication, a case study of six communities sharing a single, real-time data system was presented. None of the communities had a physical single point of entry but the agencies offering prevention services in each community were all linked to a single data system. This information sharing across agencies and systems expedited the procedure for finding appropriate provisions of service.⁵¹

The *virtual* single point of entry system is an especially interesting method to consider in rural areas where the spatial disconnect between transportation and geography can constitute significant barriers. Another benefit might be the lesser expense of a shared data system versus the greater expenses of a building and staff.

Service Information Line - 2-1-1 is an easy to remember telephone number that connects people with important community services and volunteer opportunities. Providing 2-1-1 service is one method to provide emergency, and non-emergency, assistance twenty-four hours a day. One benefit to service providers is a reduction in information-seeking phone calls with the knowledge that the correct referral and information have been given, even after hours. A few examples of the kinds of service available include information about flu shots, evacuation routes in cases of emergency, where to apply for utility assistance, reporting and advisement of scams (especially helpful for the elderly), crisis counseling, and where to apply for emergency housing (especially helpful for domestic violence victims). 9-1-1 providers also experience the

⁵⁰ Woodlands BHN maintains an office in the County Jail facility.

⁵¹ www.huduser.org/Publications/pdf/Strategies_for_preventing_Homelessness.pdf - 2005 Department of Housing and Urban Development (*Strategies for Preventing Homelessness*)

benefit of a reduction in non-emergency calls. A worthy objective to achieve the “Improved Connections” goal is to support the implementation of 2-1-1 service in the southwest Michigan area.

Community Partnerships

In addition to the agencies and organizations committed to meeting human service needs, a community needs the cooperation of those in leadership positions to address the issues known to cause poverty and subsequently homelessness. The importance of this community partnership goal cannot be overstated. Each segment of any community has its own wealth of knowledge and capabilities – but few can do it all. The goal section related to this solution segment is the physical and functional centerpiece of the plan – it is here that success or failure may be determined.

For the purpose of this plan, developing a pro-active approach to creating community partnerships means defining the specific gaps and barriers preventing overall economic vitality and involving the community to help bridge those gaps and remove the barriers. Cass County’s Housing Continuum of Care (CoC) and Human Services Coordinating Council (HSCC) actively seek participation and representation from a broad spectrum of the *community* – identified here as either county residents (regardless of local municipality) and/or community organizations. By presenting this 10-year plan to the community and engaging in other public education efforts, a revitalized interest and greater community involvement is anticipated.

Some community organizations that could become assets through collaborative efforts might include neighborhood boards/associations, business associations, educators, landlords, property managers, realtors, government officials, landlord/tenant mediators, previous or current homeless individuals, chambers of commerce and tourism boards. Working together, these community-based groups have the potential to have a major impact on the economic health of the county. Ultimately, self-sufficiency for the maximum number of people possible is the goal and a strong team of partnerships can pave the way.

Human Services Coordinating Council Regional Collaboration – Cass County sees community partnerships encompassing collaborative efforts with other HSCC groups as well. An initial meeting to discuss the feasibility of future joint efforts was held

October 10, 2006. Representatives from each county of the nine-county South West Region (Region 6) were in attendance and responded enthusiastically to this opportunity and have expressed a desire for the continuation of regional communication. An October 17, 2006 meeting is scheduled to discuss collaboration with Catholic Family Services to provide further assistance to youth in Region 6.

Data Collection

It is often data that leads communities to adopt new strategies or plans to end homelessness. Data collection is vital to future funding of housing initiatives. Thorough and consistent data collection provides the information necessary to increase interagency networking and intra-agency cooperation. Data collection provides the critical benchmarks needed to measure the success or failure of programs.

Data collection can, and should be, linked to data systems that can be shared.

Consistent and appropriate use of collected data and shared data systems can streamline processes thus creating greater

“It would be great to have the booklet in a downloadable format on agency websites.”
Referring to printed Resource Handbook

efficiency of both time and financial resources. These shared data systems may become the future’s *virtual* single point of entry.

There is a definite need to increase the sources of data entry for tracking homelessness. A critical gap, especially profound in rural counties, is the identification of precariously housed individuals. Often seeking assistance through sources other than designated human service organizations, these individuals may subsist without ever being “counted” or entered into a coordinated system of care.

Rural homelessness “doesn’t get enough attention,” said Philip Mangano, the executive director of the United States Interagency Council on Homelessness and the Bush administration’s chief coordinator of homeless services. But Mr. Mangano said the problem had been difficult to assess because rural communities by and large had not chronicled their problems with the data-heavy planning documents the *Housing and Urban Development Department* and other federal agencies increasingly demand.

“Like any profile of the homeless, there is a lot of anecdote and hearsay, but you need data and research to create policy,” Mr. Mangano said.⁵²

It is an important component of this plan to seek information from these various sources and to provide simple methods to close the cracks through which individuals may fall. Among the suggested sources to incorporate are police departments, religious organizations, school districts, hospitals and non-institutional health care providers including physicians, dentists, psychologists, community pantries, neighborhood watch programs, juvenile justice centers, property managers, and landlords.

Funding

Regional and Local Collaboration - Throughout the development of the action plan, a serious effort was made to initiate objectives and action steps that would be possible to achieve within the constraints of existing funding. For those goals and objectives that will require additional funding, efforts will be made to incorporate regional and/or collaborative funding opportunities when possible. Collaborative efforts may include agencies, organizations, municipalities, or counties when funding opportunities and need converge. With a definition that includes both private and governmental, the importance and value of community support is also recognized. Businesses and municipal leadership have expressed an interest in supporting the concepts introduced in this plan. Whether this is through funding, policy, or both, the support is necessary and vital to ending homelessness in the county.

Endowment Fund - Understanding the limitations and restrictions of government funding, (funding shortfalls occur not just through inadequate amounts, but because of restrictions or qualification criteria that sometimes impact the ability to provide services.) there is a need to establish additional sources of money to provide financial assistance (related to housing) at times when a “gap” occurs. An option that will be researched by a subcommittee of the CoC is the establishment of an endowment fund. This discretionary fund would provide the ability to respond pro-actively instead of re-actively. The fund would allow for innovative approaches and solutions without the

⁵² *New York Times* (October 11, 2006)

constraints of traditional funding assistance programs. Possible sources of funds include a nominal addition to court fees, fund-raising efforts in the community, and philanthropic donations from interested business, i.e. banks, mortgage lenders, realty agencies, developers, etc.

Political Support

Ending homelessness is possible, *IF* there is a shared vision, regional cooperation, community desire and sustained leadership. The type of political support needed goes beyond funding requests. It is the legislator's ability to adopt or change policies that can reduce constraints allowing those who provide services to more effectively and efficiently meet the needs of their clients. It is elected officials' access to community forums that will help the public understand the benefits of this comprehensive plan to end homelessness. It is the boards of commissioners, city, township, and village councils who will make the decisions affecting the economic and socio-economic climate of their municipality. The level of political support needed to end homelessness involves the concerted efforts of these leaders to improve the economy by promoting business growth, to support education and job skills training that will empower the local workforce, and to promote policies that will increase the stock of adequate, affordable housing.

Legislator Forum – The Human Services Coordinating Council (HSCC) currently hosts an annual legislator forum inviting elected officials to answer questions and discuss local issues. This is an opportunity for HSCC members to learn about new legislation being discussed, to ask questions, and to offer input about potential impacts. Further development of this relationship will benefit constituents by providing policy makers with a better understanding of local needs as presented by the human services community.

Summary

The personal and societal value of helping people move into safe, affordable housing and then providing the means for turning emergency and transitional housing into permanent housing solutions as quickly as possible has long been recognized. Multiple studies have shown the resource-efficiency and problem-solving effectiveness of permanent housing solutions *combined with* coordinated services.

Homelessness can be eliminated in Cass County – the desire is great and the homeless situation, as currently understood, is at a point in time when permanent resolution is possible. The following action plan provides a strategic guide to implement the suggested solutions and pilot programs as described in the preceding sections. Through these efforts the county will achieve the vision...



“By 2016 *everyone* in Cass County will be enabled to live in a safe and decent home.”

ACTION PLAN FOR CASS COUNTY

(Corresponds with Previous Section - Homelessness Solutions)

Planning Ahead

As opportunities arise and population needs change, the current action plan may require amendments either through the addition or deletion of particular objectives or action steps. Prior to these changes, the following questions will help maintain the integrity of the original vision and mission.

- Will this change *prevent* homelessness - chronic or otherwise?
- Will this change *streamline* the process of receiving and coordinating services?
- Will this change *improve* the service and/or assistance program?
- Will this change facilitate the implementation of strategies in the *most resource-efficient and effective way* possible?

