

Kent County Emergency Needs Task Force



Housing Continuum of Care Subcommittee

- **Purpose:** *A community planning body which promotes the prevention and end of homelessness by developing and maintaining a system to coordinate our community's resources and services for homeless and precariously housed families and individuals.*

I. Introduction to the ENTF Housing Continuum of Care Housing Committee

The Housing Continuum of Care (HCOC) has been working collaboratively since 1985 to address the problem of homelessness in Kent County. HCOC meetings are attended by representatives of more than 65 area institutions and agencies who participate in: bi-monthly meetings of the whole HCOC; Subcommittee meetings in the areas of Emergency Shelter, Transitional Housing and Permanent Supportive Housing; activities of the HMIS (Homeless Management Information System); and the Vision to End Homelessness (VTEH) planning process. The HCOC, aided by the HCOC Coordinator with the guidance of the HCOC Executive Committee, addresses local issues, identifies needs, and facilitates access to millions of dollars in local, state and federal funding to address homelessness. Our community's response to homelessness is aided by extensive collaboration across several mainstream systems, which are also represented in the HCOC.

Noteworthy Achievements in 2004

- The Vision to End Homelessness (VTEH) planning process was commenced through an Advisory Committee composed of 37 community leaders and Project Teams composed of approximately 130 participants. A draft plan to end homelessness in Kent County will be available for public comment in October 2005 with a final plan to be adopted in January 2006.
- HMIS participation grew to nearly 100% of HCOC Emergency Shelter, Transitional Housing and Permanent Supportive Housing providers. Initial reporting from the HMIS is expected June 1, 2005 with participation in a federal study.
- HCOC members received 2004 Supportive Housing Program (SHP) awards from HUD totaling \$4.689 million and 2004 Emergency Shelter Grants (ESG) awards totaling nearly \$500,000.
- HCOC members participated in a statewide institutional release survey designed to assist with prevention efforts, and in Policy Academies convened by the Governor to address issues of homelessness prevention and facilitate access to housing and other needed resources.
- Fifteen units of Permanent Supportive Housing (PSH) units for homeless persons were opened at Heron Courtyard. Work continued on the 29 beds at Kingsbury Place funded in the 2003 SHP "bonus" award. 2004 SHP "bonus" funding was awarded to rehab 88 existing units and add 28 new units of PSH (Verne Barry Place).
- HCOC Subcommittee members worked with the Corporation for Supportive Housing to research the possibility of doing a PSH effectiveness study for several projects in Kent County.
- A website (www.grahcoc.org) was created to provide regular HCOC and VTEH updates and to engage the community in an on-line VTEH discussion forum.
- Negotiations begun in 2004 resulted in the integration of the Community Case Coordination Team (CCCT) into the HCOC in early 2005, providing additional opportunity for mainstream system coordination in meeting the needs of people with challenging housing and broader care issues.

II. Trends in Client Demographics

Emergency Shelter and Transitional Housing

The HCOC includes providers of emergency shelter, transitional housing and permanent supportive housing as well as those engaged in the areas of prevention, affordable housing and supportive services. Intermediate steps before permanent housing may include stays in:

- Emergency Shelter: Residential shelters that offer a bed for less than 30 days. Motel vouchers provide overnight beds when shelters are full.
– and/or –
- Transitional Housing: Residential shelters that offer on-site support services (for example, counseling, job skills, home budgeting) for three to twenty-four months.

A snapshot of the clients who received emergency shelter or transitional housing services on a typical day in 2003 and 2004 follows:

Average of Point-in-Time Census Sheltered Homeless Population, 2003 and 2004

	Men	Men	Women	Women	Teen Parents	Teen Parents	Children	Children	Total	Total
	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004
Emergency Shelters/ Motels	157	160	65	81	N/A	N/A	79	99	301	340
Transitional Facilities	105	97	143	136	8	9	195	186	451	428
TOTAL	262	257	208	217	8	9	274	285	752	768
% of Total	35%	34%	28%	28%	1%	1%	36%	37%	100%	100%

In 2004 on average there were 768 people in emergency shelters and transitional housing on any given night. Of this population, 37% were children. Our capacity for emergency shelter is 367 beds and our transitional housing capacity is 521 beds. We are currently unable to provide an unduplicated count of the *total* number of persons served in emergency shelter and transitional housing facilities during a year but this capability will soon be available through our Homeless Management Information System (HMIS).

Permanent Supportive Housing

Permanent Supportive Housing: Residential dwellings that use both on-site and visiting support services to assist occupants to live independently.

