



Ten-Year Plan to End Chronic Homelessness in Macomb County

Macomb Homeless Coalition
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The Interagency Council on Homelessness defines a chronically homeless person as an unaccompanied individual who is disabled and either has been continuously homeless for a year or more or has had at least four homeless episodes during the last three years. Disabilities or disabling conditions often include severe and persistent mental illness, severe and persistent alcohol and/or drug abuse problems, and HIV/AIDS. The federal government estimates that this sub-population makes up 20% of the homeless population as a whole, but uses 80% of the available services. Those services include shelter, medical care/hospitalization and jail space.

In 2002, President George W Bush called for the ending of chronic homelessness in the next decade. So began the development of 10-year plans throughout the nation. In February of 2004, the Macomb Homeless Coalition put together the Ending Chronic Homelessness Taskforce that consists of 34 individuals from 29 agencies and organizations. It includes local government officials and agency representatives, homeless shelter and service providers, landlords, businesses, etc. The taskforce's responsibility was to develop the 10-Year Plan to End Chronic Homelessness in Macomb County.

The plan that was developed to end chronic homelessness in Macomb County consists of five goals, each with accompanying strategies to achieve the goals. The goals concern understanding homelessness, addressing community barriers, increasing housing stock, outreach, and education and services to prevent relapses.

Promote an Understanding of Homelessness

Too often the homeless are thought of drug addicts and alcoholics who just need to “pull themselves up by their bootstraps.” Although 38% of Macomb County’s homeless are chronic substance abusers (*Point in Time Survey conducted January 31, 2004*), this is not the entire picture. Mental illness is admitted by 38% of the homeless (*Point in Time Survey conducted January 31, 2004*). Domestic Violence is cited as the main reason for homelessness by 9.5% of the homeless that entered Macomb County shelters between January and August 2004. Also, 27% of the sheltered homeless stated that they were working at least part-time at the time of intake. Inadequate income was cited by 22% of the sheltered homeless as the main reason for their situation.

One of the biggest hurdles that new homeless shelter providers face is NIMBYism. They are struck down repeatedly by residents and city zoning boards that say “Not in my backyard.” Much of this NIMBYism comes from a misunderstanding of homelessness. In almost all group presentations, there are people that do not realize that Macomb County’s two emergency shelters (Macomb County Rotating Emergency Shelter {MREST} and The Salvation Army’s Macomb’s Answer to Temporary Shelter {MATTS}) conduct breathalyzer and random drug tests to make sure that residents are drug and alcohol free. Promoting an understanding of homelessness among the cities, businesses, and general public must be addressed in order to end chronic homelessness.

Address Community Barriers

Many community barriers face the homeless and the providers who service them. In a 1999 report, 23 of 26 cities surveyed identified a lack of affordable housing as a major cause of homelessness (*US Conference of Mayors on Hunger and Homelessness in American Cities*). According to the 2000 Census, the average rent in Macomb County is \$603. The fair market rent for a two-bedroom apartment in Michigan is \$692. In Macomb County it is \$801. This means that a person working 40 hours per week would have to make approximately \$15.40 per hour in order to afford a two-bedroom apartment in the county. Someone making minimum wage would have to work 120 hours per week to afford that same apartment. (*National Low Income Housing Coalition/LIHIS*) A disabled individual collecting Social Security Supplemental Security Income (SSI) at the maximum rate of \$564 per month would be precluded from renting it. Certain zoning ordinances prevent the creation of affordable housing and must be addressed.

There are other community barriers that must be addressed if we are to end chronic homelessness. The county’s bus system must be expanded. The homeless population relies on the bus system to get them to job interviews, work, appointments, etc. They are currently limited to bus routes that are insufficient. Discharging institutions must develop policies that prevent a person from being discharged into homelessness. Our shelters are seeing people straight out of the hospital that need more care than can be provided in a group setting. Homeless workers tend

to make less money per hour, which does not allow them the means to leave homelessness for housing. Job training and placement must be part of the plan.

The cost of some community barriers is much higher than the cost of housing the homeless. Each homeless client costs MCREST nearly \$30 per day. That is almost \$900 for a 30 day stay. Each homeless inmate costs the Macomb County Jail \$56 per day without considering the cost of medical care or medication. That is \$1680 per month. Our jail has an 82% recidivism rate. It cost \$550 per day, or \$16,500 per month, for a homeless person to receive treatment at St. Joseph Mercy Hospital. Those living on the street far too often use jail as an alternative to a cold night under a bridge. The chronically homeless lack insurance and the ability to receive regular medical care. The emergency room is usually their only means of receiving medical treatment. It is far less expense for a person to be housed in an apartment at \$603 per month than our shelters, jail or hospitals. It is better yet to raise the number of affordable housing units available.

We must find solutions for all of these community barriers in order to end chronic homelessness.

Increase Housing Stock to Include an Increase in Emergency Shelter, Transitional Housing, Permanent Supportive Housing and Safe Haven Beds

As outlined above, affordable housing is minimal in Macomb County. This means that the homeless rely on the Continuum of Care system of emergency shelters, transitional housing and permanent supportive housing. We currently have 115 emergency shelter beds, not including the warming center that runs November through March. These 115 beds provide shelter for homeless individuals and families who are drug and alcohol free. Thirty-eight percent (38%) of the chronic homeless are not. There are 52 transitional housing beds for homeless individuals in the county. They all require a person to be drug and alcohol free. There are currently four (4) permanent supportive housing beds in the county. They are reserved for homeless with developmental disabilities who are drug and alcohol free.