In essence, this plan provides the foundation and overall structure to anticipate and proactively meet the needs of a changing society through innovative methods consistent with these criteria.

Prevention Goal

Implement strategies that will prevent homelessness in Cass County before it occurs.

I) Overall Response System Strategy

A) **Objective:** Develop a “Housing First” standard that identifies methods to provide immediate housing and subsequent comprehensive support services.

1) **Project:** Establish a study committee to develop the standard and outline the process.

- **Project Manager:** Representatives to include: DHS, DASC, SMCAA, Dowagiac Housing Commission, Pokagon Band of Potawatomi
- **Time Estimate:** Committee begins work 3/07 and presents report prior to 10/07
- **Benchmark of Success:** Presentation of completed committee study
- **Comments:** This work is a high priority and will be done to guide other, more specific, prevention methods.

B) **Objective:** Implement a response system that will identify predetermined situations and flag for further assistance eligibility assessment.

1) **Project:** Contact nearby college/university to engage student to conduct preliminary study. (Alternative – use existing agency personnel)

- **Project Manager:** CoC Committee will lead process
- **Time Estimate:** Contact and agreement reached prior to 9/1/07
- **Benchmark of success:** Signed agreement with school/student to begin study

2) **Project:** Conduct study that will include collection of data and analysis of established research to track assistance recipients and to determine at-risk predictors.

- **Project Manager:** Research intern
- **Time Estimate:** 9/07 – 9/08
- **Benchmark of success:** Completed study and report
- **Comments:** This response system and data collection study will require at least a full 12-month cycle to collect and analyze data.

- 3) **Project:** Add at-risk factors to matrix of resource material to identify the most appropriate assistance programs.
 - **Project Manager:** Research intern and CoC
 - **Time Estimate:** 9/08-9/09 (and ongoing)
 - **Benchmark of Success:** Completed matrix and response system
 - **Comments:** This project will be ongoing as new assistance options become available and as demographics change creating new at-risk factors. The response system will be set-up to flag and accommodate these new factors.

- 4) **Project:** Cross-train service providers to utilize response system efficiently and effectively.
 - **Project Manager:** CoC and HSCC
 - **Time Estimate:** 9/09 -9/11 and ongoing as needed
 - **Benchmark of Success:** 100% provider participation utilizing response system to detect situations and responding, when appropriate, with the established Housing First standard.
 - **Comments:** CoC and HSCC will advise agencies/organizations/providers of the availability of this response system and encourage the “sharing” of personnel to provide cross-training.

II) Strategies to Prevent Homelessness Due to a Precariously Housed Situation

- A) **Objective:** Use early identification system to provide a more effective and pro-active response to those who are precariously housed.
 - 1) **Project:** Define and understand the terms, including the ramifications of being precariously housed.
 - **Project Manager:** CoC, HSCC
 - **Time Estimate:** Completed 6/07
 - **Benchmark of Success:** A written comprehensive explanation distributed to providers.
 - **Comments:** Ramifications of being precariously housed include limited access to many housing assistance programs.

 - 2) **Project:** Identify assistance options available to those who are precariously housed
 - **Project Manager:** SMCAA, DHS
 - **Time Estimate:** Ongoing
 - **Benchmark of Success:** Distribution of option outline/matrix
 - **Comments:** Options will change – annual updates would suffice

- 3) **Project:** Create and implement response system by combining identification with assistance options
 - **Project Manager:** SMCAA, CoC, HSCC, DHS
 - **Time Estimate:** Implementation by 2009 and ongoing
 - **Benchmark of Success:** Fully implemented and utilized system
- 4) **Project:** Add questions that may identify precariously housed situations to regular intake procedures
 - **Project Manager:** SMCAA, HSCC, DHS
 - **Time Estimate:** 2007
 - **Benchmark of Success:** Questions become part of regular process

III) Strategies to Prevent Homelessness Due to Imminent Foreclosure or Eviction

A) Objective: Prevent homelessness due to foreclosure or eviction.

- 1) **Project:** Monitor foreclosure notices at courthouse on a weekly basis, research owners, send brochure offering help and assistance through mail, and make follow-up phone calls when time permits.
 - **Project Manager:** SMCAA Housing Specialist will designate
 - **Time Estimate:** Begin 2007 and continue indefinitely
 - **Benchmark of Success:** Response to at least 50% of attempts.
 - **Comments:** If proven effective, this process would continue indefinitely.
 - **Barriers:** People in desperate situations do not always pay attention to mail.
- 2) **Project:** Implement mediation/mitigation assistance. (Applies to mortgage lender/owner and landlord/tenant situations.)
 - **Project Manager:** Tri-County Mediation
 - **Time Estimate:** Begin 2007 and continue indefinitely
 - **Benchmark of Success:** Successful intervention of at least 50% of attempts.
- 3) **Project:** Increase educational opportunities for credit counseling, financial management, etc.
 - **Project Manager:** SMCAA, USDA Rural Development, Banks, Realtors
 - **Time Estimate:** Ongoing as opportunities arise
 - **Benchmark of Success:** Expansion of class scheduling

- 4) **Project:** Increase client awareness of counseling programs (Housing Choice?)
 - **Project Manager:** SMCAA
 - **Time Estimate:** Begin in 2008
 - **Benchmark of Success:** 25% increase in attendance

- 5) **Project:** Increase mortgage lender awareness of counseling program (Housing Choice)
 - **Project Manager:** SMCAA
 - **Time Estimate:** Begin 2008
 - **Benchmark of Success:** 25% increase in participation

IV) Institutional Discharge/ Correctional Institution Discharge Planning

A) **Objective:** Prevent homelessness due to discharge from correctional institutions.

- 1) **Project:** Develop Discharge Planning Pilot (See narrative under “Solutions”)
 - **Project Manager:** Discharge planning committee
 - **Time Estimate:** As soon as possible (reliant on funding)
 - **Benchmark of Success:** Pilot details drafted

- 2) **Project:** Request funding for a Discharge Planning Pilot as proposed
 - **Project Manager:** Services would be provided at New Hope by Sheriff, New Hope DRC, Michigan Works, SMCAA, Woodlands, Michigan Rehab, etc.
 - **Time Estimate:** As soon as possible
 - **Benchmark of Success:** Pilot approved for funding (Funding appropriated)
 - **Comments:** Cost: \$45/offender/day Cost benefit: \$240/successful offender (a savings of \$2/day for 120 days), plus, for every day an offender is employed full-time, the offender will pay taxes and not require services, providing an additional cost-benefit of between \$2 - \$15/day

B) Objective: Acquire legislative support.

- 1) **Project:** Contact appropriate legislators to request a study regarding removing or changing the restrictions on subsidized housing for felons.
 - **Project Manager:** Woodlands/HSCC
 - **Time Estimate:** Draft and present request prior to 12/08
 - **Benchmark of Success:** Completed study with recommendations
 - **Comments:** After a determined amount of years, a felony should no longer negatively impact access to housing assistance. (Provide evidence that lack of housing assistance is counter-productive)

C) Objective: Provide additional housing units for parolees.

- 1) **Project:** Seek and acquire additional units (through funding or attrition through other programs.)
 - **Project Manager:** Woodlands/HSCC
 - **Time Estimate:** 2010
 - **Benchmark of success:** Increase of 50%
 - **Comments:** Attempts to educate landlords on the effects of forced housing displacement may not make a difference.

V) Domestic Violence

A) Objective: Prevent homelessness due to domestic violence.

- 1) **Project:** Increase transitional housing/emergency voucher availability.
 - **Project Manager:** DASC, SMCAA
 - **Time Estimate:** Process of requesting vouchers will begin as funding becomes available.
 - **Benchmark of Success:** Increase of 50%
- 2) **Project:** Encourage and participate in regional approach to maximize resource such as /transitional/emergency housing vouchers.
 - **Project Manager:** DASC, SMCAA
 - **Time Estimate:** Immediate (2006)
 - **Benchmark of Success:** Participation through attendance and communication, partnerships established

VI) Health Care Related Discharge Planning

- A) **Objective:** Prevent homelessness due to discharge from hospitals, mental health institutions, or other health care facilities (hospice, long-term care, etc.)
- 1) **Project:** Appoint subcommittee to study other discharge planning policies proven to be successful in other communities.
 - **Project Manager:** Law enforcement, health care providers, Borgess Lee Hospital
 - **Time Estimate:** 2006
 - **Benchmark of Success:** Committee meetings scheduled
 - 2) **Project:** Develop institutional discharge policies and programs relevant to Cass County (based on committee findings) and build on strengths already in place.
 - **Project Manager:** Emergency Services Council
 - **Time Estimate:** Begin immediately and through 2010
 - **Benchmark of Success:** Discharge policies that improve homelessness prevention
 - **Comments:** This action step includes discharge policies for all primary public institutions (prisons, hospitals, foster care, etc).
 - 3) **Project:** Implement the program when funding becomes available
 - **Project Manager:** Service organizations as relevant
 - **Time Estimate:** 2010 and ongoing
 - **Benchmark of Success:** Program in place effectively preventing homelessness due to discharge from health-related institution.