The current occupancy of permanent supportive housing for homeless people is as follows:

Family Units	Family Beds	Individual Beds	Total Beds
61	172	327	499

At the point in time shown above our capacity for permanent supportive housing was 522 beds, for an occupancy rate of 96%.

Prevention Activities and Affordable Housing

Prevention Services: Activities that keep precariously housed persons in housing and prevent them from having to enter emergency shelters or transitional housing.

Affordable Housing: Housing that can be occupied by an individual or household for a cost of 30% or less of the occupant's income.

Extensive demographic data for these populations is not available at this time, but will be developed in future years with the full implementation of the HMIS system. Our central intake system known as the Homeless Assistance Program conducted 1,292 household assessments in 2004 and upon initial visit 71% of these households were diverted from the emergency shelter system and helped to remain in other housing. Our Housing First Program served 85 households in the 12 months ended September 30, 2004, and 85% of these clients were diverted from emergency shelter placement. Several local programs provide financial assistance targeted to unpaid utility bills or other housing costs with a goal of keeping people housed.

The Vision to End Homelessness planning process is addressing prevention strategies and the current status of available affordable housing units and housing subsidy funding such as Section 8, as well as documenting the need for additional affordable housing and permanent supportive housing units/beds. More information will be available for our 2005 report, following our extensive data gathering and analysis work and approval and adoption of the VTEH plan.

III. Trends in Client Needs

Utilization of emergency shelter and transitional housing beds has remained relatively stable over the course of the last three years. We believe our HCOC is equipped with enough beds to meet the need for these services, and may be able to reduce our capacity somewhat based on a review of utilization rates over the course of 2004. In the short-term we do not see significant change in the capacity or occupancy of emergency shelter and transitional housing beds. We will rely on study of our occupancy trends and the implementation of our Vision to End Homelessness plan to determine any needed changes in capacity of these programs.

There is a need for more permanent supportive housing (PSH) in Kent County. In early 2005 we estimated a need for an additional 90 beds of PSH for individuals and 35 beds of PSH for families with children. These estimates will be further refined as part of our VTEH process. In addition, there may be a need for safe haven beds (beds that provide some level of support but with fewer resident requirements). The use of additional Shelter Plus Care beds may also be part of the solution for permanent residential options with some support. This information will all be forthcoming from the VTEH planning process.

There is also a need for more units of affordable housing in Kent County. In 2004:

- A worker who is paid Minimum Wage for a 40 hour work week can afford monthly rent of no more than \$268 (using HUD's standard of no more than 30% of income); HUD estimates Fair

Market Rent (FMR) for a two bedroom unit in Kent County as \$658 (inclusive of utilities, based on 2000 census and other HUD measurements).

- The Housing Wage in Michigan (the amount a worker would have to earn per hour, working 40 hours per week, to afford a two-bedroom unit at the FMR), is \$13.58/hour. Conversely, a minimum wage worker would have to work 105 hours per week.
- In Kent County, Grand Rapids and Wyoming approximately 8,000 households are on waiting lists for Section 8 housing vouchers.
- Our County is experiencing a structural shift in the job market, with the area losing well-compensated manufacturing jobs that are being replaced by lower paying jobs. As a result, we anticipate that many workers will become more precariously housed, with housing payments beyond their means given the lower compensation levels.

Based on Section 8 waiting lists, estimates of precariously housed individuals and families and other information we project a need for as many 10,000 units of affordable housing. Note that this is *not* necessarily a need for new construction. The high vacancy rate in rental units in some areas of the County could lead to a combination of market rental adjustments and income supports to make housing affordable for thousands of residents who need it. Our VTEH plan will address anticipated housing infrastructure needs, both new and existing.

IV. Trends in Resources

In 2004 more than \$5 million in State and federal housing funds supported housing and services in Kent County for homeless people. These funds provided important short-term relief of crisis situations plus some funding for permanent supportive housing. Still the need for permanent housing, whether with supportive services or simply affordable housing, far outstrips the availability of such housing.

Emergency Shelter Grants Resources

Emergency Shelter Grants (ESG) funds are used to support prevention, emergency shelter, and transitional housing activities. There have been small increases in ESG funds since 2000. The total allocation for the funding year 2003-2004 was approximately \$500,000, with a similar amount to be awarded for 2004-2005.

Supportive Housing Program Resources

HUD's emphasis in the Supportive Housing Program (SHP) is on the funding of Permanent Supportive Housing (PSH). Through renewals of existing contracts we continue to be able to fund some supportive services for PSH and TH as well. In 2004 for the third straight year the HCOC was awarded "bonus" funding of \$750,000 for construction of a new PSH project. Outside of such bonus projects SHP funding has been in a renewal-only status. In the 2004 SHP application cycle the HCOC was awarded \$4.689 million.