At this time, we do not have a safe haven in the county. A safe haven is a special type of permanent supportive housing that houses those with mental illness. Most of the residents have substance abuse issues as well. There is a “no use on the premises” rule. This is considered low demand. There is slow engagement of the residents into services that are needed. What has been found in safe havens nationwide is that once these clients with substance abuse problems are housed, fed and receiving the correct services (often times to include medication) they are able to overcome substance abuse and the other issues that led to their homelessness. We must develop a safe haven to end chronic homelessness for those who currently have mental illness and substance abuse problems.

Perform Street Outreach to the Current Homeless

Street outreach is another area of homeless services that has been lacking in Macomb County. There has been a belief that there is no reason to have street outreach when there aren't any beds available. There must be a shift in this thinking because there are many other benefits of street outreach. With many new lunch programs being developed, referrals for meals are always helpful. Often times there are blankets and clothing available. Information also needs to be disseminated about events and meals for the homeless. Consistency of the same person checking on a homeless individual facilitates easier access to public benefits such as Social

Security. The outreach specialist can also serve as a contact for agencies that require an address when applying for benefits. Outreach teams are needed in order provide referrals, points of contact and, most of all, encouragement to those homeless living on the streets. These teams need to be made up of individuals with different areas of expertise in order for the homeless to fully benefit.

Educate the Chronically Homeless on Preventing Relapses

Far too often a homeless individual is able to get into a permanent living situation only to lose their housing a few months down the road. Some of the most common reasons for this include high rent, low pay, job loss and illness. The solution is to educate the homeless, formerly homeless and low-income individuals on services available to prevent homelessness. These services include public benefits from mainstream resources, mental health services, substance abuse counseling, and employment services.

Educating the consumer is just the beginning of preventing relapses. Service providers, landlords and agencies that deal with the homeless must also be aware of the services provided. Prevention, or "closing the front door" to homelessness as it is often called, is a required component to ending chronic homelessness.

Ending chronic homelessness is so much more than providing a bed for each homeless person. The Ten Year Plan to End Chronic Homelessness in Macomb County is ambitious, but attainable. By accomplishing the five goals developed by the Ending Chronic Homelessness Taskforce, we will eradicate chronic homelessness in Macomb County within the next ten years. To be a part of this exciting and necessary endeavor, contact the Macomb Homeless Coalition at (586) 783-0916.

Goal A: Promote an understanding of homelessness

Strategy A1: Solicit press coverage, including newspaper articles

Strategy A2: Create a panel of homeless & formerly homeless persons to speak at community and Coalition events

Strategy A3: Hold at least one public awareness event yearly

Strategy A4: Distribute information at community events, such as fairs and festivals

Strategy A5: Give yearly presentations to corporations and businesses on homelessness in the County and their ability to combat the issue

Goal B: Address community barriers

Strategy B1: Request that the County do a study of zoning impediments to affordable housing and then follow up the study by addressing city and County zoning laws that preclude affordable housing

Strategy B2: Hold public awareness events to dispel the NIMBY attitude toward shelters, transitional housing and affordable housing in neighborhoods.

Strategy B3: Work with the SMART bus system to develop bus routes past 23 Mile Road and Gratiot. Work with SEMCOG's ride share program.

Strategy B4: Continue to develop and monitor discharge policies of Macomb County Jail, local hospitals, Martha T. Berry, and the Family Independence Agency's foster care system.

Strategy B5: Develop relationships with local temporary employment agencies in order to address low wages paid to homeless temporary workers.

Goal C: Increase housing stock to include an increase in emergency shelter, transitional housing, permanent supportive housing, and safe haven beds

Strategy C1: Creating 25 transitional housing beds and 25 permanent supportive housing beds in Macomb County every 18 months. This will create approximately 266 new beds for the chronically homeless.

Strategy C2: Creating a Safe Haven in Macomb County, which will create 25 new beds for the chronically homeless.

Strategy C3: Extend Warming Center's months of operation

*** Funding for the new beds may come from:

- a. HOME funds (rehabilitation; 15% nonprofits)
- b. HUD Super NOFA
- c. §811

- d. CDBG (Community Development Block Grant)
- e. Capital Fund/Banks
- f. Corporations and businesses

Goal D: Perform street outreach to the current homeless

Strategy D1: Hold yearly Community Connection Days (stand-down type events) for the chronically homeless that includes food, clothing, and access to social service agencies' personnel

Strategy D2: Open a one-stop shop for the homeless to access mainstream resource programs. This may be attached to a Safe Haven, Transitional Housing project, etc)

Strategy D3: Develop outreach teams made up of trained individuals who will go out on a regular basis to offer medical treatment and/or referrals, mainstream resource referrals, housing referrals, etc.

Strategy D4: Regularly perform public awareness campaigns in areas frequented by the chronically homeless (laundry mats, soup kitchens, etc)

Goal E: Educate the chronically homeless on preventing relapses

Strategy E1: Provide the chronically homeless with

- a. Employment services and job training
- b. Substance abuse counseling
- c. A full range of mental health services
- d. Links to low income housing
- e. Links to mainstream resources

Strategy E2: Educate the public regarding available prevention services through a booklet distributed to:

1. Michigan Works
2. FIA
3. LAD/Lakeshore legal aids
4. CMH
5. Substance Abuse Providers
6. Churches
7. Good Shepherd Coalition
8. Hospitals
9. Party Stores/grocery stores
10. Traylor park managers
11. Landlords

Strategy E3: Include prevention services in an educational forum