VII) Children and Youth (At risk for homelessness)

- A) **Objective:** Prevent youth from aging out of foster care into homelessness.
- 1) **Project:** Identify policies that are age-specific (thus creating barriers to assistance) and campaign for change to allow bridge assistance for those who are not able to be self-sufficient at this given stage of development. (Suggested bridge time age 18-23 – the college/job training years)
 - **Project Manager:** Catholic Family Services – the Ark, DHS
 - **Time Estimate:** 2007 and ongoing
 - **Benchmark of Success:** Elimination of gap between foster care and self-supported adulthood.

2) **Project:** Match mentor with 16 year old (14?) to establish relationship, prior to release from foster care program that will continue as a bridge until functional adulthood.

- **Project Manager:** Catholic Family Services, DHS, Volunteer Center
- **Time Estimate:** 2007 and ongoing
- **Benchmark of Success:** A successful match leading to further implementation
- **Comments:** See Mentoring Pilot Program

B) Objective: Prevent youth from being discharged from juvenile justice systems into homelessness.

1) **Project:** Ensure foster parents are aware of the need to provide life-skills training and develop a tool to track the progress of all children (14 years old and over) who are in out-of-home placement.

- **Project Manager:** DHS, Volunteer Center
- **Time Estimate:** 2007 and ongoing
- **Benchmark of Success:** Appropriate tracking methods devised and implemented

2) **Project:** Develop a list of local resources for life-skill instruction and/or assistance.

- **Project Manager:** DHS
- **Time Estimate:** 2007 and ongoing
- **Benchmark of Success:** Completed and distributed list.

Affordable Housing Goal

Provide supply of adequate affordable housing options in Cass County.

I) Affordable Housing Plan

- A) **Objective:** Create, adopt, and implement an understandable affordable housing plan with specific components to meet countywide needs and those of each local governmental unit and their constituents.
- 1) **Project:** Establish leadership to guide the process of developing the affordable housing plan.
 - **Project Manager:** SWMPC, SMCAA, CoC, HSCC
 - **Time Estimate:** 2007
 - **Benchmark of Success:** Leadership role accepted by qualified entity
 - **Comments:** Negotiate with the City of Dowagiac (through discussions with City Manager and Economic Development Director) to provide leadership to the task of developing an affordable housing plan.
 - 2) **Project:** Cooperate with affordable housing plan process by providing documentation and research assistance as needed and requested.
 - **Project Manager:** HSCC, CoC, SWMPC, SMCAA
 - **Time Estimate:** 2007-2008
 - **Benchmark of Success:** Materials presented as requested
 - 3) **Project:** Approve the affordable housing plan.
 - **Project Manager:** HSCC, CoC, SWMPC, SMCAA
 - **Time Estimate:** 2008
 - **Benchmark of Success:**
 - 4) **Project:** Present and promote plan to municipal governments and related businesses. Request adoption of the plan by the County Planning Commission as part of the County's Master Plan and by each municipality as a component of their Master Plan.
 - **Project Manager:** SWMPC
 - **Time Estimate:** 2008 and ongoing
 - **Benchmark of Success:** 100% adoption of affordable housing plan
 - **Comments:** The affordable housing plans will be adapted as needed to ensure individual municipal planning is incorporated.

II) Regional and Collaborative Approach

- B) Objective:** Support and promote the efforts of other organizations dedicated to improving the quantity and quality of affordable housing.
- 1) **Project:** Research other organizations for relevant practices that have been proven to be effective in rural areas.
 - **Project Manager:** SWMPC, SMCAA
 - **Time Estimate:** 2007
 - **Benchmark of Success:** Regularly updated materials presented to municipalities and housing-related agencies.
 - **Comments:** Because municipal development is an ongoing process, this objective and project section is designed to keep municipalities and community leaders apprised of innovative approaches to improved quality of life related to housing.

 - 2) **Project:** Urge local units of government to adapt/adopt practices conducive to high quality affordable housing that are applicable to their particular circumstance and consistent with locally adopted affordable housing plan.
 - **Project Manager:** SWMPC
 - **Time Estimate:** 2008 and ongoing
 - **Benchmark of Success:** A notable increase in high quality affordable housing. Will look for at least a 25% increase in adequate affordable units.
 - **Comments:** “Notable” acknowledges different municipality capabilities.

Program Development Goal

Provide appropriate program/services to meet the unique needs of individuals.

I) Overall Service Program Approach

A) **Objective:** Create service plans to fit individual needs.

1) **Project:** Gather information about services that are needed and where/how they are provided.

- **Project Manager:** Primary service worker
- **Time Estimate:** June 2007
- **Benchmark of Success:** Completed list of services
- **Comments:** Barriers might include service workers having the time to spend with the consumers

2) **Project:** Create committee with representatives from different agencies to work together to develop service plan cross-training and education.

- **Project Manager:** HSCC, CoC
- **Time Estimate:** 2007 and ongoing
- **Benchmark of Success:** Consistent attendance at established meeting schedules.

3) **Project:** Promote service plan concept to the consumers.

- **Project Manager:** One representative from each agency assigned to visit each community in the county
- **Time Estimate:** One day a month (or more?) beginning 2008/2009
- **Benchmark of Success:** Plan presented to consumers
- **Comments:** As an alternative – consider using town hall meetings to explain service plans.

B) **Objective:** Build the infrastructure

1) **Project:** Create map and matrix for ease of customized service planning

- **Project Manager:** HSCC, CoC, SWMPC, SMCAA will initiate committee process
- **Time Estimate:** 2009 or 2010
- **Benchmark of success:** Finished map in a format that will allow easy updating)

II) Mentoring Program

A) Objective: Implement mentoring program.

- 1) **Project:** Establish connections with volunteer organizations with current mentoring programs in place to research best practices.
 - **Project Manager:** Leadership for this project established by subcommittee of HSCC and/or CoC
 - **Time Estimate:** June 2007
 - **Benchmark of Success:**
 - **Comments:** Barriers might include service workers having the time to spend with the consumers

- 2) **Project:** Develop volunteer-based mentoring program to work with individuals receiving assistance.
 - **Project Manager:** Subcommittee led by DHS, HSCC, CoC, Volunteer Center
 - **Time Estimate:** 2008/2009
 - **Benchmark of Success:** Successful mentor/mentee match-ups.

Service System Coordination Goal*Improve connections to support services.*

- A) Objective:** Develop streamlined system in county to coordinate services, materials and financial assistance.
- I) Project:** Determine available services and resources available in Cass County including but not limited to government funded, religious-affiliated, non-profit human services agencies and organizations. Information should include available services, prerequisites for qualifying, hours of operations, contact person(s), etc.
- **Project Manager:** SMCAA employee or HSCC Representative
 - **Time Estimate:** 2008/2009
 - **Benchmark of Success:** Completed report detailing services/resources
 - **Comments:** Barriers may include agency/organization willingness to participate or getting an agency to offer to complete the information gathering. (Data collection)
- II) Project:** Analyze data gathered to determine what and how services and resources could be combined and or coordinated.
- **Project Manager:** SMCAA Employee or HSCC Representative
 - **Time Estimate:** 2009/2010
 - **Benchmark of Success:** Written report of analysis
- III) Project:** Gather agencies and organizations to determine what each agency needs to do to make coordination work. (Define the process – where do clients apply first, then what happens. Create unified application with necessary information for all agencies. Create system to notify all agencies of clients' needs – faxing, emailing, mailing, etc, and then follow up and sharing of information so all involved parties are aware of what was supplied.)
- **Project Manager:** SMCAA employee or HSCC Representative
 - **Time Estimate:** 2010/2011
 - **Benchmark of Success:** Schedule of meetings with good attendance
 - **Comments:** A possible barrier may be getting those who do participate to take on duties. Notification system and follow up will only work if all participants do their part

IV) **Project:** Build flow-charts demonstrating current system response from entry to self-sufficiency or permanent assisted housing. (Create flow chart demonstrating streamlined system.)