Utility, Food and Transportation Resources

A family or individual's need for resources to meet utilities, food and transportation costs will also affect the availability of resources to meet housing costs. Housing stability is particularly affected by unpaid

utility bills, so a reduction or insufficiency of funds available to pay delinquent utility charges will also lead to housing crises. Information about the state of these resources as reported by the other ENTF Subcommittees should also be considered when evaluating housing needs.

Federal Budget Issues

Proposed cuts in funding for HUD, Section 8, CDBG and other housing related resources would have a serious negative impact on our community's ability to improve permanent housing access and stability for our residents. New construction, rehabilitation, maintenance of existing units, emergency shelter facilities and supportive services would all be severely affected.

V. Status of 2004 Recommendations (status comments are in *italics*)

- Complete expansion of HMIS into permanent supportive housing and prevention services agencies, with full participation in HMIS by all HCOC partner agencies. *Nearly 100% of HCOC partner agencies are entering data into HMIS.*
- HCOC completion and approval of a community wide plan for the Vision to End Homelessness. *The VTEH planning process has targeted October 2005 for release of a draft plan and January 2006 for release of the final plan.*
- Participation in the statewide Point in Time count while refining and expanding local Point in Time count procedures and participation in order to obtain the most accurate data possible. *The HCOC participated in the January 2005 statewide point in time count. We also conduct standard monthly counts plus quarterly contacts with a more specialized group of providers. Full implementation of HMIS will provide an on-going check of the accuracy of our data.*
- Coordination of HCOC Subcommittee work including the adoption of specific goals within each subcommittee directed toward the elimination of homelessness. *For 2004-2005 HCOC Subcommittee work has been directed toward coordination with the work of the VTEH process. We anticipate that the completed VTEH plan will be used in the Subcommittees to set goals related to implementation of the plan.*
- Increase access to private and community based philanthropic funding directed toward the provision of affordable housing and the elimination of homelessness. *These sources of funding will be evaluated in connection with the completed VTEH plan. In 2004 we obtained commitments for \$200,000 in support of the VTEH planning process.*

VI. Recommendations for 2005

- Adopt the Vision to End Homelessness Plan for Kent County and begin implementation of the Plan's recommendations.
- Generate regular data reports from HMIS to support funding requests, community planning efforts and individual participating agency needs.
- Coordinate community requests for SHP and ESG funding and obtain approval for requested amounts.

Emergency Shelter Task Force Members

A & R Properties	Grand Rapids Community Foundation	McAuley Health Center
ACCESS	Grand Rapids Housing Commission	Mel Trotter Ministries
ACSET	Grand Rapids Public Schools	Michigan Department of Corrections
American Red Cross	Grand Rapids Urban League	Michigan Homeownership Coalition
Arbor Circle – The Bridge	Greater grand Rapids Interfaith Hospitality Network	Michigan State Housing Development Authority (MSHDA)
Area Agency on Aging	Guiding Light Mission	North Kent Service Center
Catholic Human Development Outreach	Habitat for Humanity of Kent County	Pathfinder Resources, Inc.
City Hope Ministries	Hard Times Café	Pine Rest
City of Grand Rapids	Heart of West Michigan United Way	Project Rehab
Community Mental Health and Substance Abuse Network of West Michigan	Heartside Clinic	Restorers, Inc.
Community Rebuilders	Heartside Ministry	Safe Haven Ministries
Corporation for Supportive Housing	Home Repair Services, Inc.	Servants Center
Degage Ministries	Inner City Christian Federation	Shepherds of Independence
Disability Advocates of Kent County, Inc	Kent County Community Development	Steepletown Neighborhood Services
Dispute Resolution Center	Kent County Department of Human Services	The Delta/Kent County Tax Credit Coalition
Diversified Network Services	Kent County Emergency Needs Task Force	The Rally Point, Inc
Dwelling Place of Grand Rapids, Inc.	Kent County Health Department	The Salvation Army
Genesis Non-Profit Housing Corporation	Lighthouse Communities, Inc.	Thresholds
Goodwill Industries of Greater Grand Rapids	Local Initiatives Support Corporation (LISC)	Touchstone Innovare

Emergency Shelter Task Force Members (continued)

United States Department of Housing and
Urban Development

Veterans Administration

Well House

Western Michigan Legal Services

Westown Jubilee Housing

Wyoming Housing Commission

YMCA

YWCA