- **Project Manager:** SWMPC, SMCAA
- **Time Estimate:** 2009/2010
- **Benchmark of Success:** Completed framework allowing for future growth/changes

V) **Project:** Begin coordinating services.

- **Project Manager:** Current agency i.e. DHS, SMCAA, etc. (Create a position housed at one of the participating agencies possibly funded by pooled resources of all agencies involved.)
- **Time Estimate:** 2010-ongoing
- **Benchmark of Success:** Increase in service coordination
- **Comments:** Cost Estimate –Unsure: salary plus materials and space. Possible barriers may include getting parties involved to give up control and possibly some funding to go towards greater cause. Finding agency willing to house this position. Hiring appropriate person

B) **Objective:** Integrate homeless awareness into regular procedures.

I) **Project:** Gather information that needs to be shared and with whom.

- **Project Manager:** CoC
- **Time Estimate:** 2007-ongoing
- **Benchmark of Success:** 100% participation of all intake personnel and agency representatives.
- **Comments:** Possible barrier could be making sure organizations are not overlooked (those with information and those needing it.

II) **Project:** Create and provide training and materials.

- **Project Manager:** CoC
- **Time Estimate:** 2007/2008
- **Benchmark of Success:**
- **Comments:** Possible barrier may be getting buy-in from for-profit agencies such as landlords, apartment managers, lending institutions, etc. that this is necessary and they should participate. Keeping information up-to-date. Consistency of message passed on by those we train.

III) **Project:** Train providers of services to integrate all aspects of assistance.

- **Project Manager:** HSCC can serve as the communication forum to encourage the practice of service integration and offer networking capability for assistance requests.
- **Time Estimate:** 2008-ongoing
- **Benchmark of success:** 1) Evidence of one agency demonstrating service integration, 2) Implementation of strategy by numerous agencies

C) **Objective:** Support implementation of 2-1-1 service

I) **Project:** Contact United Way to determine assistance needed.

- **Project Manager:** CoC, United Way
- **Time Estimate:** Contact has been made
- **Benchmark of Success:** 2-1-1 service established in Cass County

II) **Project:** Provide service data as requested for inclusion in the database.

- **Project Manager:** CoC, HSCC, SMCAA, SWMPC
- **Time Estimate:** When requested
- **Benchmark of Success:** Ability of consumers to receive assistance in Cass County

Community Partnerships Goal

Develop a pro-active plan with community partners to improve the quality of life for all residents of Cass County.

A) Objective: Establish Regional HSCC Collaboration

I) Project: Hold initial interest meeting

- **Project Manager:** HSCC secretary
- **Time Estimate:** October 10, 2006
- **Benchmark of Success:** Attendance and commitment
- **Comments:** This meeting will determine further interest in collaborative efforts regarding inter-county programs, and funding opportunities, etc.

B) Objective: Develop initiatives to encourage partnerships

I) Project: Identify initiatives that would meet the needs of potential partners with reciprocity for all.

- **Project Manager:** CoC members
- **Time Estimate:** 1) As funding and programs become available, 2) as need arises, 3) as opportunities arise.
- **Benchmark of Success:** Continued communication with partners
- **Comments:** Initiatives may be varied based on different partner needs

C) Objective: Establish Community/Business/Citizen Partnerships

I) Project: Develop a list of potential partners (See above list of possibilities) Contact potential partners and get commitment.

- **Project Manager:** CoC
- **Time Estimate:** Begin immediately and continue
- **Benchmark of Success:** At least one successful community/agency partnership event per year.

II) Project: Confirm the necessity of elimination of homelessness by identifying community benefits (fiscal and social)

- **Project Manager:** CoC members
- **Time Estimate:** Immediately and ongoing
- **Benchmark of Success:** Written report with quantifiable documentation

- III) Project:** Promote methods to end homelessness by developing training materials and conducting training seminars
- **Project Manager:** Continuum of Care members
 - **Time Estimate:** 2007
 - **Benchmark of Success:** Information presented in seminars
- D) Objective:** Create a plan to address countywide issues such as public transportation, adequate job support programs, economic development, and educational achievement opportunities.
- I) Project:** Assign a separate project leader for each area to facilitate the development of specific issue clarification. (Such as transportation, economic development, education/job skills, etc.)
- **Project Manager:** SWMPC, HSCC, SMCAA, Cass County Administrator
 - **Time Estimate:** To begin 2007
 - **Benchmark of Success:** Project leaders have accepted responsibility
- II) Project:** Incorporate information into development of countywide plan.
- **Project Manager:** SWMPC, HSCC, SMCAA, Cass County Administrator
 - **Time Estimate:** 2008
 - **Benchmark of Success:** Completed plan

Data Collection Goal

Understand and maximize the potential of data collection and analysis to improve the overall systematic delivery of services related to housing.

A) Objective: Encourage and increase the use of the Homeless Management Information System (HMIS).

I) Project: Identify programs with applicable information

- **Project Manager:** SMCAA and CoC to oversee program identification
- **Time Estimate:** Prior to December 2007
- **Benchmark of Success:** A list or database of programs

II) Project: Educate providers to create understanding and cooperation

- **Project Manager:** SMCAA, CoC principal advisor support, DHS, CMH, HSCC
- **Time Estimate:** Could begin right away
- **Benchmark of Success:** Open discussion at forums, written materials, and/or website links

B) Objective: Implement virtual single point of entry.

I) Project: Appoint subcommittee to study options (systems, best practices, proven methods)

- **Project Manager:** CoC to guide committee selection process
- **Time Estimate:** 2008-2009
- **Benchmark of Success:** Committee begins work

II) Project: Select best option and begin actual practice study with selected agencies/organizations

- **Project Manager:** Subcommittee as chosen above
- **Time Estimate:** 2010-2012
- **Benchmark of Success:** A test drive of possible system

III) Project: Continue efforts to broaden scope of participants thus ensuring success

- **Project Manager:** HSCC working with subcommittee
- **Time Estimate:** Before 2016
- **Benchmark of Success:** Increased participants

C) Objective: Increase diversity of sources entering data to track homelessness and precariously housed.

I) Project: Solicit support from previously untapped sources. This can be accomplished through emails, awareness meetings, personal visits, and a consolidated countywide marketing effort.

- **Project Manager:** HSCC, SWMPC
- **Time Estimate:** Could begin immediately
- **Benchmark of Success:** New sources

II) Project: Provide mechanism to enter (provide) data in a uniform manner.

- **Project Manager:** SWMPC
- **Time Estimate:** 2010
- **Benchmark of Success:** Working system for data entry

Funding Goal

Alleviate funding deficiencies and maximize available resources.

- A) **Objective:** Establish collaborative funding projects
- I) **Project:** Increase efforts to obtain inter-agency, inter-county, and intra-regional collaborative funding options
- **Project Manager:** HSCC, CoC
 - **Time Estimate:** 2006 - perpetuity
 - **Benchmark of Success:** A measurable increase in discussion and working sessions
- II) **Project:** Hold initial kick-off meeting to determine interest and future direction. (See Community Partnerships)
- **Project Manager:** HSCC, CoC
 - **Time Estimate:** Meeting scheduled for 10-10-06
 - **Benchmark of Success:** Attendance of all nine counties constituting Region Six
- B) **Objective:** Establish an endowment fund to support innovative approaches to unique situations
- I) **Project:** Appoint a subcommittee to study endowment funds
- **Project Manager:** HSCC, business/bank representatives, and representatives of foundations currently managing endowment funds.
 - **Time Estimate:** Begin research immediately
 - **Benchmark of Success:** Working committee
- II) **Project:** Begin process of securing donations, fees, and other sources of funds
- **Project Manager:** Committee will appoint
 - **Time Estimate:** 2009
 - **Benchmark of Success:** Established endowment fund

Political and Legislative Goal

Increase political support of efforts to end homelessness in Cass County.

- A) **Objective:** Local legislators will lead efforts to address local issues.
- I) **Project:** Clarify local issues and prepare support letters and documentation.
- **Project Manager:** Request a local official's assistance
 - **Time Estimate:** Early 2007
 - **Benchmark of Success:** Responsibility assumed by local elected official (or office)
 - **Comments:** Issues identified include: "Pop-up" property tax (could be given as a tax credit to first-time home buyers), predatory lending (legislation needed to control mortgage lenders and cash advance businesses), subsidized housing discrimination against felons (see Prevention section), progressive changes in zoning ordinances to avoid exclusionary zoning against affordable housing, and the creation of a Michigan EITC tax credit.
- II) **Project:** Encourage attendance and participation in legislator forums hosted by HSCC
- **Project Manager:** HSCC secretary and chairman
 - **Time Estimate:** Immediately and ongoing
 - **Benchmark of Success:** 100% legislator representation at meetings, increased member attendance of 50%
 - **Comments:** An annual event already established can be built upon and improved.
- B) **Objective:** Get local legislators to pledge support for this 10-year plan to end homelessness in Cass County.
- I) **Project:** Send letters requesting support
- **Project Manager:** SWMPC Staff
 - **Time Estimate:** Prior to October 15, 2006 and continuing as needed
 - **Benchmark of Success:** Completed mailing
 - **Comments:** Letters will be mailed with enough time for support letters to be included with final plan.
- II) **Project:** Include letters with 10-year plan
- **Project Manager:** SWMPC staff
 - **Time Estimate:** Prior to October 15, 2006
 - **Benchmark of Success:** 100% response

C) Objective: Obtain Cass County's commitment to support the plan through adoption of the plan by official resolution.

I) Project: Present plan to Cass County's Board of Commissioners

- **Project Manager:** SWMPC Staff
- **Time Estimate:** Before December 2006
- **Benchmark of Success:** Adopted resolution of support

Contact Information for Cass County Legislators

<p>Michigan Senate and House Districts</p> <p>Rick Shaffer, State Representative District 59 rickshaffer@house.mi.gov N0993 House Office Building P.O. Box 30014 Lansing, MI 48909-7514</p> <p>District 59 includes:</p> <p>St. Joseph County</p> <p>Cass County (Part) Calvin Township Jefferson Township LaGrange Township (Part) All of LaGrange Township except that portion contained within the city limits of Dowagiac. Marcellus Township Mason Township Milton Township Newberg Township Ontwa Township Penn Township Pokagon Township Porter Township Volinia Township</p>	<p>Neal Nitz, State Representative District 78 nealnitz@house.mi.gov N1097 House Office Building P.O. Box 30014 Lansing, MI 48909-7514</p> <p>District 78 includes:</p> <p>Berrien County (Part) Baroda Township Berrien Township Bertrand Township Buchanan City Buchanan Township Chikaming Township Galien Township New Buffalo City New Buffalo Township Niles City (Part) Niles Township Oronoko Township Pipestone Township Three Oaks Township Weesaw Township</p> <p>Cass County (Part) Dowagiac City Howard Township LaGrange Township (Part) That portion of LaGrange Township contained within the city limits of Dowagiac. Niles City (Part) Silver Creek Township Wayne Township</p>
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<p>Ron Jelinek, State Senator District 21 senrjelinek@senate.michigan.gov 405 Farnum Building P.O. Box 30036 Lansing, MI 48909-7536</p> <p>District 21 includes:</p> <p>Berrien County</p> <p><i>Cass County</i></p> <p>Van Buren County (Part) Almena Township Arlington Township Bangor City Bangor Township Bloomingdale Township Columbia Township Covert Township Decatur Township Geneva Township Gobles City Hamilton Township Hartford City Hartford Township Keeler Township Lawrence Township Pine Grove Township Porter Township South Haven City (Part) South Haven Township Waverly Township</p>	<p>Fred Upton, State Congressman District 6 www.house.gov/upton Saint Joseph Office 800 Ship Street, Suite 106 Saint Joseph, MI 49085</p> <p>Kalamazoo Office 157 South Kalamazoo Mall, Suite 180 Kalamazoo, MI 49007</p> <p>Washington Office 2183 Rayburn House Office Building Washington, DC 20515</p> <p>District 6 includes: Allegan County (Part) Berrien County Calhoun County <i>Cass County</i> Kalamazoo County St. Joseph County Van Buren County</p>
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Cass County Commissioners**District 1**

Ed D. Goodman (Democrat)
55718 Sink Road
Dowagiac, MI 49047
(260)782-3947
ednjac@locallink.net

District 2

Robert Wagel (Republican)
53725 O'Keefe Road
Dowagiac, MI 49047
(269)782-6111
mwagel@beanstalk.net

District 3

Cathy Goodenough (Republican)
16466 McKenzie Street
Marcellus, MI 49067
(269)646-2044
itsgoodenough@hotmail.com

District 4

Alan Northrop (Republican)
P.O. Box 767
Marcellus, MI 49067
(269)646-2181
shalicen@juno.com

District 5

Gordon Bickel, Sr. (Republican)
11852 Shavehead Lake St
Constantine, MI 49042
(269)435-7057
gbic@quixnet.net

District 6

Jack L. Teter, Sr. (Republican)
20606 Grange Street
Edwardsburg, MI 49112
(269)699-7451
jlteter@juno.com

District 7

David P. Taylor (Democrat)
23501 Lakeview Drive
Edwardsburg, MI 49112
(269)699-5544
gigi708@aol.com

District 8

Carl D. Higley, Sr. (Republican)
26217 Redfield Road
Edwardsburg, MI 49112
(269)663-2265

District 9

Ronald Francis (Republican)
20839 Decatur Road
Cassopolis, MI 49031
(269)445-3744
rmfrancis1@comcast.net

District 10

Dixie Ann File (Republican)
20225 Kelsey Lake Street
Cassopolis, MI 49031
(269)445-2033
tomannie2003@yahoo.com

District 11

John Cureton (Republican)
206 Jones Street
Dowagiac, MI 49047
(269)782-2098

District 12

Minnie Warren (Democrat)
56731 M-51 South
Dowagiac, MI 49047
(269)782-6829
minnie@dellmail.com

District 13

Johnie Rodebush (Democrat)
2528 Gilbert Street
Niles, MI 49120
(269)683-3223
johnierodebush@juno.com

District 14

Dale Lowe (Republican)
1326 Breezy Beach
Niles, MI 49120
(269)684-0491
dalelowe@comcast.net

District 15

Robert Ziliak (Republican)
2912 U.S. 12 East
Niles, MI 49120
(269) 663-0027

APPENDIX

June 2006 Survey

The following survey questions were asked of Housing Continuum of Care members, Human Services Collaborative Council members, and other service providers. Information received was incorporated into the plan.

Name of Organization:
Address:
Contact person:
Phone numbers:
Email:
1. RESOURCE DATA

What resources do you use to provide **housing** assistance? This means any resource that has a direct correlation to the **housing** of your clients. *(The prevention of eviction, the provision of shelter, utilities, rental assistance/subsidies, or the purchase of a home)* For consistency in reporting, please use the following suggested format:

Questions	Samples of answers
A. Name of Program (s)	<i>Include initiatives, grants, donations, or foundations, etc.</i>
B. Funding Source	<i>State, Federal, local, private, other</i>
C. Type of assistance	<i>Vouchers, housing, shelter, other</i>
D. Level of assistance	<i>Full or partial payment assistance, long or short term, monetary or physical</i>
E. Eligibility requirements	<i>Gender, income, age, health, etc.</i>
F. Length of service	<i>One time assistance, long term assistance, 30-day, 6-month, unlimited, etc.</i>
G. Used resources - numbers of people served with each resource or with a particular service	<p><i>What data regarding housing assistance and homelessness do you maintain? For example: Do you have point in time counts, HMIS reports, year-end reports to grantors, discharge reports, follow-up reports, tracking data, client information system, or other?</i></p> <p><i>Please provide copies of these reports for grant year 2003, 2004, 2005, and year-to-date 2006 to be used in the data analysis phase of the plan. (Please do not provide any names or identifying personal information so that confidentiality may be strictly observed)</i></p>
H. Unused resources and why?	<i>Vouchers, money, rooms, houses, etc. Does assistance go unused? Why?</i>

2. HOW DOES IT WORK?

Please consider and evaluate each of the programs or resources you use in the following terms.

- *Does it work?*
- *Why does the delivery work? What/who makes it happen?*
- *Why does it not work? What are the barriers or gaps?*
- *How would you make it better?*

3. LOCATION vs. SERVICE AREA

What is your service area? (Berrien, Cass, Van Buren?) If you have a different service area for some of your assistance resources, please indicate which resources are limited to which geographic areas. Are there transportation issues?

Where are you located in relation to the majority of people you are trying to assist?

- *Are you in the same town, the same county, or are you more than 50 miles away?*
- *Is there public transportation to your office?*

4. IS THERE A STORY?

Understanding the stories behind the statistics provides valuable qualitative information. Are there typical scenarios and/or unusual anecdotes? Do you have a story with a successful outcome? Is there a story that clearly illustrates an unsuccessful outcome because of service gaps, challenges, or issues?

5. WHAT DOES IT COST?

What is the cost of homelessness? Do you have any specific monetary or non-monetary data?

What does it cost the county? What does it cost your municipality? What does it cost your agency/organization? What does it cost your department? Consider administrative costs if you make phone calls to assistance providers, etc.)

6. WHY DO WE HAVE HOMELESSNESS HERE?

There are plenty of national statistics, but why do the people you work with experience homelessness?

7. WHAT ELSE DO YOU KNOW THAT WOULD MAKE A DIFFERENCE?

Very few questionnaires or surveys ask all the right questions - do you have any other information you would like to share?

The Planning Process

Staff of the Southwest Michigan Planning Commission (SWMPC), the regional planning agency for Berrien, Cass, and Van Buren Counties, attended and facilitated meetings with the Cass County Housing Continuum of Care, the Human Services Coordinating Council, and the Advisory Board. These meetings provided knowledge of the current service delivery system and helped establish understanding of service gaps and the barriers to improved service provision. Public input was sought through presentations and small-group discussions at a well-advertised and well-attended countywide visioning session.

SWMPC staff attended conferences and seminars to gain knowledge of affordable housing and other related initiatives. Interviews and surveys of affiliated agency staff were conducted for the purpose of collecting data for analysis. Relevant responses from these surveys are interspersed throughout the plan to provide emphasis and validation. Previously completed plans to end homelessness were also studied with useful and pertinent information referenced as resource material.

As the data collection stages have progressed, it has become apparent that further research planning will be necessary. Although by the very nature of ever-changing needs, the research will never be complete, plans have been made to continue the quest for information through consumer/client focus groups, and through a more detailed survey process of providers, municipal heads, and community leaders.

CASS COUNTY RESOURCES
Excerpted from
BERRIEN-CASS-VAN BUREN
COMMUNITY RESOURCE DIRECTORY
Provided by Michigan Works

ADULT EDUCATION-COLLEGE-EDUCATION-LITERACY-SCHOOLS & CAREER TRAINING

CASS COUNTY

Cassopolis Public Schools–445-0500, 22096 Brick Church Rd, Cass

Dowagiac Public Schools – 782-4400, 206 Main Street, Dowagiac

GED ON-LINE – www.GEDonline.org

Lewis Cass Intermediate School District – 445-3891

Head Start – 657-2581

Tri-County – 1-800-792-0366 (low-income children & families)

United Negro College Fund - 313-965-5550

CHAMBER OF COMMERCE

CASS COUNTY

Cassopolis/Vandalia Chamber of Commerce–445-5538, 117 South Broadway St. Cass

Edwardsburg Area Chamber of Commerce – 663-6344, P.O. Box 575, Edwardsburg -

Greater Dowagiac Chamber of Commerce – **782-8212**, 200 Depot Street, Dowagiac

CHARITABLE ORGANIZATIONS

CASS COUNTY

American Red Cross – 445-5090

Family Shelter – 423-9450, 210 E. Delaware, Decatur

Helping Hands – **445-8104**

Lion's Club

Rose's Garden of Hope, 782-9819, Dowagiac

Salvation Army Dowagiac – 782-3771

Southwest Michigan Community Action Agency - 445-3831 or 877-474-6259, 21908 East M-60, Cassopolis

COUNSELING, SELF-HELP & SUPPORT GROUPS

CASS COUNTY

Al-Anon – 375-4930 – Support for families and friends of alcoholics.

Area Agency on Aging – 1-800-442-2803 (

Cass County Caregivers Support Group – 445-8110

Cass County Council on Aging – 445-8110

Cass County Widowed Persons Support Group – 445-8661.

Disability Resource Center – 1-800-394-7450

Domestic Assault Shelter Coalition – 279-5122

Domestic Violence Perpetrator Classes – 427-7512

LifeWorks – **782-7520**

Narcotics Anonymous or NA – 435-2353

Parent Support Group, Play Group, Parent to Parent Matching – 445-3950

Pokagon Substance Abuse – (888) 440-1234

The Family Center, Inc. – 782-9811
Riverwood Community Mental Health Center – (888) 686-3670
Woodlands Addiction Center – 476-9781
Woodlands Mental Health Services – 445-2451

DISABILITIES

GENERAL CONTACTS

American Cancer Society – 517-263-2317, Adrian
American Diabetes Association – 1-800-DIABETES
American Lung Association of Michigan – 1-248-359-5864 or 212-315-8700
Americans with Disabilities (ADA) – 1-800-729-2253 or 800-699-3362
Association for the Blind & Visually Impaired – 458-1187, www.abvimichigan.org
Autism Society of Michigan – 1-800-223-6722
Berrien County Cancer Service, Inc. – 465-5257, 7301 Red Arrow Hwy, Bridgman
Division on Deafness – 1-877-499-6232, www.mfia.state.mi.us/mcdc/dod.htm
Epilepsy Foundation of Michigan – 1-800-377-6226
Mental Health Association in Michigan – 1-800-482-9534
Michigan Association for Children with Emotional Disorders – 1-248-552-0044
Michigan Association for Deaf, Hearing & Speech Services – 1-800-968-7327
Michigan Commission on Disability Concerns – 1-877-499-5932
Michigan Rehabilitation Services – 1-800-605-6722 (voice), 1-888-605-6722
National Council on Alcoholism & Drug Dependence – 1-800-344-3400
National Hopeline Network (Suicide threat) – 1-800-SUICIDE (784-2433)
National Kidney Foundation of Michigan – 1-800-482-1455
State Vocational Rehabilitation Agency – 1-517-373-3391

CASS COUNTY

Camp Wakeshma – (269) 657-3389 (special needs activities)
Disability Resource Center – 1-800-394-7450 (support groups)
Lewis Cass ISD – 445-3891
Westgate Center, Inc. – 782-9716
Woodlands Rehabilitation Center – 445-2451

EMERGENCY SERVICES – DIAL 911

Adult Abuse HotLine – 800-992-6978
Child Abuse HotLine – 800-800-5556
Crisis Services (24-hour) – 1-800-922-1418
Crisis & Suicide Intervention Hotline – (574) 232-3344
Decatur Family Shelter – 925-9077, 30 days emergency shelter with follow-up case management. No single men).
Domestic Assault Crisis Hotline (24-hour) – 1-800-828-2023
Emergency Shelter , DASC – (269) 279-5122 (shelter for victims of abuse)
Emergency Shelter Services – 925-1131
Environmental Protection Agency – 800-424-8802
Helping Hands of Cass County – 445-8104 (food, clothing & thrift shop)
Southwest Michigan Community Action Agency – 445-3831 or (877) 474-6251
Marcellus Area Assistance Program – 646-3439 or Emergency 646-9309
Michigan Poison Control Center – 800-764-7661
Poison Center – 800-632-2727
State Emergency Relief, Cass County DHA – 445-0200
U.S. Marshall – (574) 236-8291

U.S. Secret Service – (317) 226-6444
United Way – First Call For Help – 800-310-5454
Women’s Resource & Referral – 800-82-WOMEN
FAMILY SERVICES
ADDvocate Center, Inc. – 782-9200
Adult Protective Services – 621-2800
Area Agency on Aging, Inc. – 1-800-442-2803
Ask a Nurse – 1-800-678-1092
Berrien County Even Start – 934-8553, 636 Pipestone
Berrien County District Public Health Dept.-Children’s Special Health Care Services
Building Strong Families, MSU Extension – 445-8661 or 657-7745
Child & Family Services of Southwest Michigan – 925-1725, 1485 M-139
Child Care Resource/Day Care – 1-800-343-3470
Children’s Protective Services – 1-800-343-3470
Community Aids Resource & Education Services (CARES) – 1-800-944-2437
County Youth Fair – 9122 US Highway 31, Berrien Springs
Domestic Violence Coalition – 1-888-655-9008
Families First of Berrien County – 926-6000, 960 Agard Avenue
Family Support Network – 1-800-359-3722
Family Violence Prevention Help Line – 385-2869 or 385-3587
First Call for Help – 1-800-310-5454, (925-7707)
Gateway Family Violence Help Line – 1-800-996-6228 – Crisis line for domestic violence and the abuse, neglect, and exploitation of vulnerable adults.
Grief & Loss – Call toll free 1-866-797-2277 (9am – 9pm daily)
Head start – 657-2581 Tri-County – 1-800-792-0366 (low-income children & families)
Healthy Kids & MI Child Insurance – 1-888-988-6300
National Immunization Information Hotline – 1-800-232-2522
Parent Helpline – 1-800-942-4357
Parent Information & Training Services – CAUSE – 1-517-347-2283
Parent Training & Information Centers “Cause” – (517) 347-2283
Poison Center – 1-800-632-2727
Pokagon Band of Potawatomi Indians Family Services – 1-800-517-0777
Pokagon Band of Pottawatomie Indians – 782-6323, 58620 Sink Road, Dowagiac
National Hopeline Network (Suicide threat) – 1-800-SUICIDE (784-2433)
RAINN (Rape, Abuse, Incest National Network) – 1-800-656-4673, National crisis line
The Link Crisis Intervention Center – 1-800-310-5454, 983-5465
Turning Point Substance Abuse Services – 616-235-1574, Boston Ave SE Grand Rapids
United Way - Emergency Fund
US Department of Health & Human Services – 1-866-783-2645
We Care, Inc. – 637-4342
WIC Program –
FOOD / CLOTHING
CASS COUNTY
Edwardsburg – 663-5385, 24832 US 12 East
Family Nutrition, MSU Extension – 782-6454,
Helping Hands of Cass County – 445-8104
Southwest Gleaners Food Bank – 983-7260

HELP LINES

Adult Abuse Hotline – 1-800-992-6978
Alzheimer’s Disease Education & Referral – 1-800-438-4380
American Diabetic Association – 1-800-366-1655
American Institute for Cancer Research – 1-800-843-8114
Child Abuse Hotline – 1-800-5556
Child Help USA Hotline – 1-800-422-4453
Children’s Protective Services – 1-800-343-3470
Cocaine Problems – 1-800-COCAINE (262-2463)
Crisis & Suicide Intervention Hotline – 1-574-232-3344
Cystic Fibrosis Foundation – 1-800-344-4823
Domestic Assault Crisis Hotline (24-hour) – 1-800-828-2023
Domestic Violence Coalition – 1-888-655-9008
Down Syndrome Hotline – 1-800-221-4602
Drug Abuse Referral Hotline – 1-800-662-4357
Emergency Shelter Services – 925-1131
Environmental Protection Agency – 1-800-424-8802
Family Shelter – 423-9450, 210 E. Delaware, Decatur
Family Violence Prevention Help-Line – 385-2869 or 385-3587
First Call for Help – 1-800-231-4377 (temporary housing/legal/training)
Gateway Family Violence Help Line – 1-800-996-6228 – Crisis line for domestic violence and the abuse, neglect, and exploitation of vulnerable adults.
Gateway Parent Help Line – 1-800-942-4357
Gateway RAP Line – 1-800-292-4517 (Runaway assistance, crisis intervention)
Gateway Sexual Assault Help Line – 1-877-666-3267
Multiple Sclerosis Foundation – 1-800-441-7055
National Adoption Center – 1-800-TOO-ADOPT
National AIDS Hotline – 1-800-342-AIDS
National Center for Missing & Exploited Children – 1-800-843-5678
National Council on Child Abuse & Family Violence – 1-800-222-2000
National Grief Recovery Hotline – 1-800-445-4808
National Health Information Center – 1-800-336-4797
National Hopeline Network (Suicide threat) – 1-800-SUICIDE (784-2433)
National Institute for Literacy’s Hotline – 1-800-228-8813
National Literacy Hotline – 1-800-228-8813
National Lyme Disease Hotline – 1-800-886-LYME
National Mental Health Association – 1-800-433-5959
National Parkinson’s Foundation – 1-800-327-4545
National Reye’s Syndrome – 1-800-233-7393
Organ Donor Hotline – 1-800-24-DONOR
Orton Dyslexia Society – 1-800-ABCD-123
Prostate Information – 1-800-543-9632
RAINN (Rape, Abuse, Incest National Network)–1-800-656-4673, National crisis line
Runaway Hotline – 1-800-231-6946
Safe Shelter – 24 hour line – 983-4275
SIDS Alliance – 1-800-638-7437
Statewide Hotline for Vulnerable Adults – 1-800-996-6228 (elder abuse/neglect)
United Way – First Call For Help – 1-800-310-5454

Women's Resource and Referral – 1-800-WOMEN

Youth Crisis Hotline – 1-800-HIT-HOME

HOUSING

24-HOUR SHELTER – 1-800-ASHELTER (1-800-274-3583)

MEDICAL CARE

CASS COUNTY

Lakeland Regional Health System

Cassopolis Family Clinic – 445-3874, 109 School St., Cassopolis

MENTAL HEALTH /SUBSTANCE ABUSE

AMERICAN RED CROSS – <http://www.redcross.org>

GENERAL CONTACTS

Family Violence Prevention Hotline – 1-800-996-6228

Mental Health Association in Michigan - 1-800-482-9534

Michiana Addiction Prevention Services – 651-1212 (Sturgis)

Michigan Association for Children with Emotional Disorders -248-552-0044

National Council on Alcoholism & Drug Dependence -800-344-3400

National Hope Line Network (Suicide threat) – 1-800-SUICIDE (784-2433)

Public Health (Substance abuse) – 657-5596 or 621-3143

Turning Point Substance Abuse Services-616-235-1574, Boston Ave SE Grand Rapids

Van Buren County - Public Health Department, Drug & Alcohol Abuse Program

657-5596

Van Buren Mental Health – 657-5574 or 621-6251

Women's Resource & Referral Network – 1-800-829-6636

MIGRANT ASSISTANCE

GENERAL CONTACTS

Farm Worker Legal Services of Michigan – 1-800-968-4046

Head Start – Tri-County – 1-800-792-0366

Michigan State University - 1-866-432-9900

Telemon Corporation – 655-9916 (

US Department of Health & Human Services – National Bi-lingual Community

Health Helpline for Hispanic families – toll free – 1-866-783-2645

CASS COUNTY

Amigos en Accion – 461-6737

Dowagiac Union Schools, Migrant Education

Southwest Michigan Migrant Resource Council – 445-3831

Telamon Migrant Head Start – 423-6137

SENIOR – ADULT SERVICES

CASS COUNTY

Cass County Counsel on Aging – (269) 445-8110 –

SOCIAL & HUMAN SERVICES ORGANIZATIONS

ALCOHOLICS ANONYMOUS – <http://www.alcoholics-anonymous.org>

STATE & FEDERAL RESOURCES

America's Literacy Directory- www.literacydirectory.org or www.servicelocator.org

Attorney General Office – 517-373-1110 – www.ag.state.mi.us

Business Start-Up – 517-373-9017

Child Care Resource/Day Care – 1-800-343-3470

Department of Veterans Affairs – 1-800-827-1000, www.va.gov

Disability Resource Center – 345-1516, 517

Farm Worker Legal Services of Michigan – 1-800-968-4046
Healthy Kids & MI Child Insurance – 1-888-988-6300
Michigan Association for Children with Emotional Disorders – 1-248-552-0044
Michigan Association for Deaf, Hearing & Speech Services – 1-800-968-7327
Michigan Association of United Ways - 1-517-371-4360
Michigan Commission on Disability Concerns – 1-877-499-5932
Michigan Council on Crime & Delinquency - 1-517-482-4161
Michigan Department of Career Development – **517-241-4000**
www.TalentFreeway.org (career planning, job search, one-stop)
BeeFreeway (e-education, on-line training courses for business)
Career Education Consumer Report (shop for education & training)
Internship Center (high school and post-secondary internship matching)
Michigan Education Development Plan (organize training/education goals)
Michigan Occupational Information System (middle/high school students)
Michigan Talent Bank (comprehensive job-matching system)
Michigan State University (High School Equivalency Program (HEP), College Assistance Migrant Program (CAMP), GED and college enrollment, 1-866-432-9900
Michigan Virtual University - 517-336-7733 – Web-based training course, Lansing
Michigan Department of Civil Rights – 1-313-256-2663 – www.mdcr.state.mi.us
Michigan League for Human Services – 1-517-487-5436
Michigan Legal Services – 1-313-964-4130
Michigan Protection & Advocacy Service – 800-288-5923 – www.mpas.org
Michigan Rehabilitation Services – 1-800-605-6722 (voice)
Michigan State University Extension Family Program–925-4822, **Michigan Unemployment Agency** – 925-1118
Michigan Virtual University – 517-336-7733 – Web-based training course, Lansing
Michigan Works! Service Centers – 1-800-285-WORKS
National Council on Alcoholism & Drug Dependence – 1-800-344-3400
National Institute for Literacy's Hotline – 1-800-228-8813
Office of Special Education & Early Intervention Services
State Vocational Rehabilitation Agency – 1-517-373-3391
Statewide Hotline for Vulnerable Adults – 1-800-996-6228 (elder abuse/neglect)
United Negro College Fund – 1-313-965-5550
UTILITIES – ASSISTANCE
The Heat & Warmth Fund (THAW) – Applicants calling Tel-Help at (313) 226-9888 or 1-800-552-1183 are referred to a community action agency in their area. Calls are also taken at 1-800-866-THAW.
VOCATIONAL REHABILITATION SERVICES
Michigan Rehabilitation Services – 1-800-605-6722 (voice), 888-605-6722 (TTY)
State Vocational Rehabilitation Agency – 517-373-3391

Definitions

Affordable Housing - Total housing costs (mortgage or rent with utilities) of no more than 30% of gross household income. More than just a percent of income however, affordable housing must also be safe and provide a reasonable standard of dignity and livability

Substandard Housing - Housing that has more than one person per room, lacks complete plumbing, does not have a private kitchen, has inadequate heating, or is physically deteriorated.

Housing Needy - Those individuals who live in substandard or overcrowded housing, or must spend more than 30% of household income for rent or mortgage payments.

Transitional Housing - Housing that provides a midway point between emergency shelter and permanent housing. Supportive services are provided to enable self-sufficiency or some modicum of independence. There is usually a time limit based on the providing agency's funding capabilities and eligibility criteria.

Permanent Supportive Housing - Typically provides permanent housing for those with some form of disability, although it has been used for domestic violence victims as well. The disability can be physical or mental and often includes dual diagnosis.

Emergency Shelter - Temporary, short-term transitional housing – often for any homeless, sometimes for specific homeless groups.

Supportive Housing - Specifically intended to provide long-term assistance for those with disabilities or other special needs populations.

Housing First - This approach rests on the belief that helping people access and sustain permanent, affordable housing should be the central goal of work with people experiencing homelessness.⁵³

⁵³ NAEH (February 2006)

Support Letters



1997 HOUSE OFFICE BUILDING
P.O. BOX 30014
LANSING, MI 48909-7514
PHONE: (517) 373-1790
TOLL-FREE: (888) 373-9078
FAX: (517) 373-6918
E-MAIL: nealnitz@house.mi.gov
ONLINE: www.gophouse.com/nitz.htm

MICHIGAN HOUSE OF REPRESENTATIVES

NEAL NITZ
STATE REPRESENTATIVE
78TH DISTRICT

COMMITTEES:
AGRICULTURE (C)
CONSERVATION, FORESTRY, AND
OUTDOOR RECREATION
LOCAL GOVERNMENT AND
URBAN POLICY
TRANSPORTATION

September 12, 2006

Shelley Klug
Southwestern Michigan Commission
185 East Main Street, Suite 701
Benton Harbor, MI 49022

Dear Mrs. Klug:

Recognizing the value of Michigan's statewide initiative to end homelessness, it is an honor to express my support of the Cass County 10-Year Plan to End Homelessness.

I, as well as most individuals, recognize the value found in the goal statements within the Cass County 10-Year Plan. Preventing homelessness before it occurs is of the utmost importance as prevention is almost always the most cost effective and efficient method. The availability of safe and affordable housing is also an important component as is streamlined service delivery, relevant service programs, improved economic and educational achievements, adequate funding, and where necessary-policy change.

Over the coming years, it is my intent to closely follow the progress of the 10-year action plan and to offer my assistance and support where possible. I believe that the expressed vision in the plan, that even one homeless person in Cass County is one too many, is something we should all be working toward.

Sincerely,

NEAL NITZ
State Representative
78th District

NN/cgj

BERRIEN COUNTY AREAS REPRESENTED:
CITIES: BUCHANAN, NEW BUFFALO, MILES
TOWNSHIPS: BARODA, BERRIEN, BERTHRAND, BUCHANAN, CHEBAMING, GALIEN, NEW BUFFALO, NILES, OROMOKO, PFEESTONE, THREE OAKS, WEESAW
CASS COUNTY AREAS REPRESENTED:
CITIES: DONAGHAG, NILES - TOWNSHIPS: HOWARD, SILVER CREEK, WAYNE





M-923 HOUSE OFFICE BUILDING
STATE CAPITOL
LANSING, MI 48913
PHONE: (517) 373-0832
TOLL-FREE: (877) 262-6869
FAX: (517) 373-6763
www.gophouse.com/shaffer.htm

MICHIGAN HOUSE OF REPRESENTATIVES
ASSISTANT MAJORITY WHIP
RICK SHAFFER
STATE REPRESENTATIVE

**APPROPRIATIONS
SUBCOMMITTEE**
CHAIR, DEPARTMENT OF
HUMAN SERVICES
VICE CHAIR, JOINT CAPITAL OUTLAY
DEPARTMENT OF
COMMUNITY HEALTH

September 27, 2006

To Whom It May Concern:

Recognizing the value of Michigan's statewide initiative to end homelessness, I am glad of this opportunity to express my support for the Cass County 10-year Plan to End Homelessness.

From my perspective as a former County Commissioner and latterly as a State Representative I recognize the value of the goal statements found within the plan. It is of the utmost importance to put systems into action that prevent homelessness as that is the most cost effective and efficient way to deal with the issue. An important component of any plan to address the issue has to include the availability of safe and affordable housing together with a streamlined service delivery, relevant service programs, improved economic and educational achievements, adequate funding, and where necessary, policy changes.

I am very willing to offer my assistance and support as the Cass County 10-year Plan progresses and I endorse the expressed vision in the plan that even one homeless person in Cass County is one person too many.

If I can assist you further, please do not hesitate to contact my office,

Sincerely

Rick Shaffer



PROUDLY REPRESENTING THE 59TH DISTRICT





Cass County
Board of Commissioners

September 8, 2006

To Whom It May Concern:

As Chairperson of the Cass County Board of Commissioners, I would like to express my support of the Cass County 10-Year Plan to End Homelessness.

Preventing homelessness before it occurs is important because it is cost effective and efficient. The availability of safe and affordable housing is also an important component as is streamlined service delivery, relevant service programs and adequate funding.

It is my intent to follow the progress of the 10-year action plan and to offer my assistance when needed.

Sincerely,

A handwritten signature in cursive script that reads "Robert Wagel".

Robert Wagel, Chairperson
Cass County Board of Commissioners

SILVER CREEK TOWNSHIP
P.O. BOX 464
DOWAGIAC, MICHIGAN 49047
PHONE (269) 424-3025 FAX (269) 424-3858

BILL J. SAUNDERS, SUPERVISOR
WALTER F. LEHMANN, CLERK
MAUREEN T. KURLATA, TREASURER

JOEL MOORE, TRUSTEE
DOUGLAS SWISHER, TRUSTEE

September 14, 2006

Shelley Klug
Southwestern Michigan Commission
185 East Main Street, Suite 701
Benton Harbor, MI 49022

To Whom It May Concern:

Recognizing the value of Michigan's statewide initiative to end homelessness, it is an honor to express Silver Creek Township's support of the Cass County 10-Year Plan to End Homelessness.

The Board of Silver Creek Township recognizes the value found in the goal statements within the plan. Preventing homelessness before it occurs is of utmost importance because it is the most cost effective and efficient method. The availability of safe and affordable housing is also an important component as is streamlined service delivery, relevant service programs, improved economic and educational achievements, adequate funding, and where necessary – policy change.

It is the intent of Silver Creek Township to actively participate when possible and to facilitate steps as needed to keep the progress of the 10-year action plan moving forward.

The leaders and residents of this community agree with the expressed vision in the plan that even one homeless person in Cass County is one too many.

Sincerely,

SILVER CREEK TOWNSHIP


Walter F. Lehmann
Clerk

**Resolution
of the
Southwest Michigan Community Action Agency
Board of Directors**

Whereas everyday there are men, women and children in Berrien, Cass and Van Buren Counties who do not have a place they can call home; and

Whereas we should not ignore the homeless people in our communities; and

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

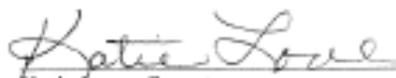
Whereas the Continuums of Care in SMCAA's service area of Berrien, Cass and Van Buren Counties in cooperation and coordination with the local Community Collaborative and other agencies and organizations have developed plans to end homelessness; and

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

Whereas the SMCAA Board of Directors is dedicated to ending homelessness in the communities we serve.

NOW THEREFORE BE IT RESOLVED that this Board endorses and supports the 10 Year Plans to End Homelessness that have been developed and adopted in the Counties of Berrien, Cass and Van Buren.

Adopted by the SMCAA Board of Directors on September 20th, 2006


Katie Love, Secretary